

Long-Term Care Insurance Act

(Act No. 123 of December 17, 1997)

Chapter I General Provisions (Articles 1 to 8-2)

Chapter II Insured Persons (Articles 9 to 13)

Chapter III Certification Committee of Needed Long-Term Care (Articles 14 to 17)

Chapter IV Insurance Benefits

Section 1 General Rules (Articles 18 to 26)

Section 2 Certification (Articles 27 to 39)

Section 3 Long-Term Care Benefits (Articles 40 to 51-3)

Section 4 Prevention Benefits (Articles 52 to 61-3)

Section 5 Municipal Special Benefits (Article 62)

Section 6 Limitation on Insurance Benefits (Articles 63 to 69)

Chapter V Long-Term Care Support Specialists, Providers, and Facilities

Section 1 Long-Term Care Support Specialists

Subsection 1 Registrations (Articles 69-2 to 69-10)

Subsection 2 Registration of an Organization that Prepares Registration Examination Questions, and Appointment of a Designated Testing Agencies and Designated Training Agency (Articles 69-11 to 69-33)

Subsection 3 Obligations (Articles 69-34 to 69-39)

Section 2 Designated In-Home Service Providers (Articles 70 to 78)

Section 3 Designated Community-Based Service Providers (Articles 78-2 to 78-11)

Section 4 Designated In-Home Long-Term Care Support Providers (Articles 79 to 85)

Section 5 Facilities Covered by Long-Term Care Insurance

Subsection 1 Designated Facilities Covered by Public Aid Providing Long-Term Care to the Elderly (Articles 86 to 93)

Subsection 2 Long-Term Care Health Facilities (Articles 94 to 106)

Subsection 3 Designated Medical Long-Term Care Sanatoriums (Articles 107 to 115)

Section 6 Designated Providers of Preventive Service to Long-Term Care (Articles 115-2 to 115-10)

Section 7 Designated Providers of Community-Based Preventive Service of Long-Term Care (Articles 115-12 to 115-19)

Section 8 Designated Providers of Support for Prevention of Long-Term Care (Articles 115-20 to 115-28)

Section 9 Publication of Long-Term Care Service Information (Articles 115-

29 to 115-37)

Chapter VI Community Support Projects (Articles 115-38 to 115-41)

Chapter VII Insured Long-Term Care Service Plans (Articles 116 to 120)

Chapter VIII Expenses

 Section 1 Imposition of Expenses (Articles 121 to 146)

 Section 2 Fiscal Stability Funds (Articles 147 to 149)

 Section 3 Levies for Medical Insurers (Articles 150 to 159)

Chapter IX Business Related to Insured Long-Term Care for Social Insurance

 Medical Fee Payment Funds (Articles 160 to 175)

Chapter X Business Related to a Long-Term Care Insurance Project for the

 Federation of National Health Insurance Associations (Articles 176 to 178)

Chapter XI Examination Committee for Long-Term Care Benefit Expense

 (Articles 179 to 182)

Chapter XII Application for Examination (Articles 183 to 196)

Chapter XIII Miscellaneous Provisions (Articles 197 to 204)

Chapter XIV Penalty Provisions (Articles 205 to 215)

Supplementary Provisions

Chapter I General Provisions

(Purposes)

Article 1 The purposes of this Act are to improve health and medical care and to enhance the welfare of citizens. With regard to people who are under condition of need for long-term care due to disease, etc., as a result of physical or emotional changes caused by aging, and who require care such as for bathing, bodily waste elimination, meals, etc., and require the functional training, nursing, management of medical treatment, and other medical care, these purposes are to be accomplished by establishing a long-term care insurance system based on the principle of the cooperation of citizens, solidarity, and determining necessary matters concerning related insurance benefits, etc., in order to provide benefits pertaining to necessary health and medical services and public aid services so that these people are able to maintain dignity and an independent daily life routine according to each person's own level of abilities.

(Long-Term Care Insurance)

Article 2 (1) Long-Term Care Insurance provides necessary insurance benefits for a Condition of Need for Long-Term Care or for a Needed Support Condition of the insured person.

(2) Insurance benefits as set forth in the preceding paragraph is provided in order to contribute to reduction or prevention of aggravation of a Condition of Need for Long-Term Care or a Needed Support Condition, and must be

provided with careful attention to cooperation with medical care.

- (3) Insurance benefits as set forth in paragraph (1) must be provided in consideration of the appropriate health and medical services and public aid services that are offered by diverse providers and facilities comprehensively and effectively, according to the physical and mental conditions of the insured person, said person's environment, etc., and based on the preferences of the insured person.
- (4) With regard to the contents and level of insurance benefits as set forth in paragraph (1), consideration must be made so that said person is able to live an independent daily life according to that person's own abilities in his or her home as much as possible, although said insured person becomes in a Condition of Need for Long-Term Care.

(Insurers)

Article 3 (1) Municipalities and special city wards shall provide Long-Term Care Insurance pursuant to the provisions of this Act.

- (2) Municipalities and special city wards are to establish a special account for income and expenses regarding Long-Term Care Insurance pursuant to the provisions of Cabinet Orders.

(Citizen's Efforts and Obligations)

Article 4 (1) A citizen must be aware of his or her physical and mental changes due to aging and shall always strive to maintain and enhance good health in order to prevent becoming in a Condition of Need for Long-Term Care. In a case of becoming in a Condition of Need for Long-Term Care, a citizen is to strive to maintain and improve his or her existing abilities through the willing use of rehabilitation and other appropriate health and medical services and public aid services.

- (2) Citizens are to be equally subjected to the expenses necessary for an Insured Long-Term Care Project, based on the principle of cooperation and solidarity.

(Responsibilities of the National and Prefectural Governments)

Article 5 (1) The national government must undertake measures to ensure the system of providing health and medical services and public aid services, and every other necessary action for the healthy and efficient operation of an Insured Long-Term Care Project.

- (2) Prefectural governments must provide necessary advice and appropriate support for the healthy and efficient operation of an Insured Long-Term Care Project.

(Cooperation of Medical Insurers)

Article 6 Medical insurers must cooperate for the healthy and efficient operation of an Insured Long-Term Care Project.

(Definitions)

Article 7 (1) The term "Condition of Need for Long-Term Care" as used in this Act means a condition assumed to require care on a continual and steady basis for the whole or a part of basic movements in daily activities such as bathing, bodily waste elimination, meals, etc., due to physical or mental problems during the period specified by Order of the Ministry of Health, Labour, and Welfare, and said condition that conforms to any of the categories stipulated by Order of the Ministry of Health, Labour, and Welfare according to the degree of needed care (herein referred to as a "Category of Condition of Need for Long-Term Care") (except when said condition is subject to a Needed Support Condition).

(2) The term "Needed Support Condition" as used in this Act means a condition assumed to require care on a continual and steady basis during the period specified by Order of the Ministry of Health, Labour, and Welfare that especially contributes to the reduction or prevention of the aggravation of the condition requiring care for the whole or a part of basic movements in daily activities such as bathing, bodily waste elimination, meals, etc., due to physical or mental problems, or a condition assumed to cause continual difficulties in performing daily activities due to physical or mental problems during the period specified by Order of the Ministry of Health, Labour, and Welfare, and said condition that conforms to any category as stipulated by Order of the Ministry of Health, Labour, and Welfare according to the degree of needed support (herein referred to as "Category of Needed Support Condition").

(3) The term "Person Requiring Long-Term Care" as used in this Act means a person defined by any of the following items:

(i) a person that is in a Condition of Need for Long-Term Care and is the age of 65 or older;

(ii) a person that is in a Condition of Need for Long-Term Care and is the age of 40 to less than the age of 65, and the physical or mental problems that are the causes of said Condition of Need for Long-Term Care are a result of diseases that are caused by the physical or mental changes due to aging, specified by a Cabinet Order (herein referred to as "Specified Disease").

(4) The term "Person Requiring Support" as used in this Act means a person defined by any of the following items:

(i) a person that is in a Needed Support Condition and is the age of 65 or older;

(ii) a person that is in a Needed Support Condition and is the age of 40 to less than the age of 65, and the physical or mental problems that are the cause of said Needed Support Condition are caused by a Specified Disease.

- (5) The term "Long-Term Care Support Specialist" as used in this Act means a person that provides consultation to a Person Requiring Long-Term Care or to a Person Requiring Support (herein referred to as a "Person Requiring Long-Term Care, etc.") and communicates with and coordinates Municipalities, a person performing In-Home Services, a person performing Community-Based Service Business, a Facility Covered by Long-Term Care Insurance, a person performing Preventive Long-Term Care Service Business, a person performing Community-Based Preventive Long-Term Care, etc., in order for a Person Requiring Long-Term Care, etc., to be able to use appropriate In-Home Service, Community-Based Service, Facility Service, Preventive Long-Term Care Service, and Community-Based Service for Preventive Long-Term Care according to the mental and physical conditions, etc., of a Person Requiring Long-Term Care, etc., and who received Long-Term Care Support Specialist Certification as set forth in Article 69-7, paragraph (1) as a person possessing professional knowledge and skills regarding necessary support for a Person Requiring Long-Term Care, etc., to live an independent daily life.
- (6) The term "Medical Insurance Acts" as used in this Act means the following acts:
- (i) Health Insurance Act (Act No. 70 of 1992);
 - (ii) Seaman's Insurance Act (Act No. 73 of 1939);
 - (iii) National Health Insurance Act (Act No. 192 of 1958);
 - (iv) National Public Servants Mutual Aid Association Act (Act No. 128 of 1958);
 - (v) Local Public Service Mutual Aid Association Act (Act No. 152 of 1962);
 - (vi) Private School Personnel Mutual Aid Association Act (Act No. 245 of 1953).
- (7) The term "Medical Insurers" as used in this Act means the national government, health insurance societies, municipalities (including special city wards), National Health Insurance Society, mutual aid associations, or Promotion and Mutual Aid Society for Private Schools of Japan that provide medical benefits pursuant to the provisions of Medical Insurance Acts.
- (8) The term "Medical Insurance Subscriber" as used in this Act means the following persons:
- (i) an insured person pursuant to the provisions of the Health Insurance Act, however, provided that this does not apply to specially-insured day laborers pursuant to the provision of Article 3, paragraph (2) of the same Act;
 - (ii) an insured person pursuant to the provisions of the Seaman's Insurance Act;
 - (iii) an insured person pursuant to the provisions of the National Health Insurance Act;
 - (iv) a member of a mutual aid association pursuant to the National Public Servants Mutual Aid Association Law or the Local Public Care Service Mutual Aid Association Act;

- (v) a subscriber to a Private School Personnel Mutual Aid System pursuant to the provisions of the Private School Personnel Mutual Aid Association Act;
- (vi) an insured person's dependent pursuant to the provisions of the Health Insurance Act, Seaman's Insurance Act, National Public Servants Mutual Aid Association Law (including cases when applied mutatis mutandis pursuant to other Acts), or the Local Public Care Service Mutual Aid Association Act, however, provided that this does not apply to a dependent pursuant to the provisions of Article 3, paragraph (2) of the Health Insurance Act of a specially-insured day laborer pursuant to the provisions of the same Act;
- (vii) a person that received a specially-insured day laborer certificate book pursuant to the provisions of Article 126 of the Health Insurance Act and within a certain period until the term when all of the blank space for stamps for proof of health insurance of said certificate book are filled, and said dependent pursuant to the provisions of the same Act, however, provided that this does not apply to a person that is within the period when said person is not a specially-insured day laborer pursuant to the provision of Article 3, paragraph (2) of the same Act with the approval pursuant to the proviso of the same paragraph, and a person that has returned said specially-insured day laborer certificate book pursuant to the provisions of Article 126, paragraph (3) of the same Act, and said dependent pursuant to the provisions of the same Act.

Article 8 (1) The term "In-Home Service" as used in this Act means Home-Visit Long-Term Care, Home-Visit Bathing Long-Term Care, Home-Visit Nursing, Home-Visit Rehabilitation, Guidance for Management of In-Home Medical Long-Term Care, Outpatient Day Long-Term Care, Outpatient Rehabilitation, Short-Term Admission for Daily Life Long-Term Care, Short-Term Admission for Recuperation, Daily Life Long-Term Care Admitted to a Specified Facility, Rental Service of Equipment for Long-Term Care Covered by Public Aid, and Sale of Specified Equipment Covered by Public Aid. The term "In-Home Service Business" as used in this Act means business performing In-Home Service.

(2) The term "Home-Visit Long-Term Care" as used in this Act means care service that is for bathing, bodily waste elimination, meals, etc., and for other daily activities provided by long-term care public aid workers and other persons who determined by Order of the Ministry of Health, Labour, and Welfare (except for care services defined as Home-Visit at Night for Long-Term Care) and which are provided to a Person Requiring Long-Term Care at his or her home (herein referred to as "In-Home Person Requiring Long-Term Care") (including a residence room at a moderate-fee home for the elderly as provided in Article 20-6 of the Act on Social Welfare for the Elderly (Act No. 133 of

1963); a Fee-Based Home for the Elderly as prescribed in Article 29-1 of the same Act (referred to as a "Fee-Based Home for the Elderly" in paragraphs (11) and (19)); and other facilities as determined by Order of the Ministry of Health, Labour, and Welfare; the same applies hereinafter).

- (3) The term "Home-Visit Bathing Long-Term Care" as used in this Act means care service that provides bathing service and a bathtub to a Person Requiring Long-Term Care by visiting his or her home.
- (4) The term "Home-Visit Nursing" as used in this Act means medical care or assistance for necessary medical care provided to a Person Requiring Long-Term Care at his or her home (limited to those who are considered by an attending physician to be a person in the degree of need of medical treatment that conforms to standards as determined by Order of the Ministry of Health, Labour, and Welfare) by a nurse or other person as determined by Order of the Ministry of Health, Labour, and Welfare.
- (5) The term "Home-Visit Rehabilitation" as used in this Act means physical therapy, occupational therapy, and other necessary rehabilitation that is provided to an In-Home Person Requiring Long-Term Care at his or her home (limited to those who are considered by an attending physician to be a person in the degree of need of medical treatment that conforms to standards as determined by Order of the Ministry of Health, Labour, and Welfare) in order to maintain and recover mental or physical functions and to assist with independently performing daily activities.
- (6) The term "Guidance for Management of In-Home Medical Long-Term Care" as used in this Act means management and instructions for medical care and as determined by Order of the Ministry of Health, Labour, and Welfare. Said management and instructions are provided to an In-Home Person Requiring Long-Term Care by a physician, dentist, pharmacist or other personnel as determined by Order of the Ministry of Health, Labour, and Welfare that are associated with a hospital, clinic, or pharmacy (herein referred to as "Hospital, etc.")
- (7) The term "Outpatient Day Long-Term Care" as used in this Act means care that is for bathing, bodily waste elimination, meals, etc., and other care provided for daily activities and which is provided as defined by Order of the Ministry of Health, Labour, and Welfare, and functional training (except for care defined as Outpatient Long-Term Care for a Dementia Patient) by having an In-Home Person Requiring Long-Term Care commute to a facility as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 5-2, paragraph (3) of the Act on Social Welfare for the Elderly or a Long-term care Day Service Center as provided in Article 20-2-2 of the same Act.
- (8) The term "Outpatient Rehabilitation" as used in this Act means physical

therapy, occupational therapy, and other necessary rehabilitation that is provided to an In-Home Person Requiring Long-Term Care (limited to those who are considered by an attending physician to be a person in the degree of need of medical treatment that conforms to standards as determined by Order of the Ministry of Health, Labour, and Welfare) by having said person commute to a Long-Term Care Health Facility, hospital, clinic, or other facility as determined by Order of the Ministry of Health, Labour, and Welfare and providing Outpatient Rehabilitation to said facility in order to maintain and recover his or her mental or physical functions and to assist independently performing daily activities.

(9) The term "Short-Term Admission for Daily Life Long-Term Care" as used in this Act means to provide care for bathing, bodily waste elimination, meals, etc., and other care for performing daily activities and to provide functional training for an In-Home Person Requiring Long-Term Care by having said person Short-Term Admission at a facility as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 5-2, paragraph (4) of the Act on Social Welfare for the Elderly or at a Short-Term Admission Facility for the Elderly as provided in Article 20-3 of the same Act.

(10) The term "Short-Term Admission for Recuperation" as used in this Act means to provide nursing, long-term care and functional training under control of medical management, or other necessary medical treatment, or to provide care for performing daily activities to an In-Home Person Requiring Long-Term Care (limited to persons with the degree of necessity for medical treatment that conforms with standards as determined by Order of the Ministry of Health, Labour, and Welfare) by having said person Short-Term Admission at a Long-Term Care Health Facility, Sanatorium Medical Facility for the Elderly Requiring Long-Term Care or other facility as determined by Order of the Ministry of Health, Labour, and Welfare.

(11) The term "Specified Facility" as used in this Act means a Fee-Based Home for the Elderly or other facility as determined by Order of the Ministry of Health, Labour, and Welfare that is not a Community-Based Specified Facility as provided in this Article, paragraph (19) of this Act. The term "Daily Life Long-Term Care Admitted to a Specified Facility" as used in this Act means care for bathing, bodily waste elimination, meals, etc., and other care for performing daily activities that is as determined by Order of the Ministry of Health, Labour, and Welfare, functional training, and medical care. Said care is provided to a Person Requiring Long-Term Care who is staying in a Specified Facility and is based on a plan which stipulates the content of services to be provided by said Specified Facility, the personnel in charge of the services, and other items as determined by Order of the Ministry of Health, Labour, and Welfare.

- (12) The term "Rental Service of Equipment for Long-Term Care Covered by Public Aid" as used in this Act means the rental of equipment covered by public aid undertaken pursuant to provisions of a Cabinet Order of those types of equipment as determined by the Minister of Health, Labour, and Welfare among equipment covered by public aid for an In-Home Person Requiring Long-Term Care (equipment for the convenience of performing daily activities by a Person Requiring Long-Term Care, etc., whose physical or mental functions are underactive and that cause problems with performing daily activities, equipment to assist an Insured Person Requiring Long-Term Care, etc., independently performing daily activities and equipment for functional training or an Insured Person Requiring Long-Term Care, etc.); the same applies in the following paragraph (13), and to the following Article, paragraph (12) and paragraph (13) of this Act).
- (13) The term "Sale of Specified Equipment Covered by Public Aid" as used in this Act means the sale, undertaken pursuant to provisions of a Cabinet Order, of equipment covered by public aid among equipment provided for use in bathing or bodily waste elimination and other items provided by the Minister of Health, Labour, and Welfare (herein referred to as "Specified Equipment Covered by Public Aid") to an In-Home Person Requiring Long-Term Care.
- (14) The term "Community-Based Service" as used in this Act means Home-Visit at Night for Long-Term Care, Outpatient Long-Term Care for a Dementia Patient, Multifunctional Long-Term Care in a Small Group Home, Communal Daily Long-Term Care for a Dementia Patient, Daily Life Long-Term Care for a Person Admitted to a Community-Based Specified Facility, and Admission to a Community-Based Facility for Preventive Daily Long-Term Care of the Elderly Covered by Public Aid. The term "Community-Based Service Business" as used in this Act means a business that provides Community-Based Service.
- (15) The term "Home-Visit at Night for Long-Term Care" as used in this Act means care provided for bathing, bodily waste elimination, meals, etc., and for other daily activities that are as determined by Order of the Ministry of Health, Labour, and Welfare. Said care is provided to an In-Home Person Requiring Long-Term Care at his or her home by a long-term care public aid worker or other personnel specified by a Cabinet Order and as set forth in paragraph (2) of this Article, according to periodic night visits or as requested during the night.
- (16) The term "Outpatient Long-Term Care for a Dementia Patient" as used in this Act means to provide care for bathing, bodily waste elimination, meals, etc., and for other daily activities as determined by Order of the Ministry of Health, Labour, and Welfare, and functional training for an In-Home Person Requiring Long-Term Care who is in the condition that memory functions and other cognitive functions have become underactive as far as causing disorder

with performing daily activities due to organic changes of the brain that are caused by cerebral vascular disease, Alzheimer's disease, or other factors (herein referred to as "Dementia"). This is accomplished by having said person commute to a facility as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 5-2, paragraph (3) of the Act on Social Welfare for the Elderly or Long-Term Care Day Service Centers for the elderly as provided in Article 20-2-2 of the same Act.

(17) The term "Multifunctional Long-Term Care in a Small Group Home" as used in this Act means to provide care for bathing, bodily waste elimination, meals, etc., and for other daily activities as determined by Order of the Ministry of Health, Labour, and Welfare, and functional training to an In-Home Person Requiring Long-Term Care at his or her home, or said bases of services as determined by Order of the Ministry of Health, Labour, and Welfare by having the person commute daily to a location or stay for short-term at said bases, according to the person's mental and physical condition, surroundings, etc., and based on his or her preference.

(18) The term "Communal Daily Long-Term Care for a Dementia Patient" as used in this Act means to provide care for bathing, bodily waste elimination, meals, etc., and for other daily activities, and functional training for a Person Requiring Long-Term Care who is suffering from Dementia (except for a person with the cause of Dementia being an acute disease), at a residence where the person lives communally.

(19) The term "Daily Life Long-Term Care for a Person Admitted to a Community-Based Specified Facility" as used in this Act means to provide care for bathing, bodily waste elimination, meals, etc., and for other daily activities as determined by Order of the Ministry of Health, Labour, and Welfare, functional training and medical care based on a plan that stipulates the content of services to be provided by said Community-Based Specified Facility, the personnel in charge of the services, and other items as determined by Order of the Ministry of Health, Labour, and Welfare. This service is provided to a Person Requiring Long-Term Care who is staying in a Fee-Based Home for the Elderly and other facilities as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in paragraph (11) of this Article and for which the capacity of the fixed number of said residents is twenty-nine (29) or less (hereinafter referred to as "Community-Based Specified Facility"), among facilities for which residents are limited to a Person Requiring Long-Term Care, said person's spouse, and other personnel as determined by Order of the Ministry of Health, Labour, and Welfare (herein referred to as a "Specialized Long-Term Care Specified Facility").

(20) The term "Community-Based Facility for the Elderly Covered by Public Aid Requiring Long-Term Care" as used in this Act means an Intensive Care Home

for the Elderly (limited to facilities for which the capacity of residents is twenty-nine (29) or less; the same applies hereinafter in this paragraph) provided in Article 20-5 of the Act on Social Welfare for the Elderly that aims to provide care for bathing, bodily waste elimination, meals, etc., and for other daily activities, functional training, health management, and medical care to a Person Requiring Long-Term Care who is staying in said Intensive Care Home for the Elderly based on a Community-Based Facility Service Plan (one that provides the content of services provided to a Person Requiring Long-Term Care who is staying in a Community-Based Facility for the Elderly Covered by Public Aid Requiring Long-Term Care by said facility, the personnel in charge of said services, and other items as determined by Order of the Ministry of Health, Labour, and Welfare; the same applies hereinafter in this paragraph). The term "Admission to a Community-Based Facility for Preventive Daily Long-Term Care of the Elderly Covered by Public Aid" as used in this Act means to provide care for bathing, bodily waste elimination, meals, etc., and for other daily activities, functional training, health management, and medical care to a Person Requiring Long-Term Care who is staying in a Community-Based Facility for the Elderly Covered by Public Aid Requiring Long-Term Care, based on a Community-Based Facility Service Plan.

(21) The term "In-Home Long-Term Care Support" as used in this Act means to establish a plan (herein referred to as an "In-Home Service Plan" in this paragraph, Article 115-38, paragraph (1), item (v), and the appended table to this Act) that provides the types and contents of Designated In-Home Service, etc. (herein referred to as "Designated In-Home Service, etc." in this paragraph), the personnel in charge of said services to be used by an In-Home Person Requiring Long-Term Care, and other items as determined by Order of the Ministry of Health, Labour, and Welfare, at the request of said Person Requiring Long-Term Care and in consideration of his or her mental and physical condition, surroundings, and the person's and his or her family's preferences, etc., in order for an In-Home Person Requiring Long-Term Care to be able to use appropriately the Designated In-Home Service as prescribed in Article 41, paragraph (1) of this Act, In-Home Service related to Exceptional Allowance for In-Home Long-Term Care Service or equivalent services, Designated Community-Based Service as prescribed in Article 42-2, paragraph (1) of this Act, Community-Based Service related to Exceptional Allowance for Community-Based Long-Term Care Service or equivalent services, and other necessary health and medical services or public aid services for performing daily activities at home (hereinafter referred to as "Designated In-Home Service, etc." in this paragraph); the term also means to provide communication and coordination among Designated Providers of In-Home Long-Term Care as prescribed in Article 41, paragraph (1) of this Act,

Designated Community-Based Service Provider as prescribed in Article 42-2, paragraph (1) of this Act and other person and to provide other conveniences in order to ensure provisions of the Designated In-Home Service, etc., based on said In-Home Service Plan, and in a case when said In-Home Person Requiring Long-Term Care requires admission to a Community-Based Facility for the Elderly Covered by Public Aid Requiring Long-Term Care or a Facility Providing Insured Long-Term Care, the term means to introduce a Community-Based Facility for the Elderly Covered by Public Aid Requiring Long-Term Care or Facility Providing Insured Long-Term Care and to provide other conveniences. The term "Designated In-Home Long-Term Care Support Business" as used in this Act means a business to provide In-Home Long-Term Care Support.

- (22) The term "Facility Covered by Long-Term Care Insurance" as used in this Act means a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly or a Long-Term Care Health Facility as prescribed in Article 48, paragraph (1), item (i) of this Act, and a Designated Medical Long-Term Care Sanatorium as prescribed in item (iii) of the same paragraph.
- (23) The term "Facility Service" as used in this Act means a Facility Service for Long-Term Care Covered by Public Aid, Long-Term Care Health Facility Service, or Sanatorium Long-Term Care Service. The term "Facility Service Plan" as used in this Act means a plan for a Person Requiring Long-Term Care staying at a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly, a Long-Term Care Health Facility, or a Sanatorium Medical Facility for the Elderly Requiring Long-Term Care that stipulates the content of services provided by said facilities, the personnel in charge of said services, and other items as determined by Order of the Ministry of Health, Labour, and Welfare.
- (24) The term "Facility Covered by Public Aid Providing Long-Term Care to the Elderly" as used in this Act means an Intensive Care Home for the Elderly provided in Article 20-5 of the Act on Social Welfare for the Elderly (limited to a facility with a capacity of thirty (30) residents or more; the same applies hereinafter in this paragraph). The purpose of said facility is to provide care for bathing, bodily waste elimination, meals, etc., and for other daily activities, functional training, health management, and medical care to a Person Requiring Long-Term Care who is staying in said Intensive Care Home for the Elderly based on a Facility Service Plan. The term "Facility Service for Long-Term Care Covered by Public Aid" as used in this Act means care that is provided based on a Facility Service Plan for bathing, bodily waste elimination, meals, etc., and for other daily activities, functional training, health management, and medical care to a Person Requiring Long-Term Care who is staying in said Facility Covered by Public Aid Providing Long-Term Care to the

Elderly.

- (25) The term "Long-Term Care Health Facility" as used in this Act means a facility which has obtained permission from the prefectural governor as set forth in Article 94, paragraph (1) of this Act as a facility with the purpose of providing nursing, care and functional training under control of medical management, and other necessary care for medical treatment and daily activities to a Person Requiring Long-Term Care (limited to persons whose degree of necessity for medical treatment conforms with standards as determined by Order of the Ministry of Health, Labour, and Welfare; the same applies hereinafter in this paragraph) based on a Facility Service Plan. The term "Long-Term Care Health Facility Service" as used in this Act means nursing, care and functional training under control of medical management, and other necessary care for medical treatment and daily activities for a Person Requiring Long-Term Care who is staying in a Long-Term Care Health Facility, based on a Facility Service Plan.
- (26) The term "Sanatorium Medical Facility for the Elderly Requiring Long-Term Care as used in this Act means a facility such as a hospital or clinic that maintains a sanatorium ward or other beds ("Sanatorium Ward, etc.") that are specified by a Cabinet Order to provide appropriate nursing services according to the mental and physical characteristics of a Person Requiring Long-Term Care among Sanatorium Ward, etc., as prescribed in Article 7, paragraph (2) item (iv) of the Medical Care Act (Act No. 205, 1948), or beds which are specified by a Cabinet Order to provide appropriate nursing services according to the mental and physical characteristics of a Person Requiring Long-Term Care with Dementia among beds other than those for Long-Term Care Beds in the hospital; the same shall apply hereinafter), and with the purpose of providing medical care management, nursing, long-term care and other care under medical management, functional training, and other necessary medical care to a Person Requiring Long-Term Care who is in said bed for long-term care, etc., (limited to a person with the degree of need for medical treatment that conforms with standards as determined by Order of the Ministry of Health, Labour, and Welfare; the same applies hereinafter in this paragraph), based on a Facility Service Plan. The term "Sanatorium Long-Term Care Service" as used in this Act means medical care management, nursing, long-term care under medical management, and other care, functional training, and other necessary medical care provided to a Person Requiring Long-Term Care who is in a Sanatorium Ward, etc., for long-term care of a Sanatorium Medical Facility for the Elderly Requiring Long-Term Care based on a Facility Service Plan.

Article 8-2 (1) The term "Preventive Long-Term Care Service" as used in this Act

means Home-Visit Service for Preventive Long-Term Care, Home-Visit Bathing Service for Preventive Long-Term Care, Home-Visit Nursing Service for Preventive Long-Term Care, Home-Visit Rehabilitation Service for Preventive Long-Term Care, Management and Guidance for In-Home Medical Service for Preventive Long-Term Care, other Outpatient Preventive Long-Term Care, Outpatient Rehabilitation for Preventive Long-Term Care, Short-Term Admission for Daily Preventive Long-Term Care, Short-Term Admission for Recuperation for Preventive Long-Term Care, Daily Preventive Long-Term Care Admitted to a Specified Facility, Rental of Specified Equipment for Preventive Long-Term Care Covered by Public Aid, and the Sale of Specified Equipment for Preventive Long-Term Care Covered by Public Aid. The term "Preventive Long-Term Care Service Business" as used in this Act means a business that provides Preventive Long-Term Care Service.

- (2) The term "Home-Visit Service for Preventive Long-Term Care" as used in this Act means support for bathing, bodily waste elimination, meals, etc., and for other daily activities as determined by Order of the Ministry of Health, Labour, and Welfare. Said support is provided to a Person Requiring Support who receives support (herein referred to as a "Person Requiring In-Home Support"), at his or her home for the purpose of prevention of long-term care (reduction or prevention of deterioration of conditions for which a person requires continuous care for the whole or a part of basic movements during daily activities, such as bathing, bodily waste elimination, meals, etc., or a person that has difficulty performing daily activities due to physical or mental disabilities; the same applies herein) by a long-term care public aid worker or other personnel as provided by a Cabinet Order and for the period as determined by Order of the Ministry of Health, Labour, and Welfare.
- (3) The term "Home-Visit Bathing Service for Preventive Long-Term Care" as used in this Act means bathing care provided to a Person Requiring In-Home Support with the purpose of preventing the long-term care of said person by visiting said person at his or her home and providing a bathing tub for the period as determined by Order of the Ministry of Health, Labour, and Welfare.
- (4) The term "Home-Visit Nursing Service for Preventive Long-Term Care" as used in this Act means medical care or assistance of a necessary medical care provided to a Person Requiring In-Home Support (limited to a person that is considered by an attending physician to be a person with the degree of need for medical treatment that conforms to standards as determined by Order of the Ministry of Health, Labour, and Welfare) at his or her home for the purpose of prevention of long-term care, and by a nurse or other personnel as determined by Order of the Ministry of Health, Labour, and Welfare and for the period as determined by Order of the Ministry of Health, Labour, and Welfare.
- (5) The term "Home-Visit Rehabilitation Service for Preventive Long-Term Care"

as used in this Act means physical therapy, occupational therapy, and other necessary rehabilitation provided to a Person Requiring In-Home Support (limited to a person that is considered by an attending physician to be a person with the degree of need for medical treatment that conforms to standards as determined by Order of the Ministry of Health, Labour, and Welfare) at his or her home for the purpose of prevention of long-term care and for the period as determined by Order of the Ministry of Health, Labour, and Welfare.

- (6) The term "Management and Guidance for In-Home Medical Service for Preventive Long-Term Care" as used in this Act means management and guidance for medical care that is stipulated by Order of the Ministry of Health, Labour, and Welfare and said management and guidance for medical care is provided to a Person Requiring In-Home Support for the purpose of prevention of long-term care, and by a physician in a Hospital, etc., dentist, pharmacist, or other personnel as determined by Order of the Ministry of Health, Labour, and Welfare.
- (7) The term "Outpatient Preventive Long-Term Care" as used in this Act means care for bathing, bodily waste elimination, meals, etc., and other support for daily activities as determined by Order of the Ministry of Health, Labour, and Welfare and performing functional training (except that which is defined as Preventive Long-Term Care for a Dementia Outpatient) that is provided to a Person Requiring In-Home Support for the purpose of prevention of long-term care by having said person commute to a facility as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 5-2, paragraph (3) of the Act on Social Welfare for the Elderly, or a Long-Term Care Day Service Center as provided in Article 20-2-2 of the same Act, at said facility and for the period as determined by Order of the Ministry of Health, Labour, and Welfare.
- (8) The term "Outpatient Rehabilitation for Preventive Long-Term Care" as used in this Act means physical therapy, occupational therapy, and other necessary rehabilitation provided to a Person Requiring In-Home Support (limited to a person that is considered by an attending physician to be a person with the degree of need for medical treatment that conforms to standards as determined by Order of the Ministry of Health, Labour, and Welfare) by having said person commute to a Long-Term Care Health Facility, hospital, clinic, or other facility as determined by Order of the Ministry of Health, Labour, and Welfare at said facility for the purpose of prevention of long-term care for the period as determined by Order of the Ministry of Health, Labour, and Welfare.
- (9) The term "Short-Term Admission for Daily Preventive Long-Term Care" as used in this Act means to provide care for bathing, bodily waste elimination, meals, etc., support for other daily activities, and functional training to a Person Requiring In-Home Support by having said person stay for a short-term

in a facility as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 5-2, paragraph (4) of the Act on Social Welfare for the Elderly, or in a Short-Term Admission Facility for the Elderly as provided in Article 20-3 of the same Act, for the purpose of prevention of long-term care for the period as determined by Order of the Ministry of Health, Labour, and Welfare at said facility.

(10) The term "Short-Term Admission for Recuperation for Preventive Long-Term Care" as used in this Act means to provide nursing, long-term care, functional training and other necessary care for medical treatment under control of medical management, and support for daily activities to a Person Requiring In-Home Support (limited to a person with the degree of need for medical treatment that conforms with Order of the Ministry of Health, Labour, and Welfare) by having the person stay for a short-term in a Long-Term Care Health Facility, a Sanatorium Medical Facility for the Elderly Requiring Long-Term Care or other facility as determined by Order of the Ministry of Health, Labour, and Welfare for the purpose of prevention of long-term care for the period as determined by Order of the Ministry of Health, Labour, and Welfare at said facility.

(11) The term "Daily Preventive Long-Term Care Admitted to a Specified Facility" as used in this Act means care for bathing, bodily waste elimination, meals, etc., and support for other daily activities as determined by Order of the Ministry of Health, Labour, and Welfare, functional training, and medical care that is provided to a Person Requiring Support who is staying in a Specified Facility (except for a Specialized Long-Term Care Specified Facility) for the purpose of prevention of long-term care, and based on a plan for providing services of specified content by said Specified Facility, the personnel in charge of said services, and other items as determined by Order of the Ministry of Health, Labour, and Welfare.

(12) The term "Equipment Rental for Preventive Long-Term Care Covered by Public Aid" as used in this Act means a rental of equipment undertaken for a Person Requiring In-Home Support pursuant to the provisions of a Cabinet Order for equipment covered by public aid that is specified by the Minister of Health, Labour, and Welfare as equipment contributing to the prevention of long-term care to a Person Requiring In-Home Support among equipment covered by public aid.

(13) The term "Sale of Specified Equipment for Preventive Long-Term Care Covered by Public Aid" as used in this Act means sales undertaken for a Person Requiring In-Home Support pursuant to the provisions of a Cabinet Order of equipment covered by public aid that contributes to the prevention of long-term care that is provided for use in bathing or bodily waste elimination, as specified by the Minister of Health, Labour, and Welfare, among equipment

covered by public aid (herein referred to as "Specified Equipment for Preventive Long-Term Care Covered by Public Aid").

- (14) The term "Community-Based Service for Preventive Long-Term Care" as used in this Act means Preventive Long-Term Care for a Dementia Outpatient, Multifunctional Preventive Long-Term Care in a Small Group Home, and Preventive Long-Term Care for a Dementia Patient in Communal Living. The term "Community-Based Preventive Long-Term Care Business" as used in this Act means a business that provides Community-Based Service for Preventive Long-Term Care.
- (15) The term "Preventive Long-Term Care for a Dementia Outpatient" as used in this Act means to provide care for bathing, bodily waste elimination, meals, etc., and support for other daily activities as determined by Order of the Ministry of Health, Labour, and Welfare, and functional training to a Person Requiring In-Home Support who is suffering from Dementia, for the purpose of prevention of long-term care by having the person commute to a facility as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 5-2, paragraph (3) of the Act on Social Welfare for the Elderly or a Long-Term Care Day Service Center as provided in Article 20-2-2 of the same Act, at said facility and for the period as determined by Order of the Ministry of Health, Labour, and Welfare.
- (16) The term "Multifunctional Preventive Long-Term Care in a Small Group Home" as used in this Act means to provide care for bathing, bodily waste elimination, meals, etc., and support for other daily activities as determined by Order of the Ministry of Health, Labour, and Welfare, and functional training to a Person Requiring In-Home Support according to the mental and physical conditions of said person and according to the environment, etc., of said person based on the preferences of said person at his or her home or at a base of service as determined by Order of the Ministry of Health, Labour, and Welfare by having the person commute daily or stay for a short-term for the purpose of prevention of long-term care.
- (17) The term "Preventive Long-Term Care for a Dementia Patient in Communal Living" as used in this Act means to provide care for bathing, bodily waste elimination, meals, etc., support for other activities, and functional training to a Person Requiring Support (limited to a person that corresponds to a Category of Needed Support Condition as determined by Order of the Ministry of Health, Labour, and Welfare) who are suffering from Dementia (except for a person that cause of Dementia is an acute disease) at a residence where the person lives communally and for the purpose of prevention of long-term care.
- (18) The term "Preventive Long-Term Care Support" as used in this Act means that a person as determined by Order of the Ministry of Health, Labour, and Welfare among the personnel of a community general support center as

prescribed in Article 115-39, paragraph (1) of this Act, with regard to a Person Requiring In-Home Support, considers said a Person's mental and physical condition, the present environment of said Person, the preferences, etc., of said Person Requiring In-Home Support and those of his or her family according to the request of said Person Requiring In-Home Support, and establishes a plan that stipulates the type and content of a Designated Provider of a Preventive Service to Long-Term Care Service, etc., that said Person will use, the personnel in charge of said services, and other items as determined by Order of the Ministry of Health, Labour, and Welfare (herein referred to as "Preventive Long-Term Care Service Plan" in this paragraph and the appended table) in order for the Person Requiring In-Home Support to be able to use appropriately those services as prescribed in Article 53, paragraph (1) of this Act that are of a Designated Preventive Long-Term Care Service, Preventive Long-Term Care Service pertaining to Exceptional Allowance for Preventive Service of Long-Term Care or services equivalent to said service, those services as prescribed in Article 54-2, paragraph (1) that are Designated Community-Based Preventive Service of Long-Term Care, Community-Based Service for Preventive Long-Term Care pertaining to Exceptional Allowance for Community-Based Preventive Service of Long-Term Care, or equivalent services to said service, or other health and medical services or public aid services contributing to prevention of long-term care (herein referred to as "Designated Preventive Long-Term Care Service, etc.") and that said personnel provide liaison and coordination among those who are a Designated Provider of a Preventive Service to Long-Term Care prescribed in Article 53, paragraph (1) of this Act, those who are a Designated Person Providing Community-Based Preventive Service of Long-Term Care as prescribed in Article 54-2, paragraph (1), and other personnel, and other convenience in order to ensure the provision of the Designated Preventive Long-Term Care Service, etc., based on said Preventive Long-Term Care Service Plan. The term "Preventive Long-Term Care Support Business" as used in this Act means a business that provides a Preventive Long-Term Care Support.

Chapter II Insured Persons

(Insured Person)

Article 9 A person that corresponds to any of the following items is to be an Insured Person of Long-Term Care for the Aged Insurance provided by a municipality or special city ward (herein referred to simply as "Municipality"):

- (i) a person that is domiciled in the Municipality and is 65 years of age or more (herein referred to as "Primary Insured Person");
- (ii) a person insured by medical insurance that is domiciled in the Municipality

and is 40 years of age or more but less than 65 years of age (herein referred to as "Secondary Insured Person").

(Time of Acquisition of Qualifications)

Article 10 An Insured Person by Long-Term Care Insurance as provided by a Municipality pursuant to the provisions of the preceding Article shall acquire said eligibility on the date when said Person first corresponds to any of the following items:

- (i) when a Medical Insurance Subscriber who is domiciled in said Municipality becomes 40 years of age;
- (ii) when a Medical Insurance Subscriber who is 40 years of age or more but less than 65 years of age acquires domicile in said Municipality;
- (iii) when a person that is domiciled in said Municipality and is 40 years of age or more but less than 65 years of age becomes a Medical Insurance Subscriber;
- (iv) when a person that is domiciled in said Municipality (other than a Medical Insurance Subscriber) becomes 65 years of age.

(Time of Loss of Qualification)

- Article 11 (1) An Insured Person by Long-Term Care Insurance provided by said Municipality pursuant to the provisions of Article 9 of this Act shall lose said qualification from the day following the date when said person fails to have domicile in said Municipality, however, provided that said person loses this qualification on said date when the person fails to have domicile in said Municipality and obtains domicile in another Municipality on the same day.
- (2) A Secondary Insured Person loses this qualification on the date when said person becomes a non-Medical Insurance Subscriber.

(Notifications)

- Article 12 (1) A Primary Insured Person must notify the Municipality of matters regarding acquisition and loss of qualification of Insured Person status and other necessary matters pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, however, provided that this provision does not apply to a case when the Primary Insured Person acquired the qualification of an Insured Person due to becoming subject to Article 10, item (iv) of this Act (except for a case pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare).
- (2) The householder of said family in which a Primary Insured Person resides may provide the notification pursuant to the provisions of the preceding paragraph regarding said Primary Insured Person on behalf of a Primary Insured Person that resides in the household.

- (3) An Insured Person may request the Municipality to issue a Certificate of Insured Person pertaining to said Insured Person.
- (4) An Insured Person must return the Certificate of Insured Person pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare when said Person no longer meets said qualifications.
- (5) When a notification is issued pursuant to the provisions of Articles 22 to 24, or Article 25 of the Basic Resident Registration Act (Act No. 81 of 1967) (limited to a case when a supplementary note is appended to the document pertaining to said notification pursuant to the provisions of Article 28-2 of the same Act), the notification is deemed as a notification pursuant to the main clause of paragraph (1) based on the same reason for said notification.
- (6) In addition to the provisions as prescribed in each of the preceding paragraphs of this Article, necessary matters for notification pertaining to an Insured Person and that pertaining to the Certificate of Insured Person are as determined by Order of the Ministry of Health, Labour, and Welfare.

(Domicile Exception of an Insured Person that is Admitted to or has been a Resident of a Facility Subject to Domicile Exception)

Article 13 (1) An Insured Person for whom it is determined that his or her domicile has changed to a location of one of the following facilities (herein referred to as "Facility Subject to Domicile Exception") and is located by admission or residence (herein referred to as "Admission, etc.") in said Facility Subject to Domicile Exception (an Insured Person for whom it is determined that his or her domicile has changed to a location where said Facility is located by moving into said Facility as listed in item (iii) is limited to a person for whom the admission measures are pursuant to the provisions of Article 11, paragraph (1), item (i) of the Act on Social Welfare for the Elderly; hereinafter referred to as "Insured Person Subject to Domicile Exception" in this Article) and for whom it is determined to have had domicile in another Municipality (a Municipality other than the Municipality where said Facility Subject to Domicile Exception is located) at the time of moving in for Admission, etc., at said Facility Subject to Domicile Exception, is to an Insured Person of Long-Term Care Insurance provided by said other Municipality of prior domicile, notwithstanding the provisions of Article 9; however, provided that this provision does not apply to an Insured Person Subject to Domicile Exception who moved in for Admission, etc., into two or more of a said Facility Subject to Domicile Exception, and said Person is determined to have moved consecutively from one said Facility Subject to Domicile Exception in which said Insured Person was admitted immediately prior to the said Facility Subject to Domicile Exception where said Insured Person is currently residing for Admission, etc. (herein referred to as the "Facility of First Prior Admission

of an Insured Person" in this paragraph) into a Facility Subject to Domicile Exception in which said Insured Person is currently residing (herein referred to as the "Facility of Current Admission of an Insured Person" in this paragraph and the following paragraph) (collectively herein referred to as "Specified Continuous Admission of an Insured Person" in the following paragraph):

- (i) Facility Covered by Long-Term Care Insurance;
- (ii) Specified Facility;
- (iii) a Care Facility for the Elderly as provided in Article 20-4 of the Act on Social Welfare for the Elderly.

(2) A person described in any of the following items that corresponds to the conditions of a Specified Continuous Admission of an Insured Person is to be an Insured Person of Long-Term Care Insurance of the Municipality as prescribed respectively in the following items, notwithstanding the provisions of Article 9:

(i) an Insured Person Subject to Domicile Exception for whom it is determined to have changed his or her domicile consecutively from one location where a Facility Subject to Domicile Exception is located to another such Facility by moving in for Admission, etc., at two or more of a Facility Subject to Domicile Exception, where in each said Facility the Insured Person moved in for Admission, etc., continuously, and is considered to have had domicile in another Municipality (a Municipality other than the Municipality where the Facility of Current Admission of an Insured Person is located) when said Insured Person moved in for Admission, etc., at said Facility of First Prior Admission of an Insured Person, from among two or more of a said Facility Subject to Domicile Exception, said other Municipality;

(ii) an Insured Person Subject to Domicile Exception for whom it is determined to have changed domicile from a location other than where one of a Facility Subject to Domicile Exception is located to a place where another said Facility Subject to Domicile Exception is located (herein referred to as "Change of Specified Domicile" in this item) by moving in for continuous Admission, etc., from one of two or more of a said Facility Subject to Domicile Exception where the Insured Person continues Admission, etc., to another said Facility Subject to Domicile Exception (herein referred to as "Continuous Admission, etc." in this item), and is considered to have had a domicile in another Municipality (a Municipality other than the Municipality where the Facility of Current Admission of an Insured Person is located) when moving in for Continuous Admission, etc., pertaining to a Change of Specified Domicile for the most recent occurrence, said other Municipality.

(3) A Facility Subject to Domicile Exception where an Insured Person Subject to Domicile Exception is in Admission, etc., must provide the necessary

cooperation to the Municipality where said Facility Subject to Domicile Exception is located and is the Municipality that provides Long-Term Care Insurance to said Insured Person Subject to Domicile Exception.

Chapter III Certification Committee of Needed Long-Term Care

(Certification Committee of Needed Long-Term Care)

Article 14 A Certification Committee of Needed Long-Term Care (herein referred to as "Certification Committee") is to be established in a Municipality in order to perform the examination and determination as prescribed in Article 38, paragraph (2) of this Act.

(Certification Committee Members)

Article 15 (1) The fixed number of Certification Committee members is to be the number specified by prefectural ordinance in accordance with standards specified by a Cabinet Order.

(2) Certification Committee members are appointed by the mayor of a Municipality (or the ward mayor, for special city wards; the same shall apply hereinafter) and shall be a person with relevant knowledge and experience pertaining to health care, medical care, or for the administration of public aid of an Insured Person Requiring Long-Term Care, etc.

(Support for Co-Establishment)

Article 16 (1) A prefecture may perform the necessary coordination among Municipalities according to a request from a Municipality that intends to co-establish a Certification Committee pursuant to Article 252-7, paragraph (1) of the Local Autonomy Act (Act No. 67 of 1947).

(2) A prefecture may provide to Municipalities that have co-established a Certification Committee the technical advice and other support necessary for ensuring its efficient operation.

(Provisions Pertaining to Delegation of a Cabinet Order)

Article 17 In addition to the provisions of this Act, necessary matters pertaining to a Certification Committee are provided by a Cabinet Order.

Chapter IV Insurance Benefits **Section 1 General Rules**

(Types of Insurance Benefits)

Article 18 Insurance benefits provided by this Act shall be the following insurance benefits:

- (i) insurance benefits pertaining to the Condition of Need for Long-Term Care of an Insured Person (hereinafter referred to as "Long-Term Care Benefit");
- (ii) insurance benefits pertaining to the Needed Support Condition of an Insured Person (herein referred to as "Prevention Benefit");
- (iii) in addition to the provisions of the preceding two items, insurance benefits provided by a municipal ordinance as insurance benefits that contribute to the reduction or prevention of deterioration of a Condition of Need for Long-Term Care or a Needed Support Condition (herein referred to as "Municipal Special Benefit" in Section V).

(Certification by a Municipality)

Article 19 (1) An Insured Person that intends to receive a Long-Term Care Benefit must obtain certification by a Municipality pertaining to the fact that said Insured Person qualifies as a Person Requiring Long-Term Care and as to the Category of Condition of Need for Long-Term Care for which said Insured Person qualifies (herein referred to as "Certification of Needed Long-Term Care").

(2) An Insured Person that intends to receive a Prevention Benefit must obtain certification by a Municipality pertaining to the fact that said Insured Person qualifies as a Person Requiring Support and as to the Category of Needed Support Condition for which said Insured Person qualifies (herein referred to as "Certification of Needed Support").

(Coordination with Benefits Provided by Other Laws and Regulations)

Article 20 A Long-Term Care Benefit or Prevention Benefit (herein referred to as "Long-Term Care Benefit, etc.") with regard to said Condition of Need for Long-Term Care or Needed Support Condition (herein referred to as "Condition of Need for Long-Term Care, etc.") may not be provided within the limit provided by a Cabinet Order when a benefit equivalent to a Long-Term Care Benefit, etc., can be received from among benefits that is a medical compensation benefit pursuant to the provisions of the Worker Accident Compensation Insurance Act (Act No. 50 of 1947), a medical benefit, or other benefits based on laws and regulations and provided by a Cabinet Order, or within said limit when benefits other than those provided by said a Cabinet Order and those benefits equivalent to a Long-Term Care Benefit, etc., are granted under the covered expenses of a plan of the national government or a local government.

(Right to Claim Compensation for Damages)

Article 21 (1) When the basis for benefit claim is caused by the act of a third party and a Municipality provides insurance benefits, the Municipality obtains the right to claim compensation for the damages which an Insured Person

holds against the third party within the limit of the amount of said benefit.

- (2) In a case as prescribed in the preceding paragraph, when a person to be granted an insurance benefit receives compensation for damages for the same reason from a third party, a Municipality is not responsible for payment of said insurance benefit within the limit of the compensation amount.
- (3) A Municipality may entrust affairs of the collection or receipt of compensation for damages pertaining to the claim of right obtained pursuant to the provisions of paragraph (1) of this Article to the Federation of National Health Insurance Associations as prescribed in Article 45, paragraph (5) of the National Health Insurance Act (herein referred to as "Association") as determined by Order of the Ministry of Health, Labour, and Welfare.

(Collection of Fraudulent Gains)

Article 22 (1) In a case when a person receives an insurance benefit by deception or other wrongful act, a Municipality may collect in whole or a portion of said benefit amount from said person.

- (2) In a case as prescribed in the preceding paragraph, with regard to Home-Visit Nursing, Home-Visit Rehabilitation, Outpatient Rehabilitation, Short-Term Admission for Recuperation, Home-Visit Nursing Service for Preventive Long-Term Care, Home-Visit Rehabilitation Service for Preventive Long-Term Care, Outpatient Rehabilitation for Preventive Long-Term Care, Short-Term Admission for Recuperation for Preventive Long-Term Care, when an insurance benefit for said services is granted because a physician who diagnoses the degree of necessity of said treatment or another physician or dentist who engages in In-Home Long-Term Care or equivalent services, Facility Service, Preventive Long-Term Care Service or equivalent services, has made a false entry on the medical certification which is to be submitted to a Municipality, the Municipality may order said physician or dentist to pay the levy as prescribed by the above paragraph jointly and severally with the person that received the insurance benefit.
- (3) When a Designated In-Home Service Provider as prescribed in Article 41, paragraph (1) of this Act; a Designated Community-Based Service Provider as prescribed in Article 42-2, paragraph (1); a Designated In-Home Long-Term Care Support Provider as prescribed in Article 46, paragraph (1); a Facility Covered by Long-Term Care Insurance; a Designated Provider of a Preventive Service to Long-Term Care as prescribed in Article 53, paragraph (1); a Designated Provider of Community-Based Preventive Service of Long-Term Care as prescribed in Article 54-2, paragraph (1); or a Designated Provider of Support for Prevention of Long-Term Care as prescribed in Article 58, paragraph (1) (hereinafter collectively referred to as "Designated In-Home Service Provider, etc." in this paragraph) receives a payment pursuant to the

provisions of Article 41, paragraph (6), Article 42-2, paragraph (6), Article 46, paragraph (4), Article 48, paragraph (4), Article 51-2, paragraph (4), Article 53, paragraph (4), Article 54-2, paragraph (6), Article 58, paragraph (4), or Article 61-2, paragraph (4) by deception or other wrongful act, a Municipality may require said Designated In-Home Service Provider, etc., to return the amount paid, or to pay the amount obtained by multiplying 40 percent of the principal amount to be returned.

(Submission of Documents)

Article 23 A Municipality may, when it determines necessity with regard to an insurance benefit, demand or request submission or presentation of documents and other items, or direct its personnel to ask questions and inquiries to a person that receives said insurance benefit, a person that is in charge of In-Home Service, etc. pertaining to said insurance benefit (which means In-Home Service (including equivalent services), Community-Based Service (including equivalent services), In-Home Long-Term Care Support (including equivalent services), Facility Service, Preventive Long-Term Care Service (including equivalent services), Community-Based Service for Preventive Long-Term Care (including equivalent services), or a Preventive Long-Term Care Support (including equivalent services); the same applies hereinafter) , or a person that provides a house modification for in-home care as prescribed in Article 45, paragraph (1) which pertains to an insurance benefit, or a person that was said person (hereinafter referred to as "Person, etc., Subject to Inquiry").

(Presentation of Record Books and Documents)

Article 24 (1) The Minister of Health, Labour, and Welfare or a prefectural governor may, when it is determined that it is necessary as pertaining to a Long-Term Care Benefit, etc. (except for payments of an Allowance for Home Modification for In-Home Long-Term Care and an Allowance for Preventive Long-Term Care Home Modification; the same applies in the following paragraph and Article 208), order a person that has provided In-Home Service, etc., or employees of said Services, etc., to report and provide records of said In-Home Service, etc., to present record books and documents, and other items, and direct personnel to ask questions concerning the In-Home Service, etc., provided by said person.

(2) The Minister of Health, Labour, and Welfare or a prefectural governor, when it is determined that it is necessary, may order an Insured Person that received a Long-Term Care Benefit, etc., and a person that was the Insured Person to report and direct its personnel to ask questions concerning the content of the In-Home Service, etc., pertaining to said Long-Term Care Benefit, etc. (herein referred to as "Service Covered by Long-Term Care

Benefits, etc.").

- (3) In a case of asking questions pursuant to the provisions of the preceding two paragraphs, said personnel must carry identification and present the same if required by the relevant person to be questioned.
- (4) The authority granted pursuant to the provisions of paragraphs (1) and (2) may not be construed as an approval of a criminal investigation.

(Designated and Entrusted Juridical Person for Municipal Affairs)

Article 24-2 (1) A Municipality may entrust a portion of the following affairs to a juridical person that qualifies as per the requirements as determined by Order of the Ministry of Health, Labour, and Welfare, and is designated by a prefectural governor as a person that can perform said affairs appropriately (herein referred to as "Designated and Entrusted Juridical Person for Municipal Affairs" in this Article):

- (i) affairs as prescribed in Article 23 of this Act (except for affairs pertaining to the selection of a Person Subject to an Inquiry, etc.);
 - (ii) affairs pertaining to an inspection pursuant to the provisions of Article 27, paragraph (2) (including a case when applied mutatis mutandis pursuant to Article 28, paragraph (4), Article 29, paragraph (2), Article 30, paragraph (2), Article 31, paragraph (2), and Article 32, paragraph (2) (including a case when applied mutatis mutandis pursuant to Article 33, paragraph (4), Article 33-2, paragraph (2), Article 33-3, paragraph (2), and Article 34, paragraph (2)));
 - (iii) other affairs as determined by Order of the Ministry of Health, Labour, and Welfare.
- (2) A Designated and Entrusted Juridical Person for Municipal Affairs, when performing affairs as set forth in item (ii) of the preceding paragraph, is to assign a Long-Term Care Support Specialist or other person as determined by Order of the Ministry of Health, Labour, and Welfare to implement the inspection pertaining to said entrustment.
 - (3) An Officer or personnel of a Designated and Entrusted Juridical Person for Municipal Affairs (including a Long-Term Care Support Specialist or other person as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the preceding paragraph; the same shall apply in the following paragraph) or a person that held that position must not divulge any confidential information learned pertaining to said entrusted affairs without a justifiable reason.
 - (4) An Officer or personnel of a Designated and Entrusted Juridical Person for Municipal Affairs who engage in said entrusted affairs is deemed as personnel engaged in public service pursuant to the provisions of laws and regulations with regard to the application of the Penal Code (Act No. 45 of 1907) and other

penal provisions.

- (5) A Municipality, when entrusting affairs pursuant to the provisions of paragraph (1), must issue public notice of this effect pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.
- (6) In addition to the provisions as prescribed in each of the preceding paragraphs of this Article, other necessary matters pertaining to a Designated and Entrusted Juridical Person for Municipal Affairs are prescribed by a Cabinet Order.

(Protection of Right to Benefit)

Article 25 The right to receive an insurance benefit may not be transferred, pledged as collateral, or levied.

(Prohibition of Taxation and Other Public Dues)

Article 26 Taxation and other public dues may not be imposed by establishing money or goods that are provided as an insurance benefit as a standard.

Section 2 Certification

(Certification of Needed Long-Term Care)

Article 27 (1) An Insured Person that intends to obtain a Certification of Needed Long-Term Care, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, must submit an application with attachment of Certificate of Insured Person to a Municipality. In this case, said Insured Person, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, may have a Designated In-Home Long-Term Care Support Provider as prescribed in Article 46, paragraph (1), a Community-Based Facility for the Elderly Covered by Public Aid Requiring Long-Term Care, or a Facility Covered by Long-Term Care Insurance, and those which are determined by Order of the Ministry of Health, Labour, and Welfare, or a community general support center as prescribed in Article 115-39, paragraph (1) implement procedures pertaining to said application on behalf of said Insured Person.

- (2) A Municipality, when the application as prescribed in the preceding paragraph is submitted, direct its personnel to interview said Insured Person pertaining to said application and investigate the mental and physical condition and surroundings of said Insured Person, and other matters as determined by Order of the Ministry of Health, Labour, and Welfare. In this case, the Municipality may, when said Insured Person has a residence in a remote place, commission said investigation to another Municipality.
- (3) A Municipality, when the application as prescribed in paragraph (1) is

- submitted, request an attending physician of the Insured Person pertaining to said application for opinions regarding the status of illness or injury that is the cause of the physical or mental problems of said Insured Person, however, provided that the Municipality may, when there is no attending physician of the Insured Person pertaining to said application, or it is difficult to request for said opinion, etc., order said Insured Person to obtain the diagnosis of a designated physician or from the Municipality's personnel who is a physician.
- (4) A Municipality is to notify the relevant Certification Committee of the result of the investigation as set forth in paragraph (2) (in a case of entrustment pursuant to the provisions of Article 24-2, paragraph (1), item (ii), including an investigation pertaining to said entrustment) of the opinion of the attending physician as prescribed in the preceding paragraph, the result of a diagnosis by the designated physician or its personnel who is a physician, and other matters as specified by Order of the Ministry of Health, Labour, and Welfare, and request an examination and judgment pertaining to matters as prescribed in each said item according to the Category of the Insured Person as listed in the following items with regard to the Insured Person pertaining to an application as prescribed in paragraph (1):
- (i) Primary Insured Person: those who qualify with a Condition of Need for Long-Term Care and Category of Condition of Need for Long-Term Care that said condition is subject to;
 - (ii) Secondary Insured Person: those who qualify with a Condition of Need for Long-Term Care and Category of Condition of Need for Long-Term Care that said condition is subject to, and the physical or mental problems causing said Condition of Need for Long-Term Care is caused by a Specified Disease.
- (5) A Certification Committee, when being requested to conduct an examination and provide judgment pursuant to the provisions of the preceding paragraph, act in compliance with standards as determined by the Minister of Health, Labour, and Welfare, examine and judge matters as prescribed in each item of the same paragraph of the Insured Person pertaining to said examination and judgment, and notify said result to the Municipality. In this case, a Certification Committee may, when it determines it necessary, state opinions to the Municipality regarding the matters listed as follows:
- (i) matters concerning the necessary medical care for the reduction or prevention of deterioration of the Condition of Need for Long-Term Care of said Insured Person;
 - (ii) matters that said Insured Person should give heed for the appropriate and effective use of a Designated In-Home Service as prescribed in Article 41, paragraph (1) of this Act, a Designated Community-Based Service as prescribed in Article 42-2, paragraph (1), or a Designated Facility Service, etc., as prescribed in Article 48, paragraph (1).

- (6) A Certification Committee may, when it determines it necessary in an examination or judgment referred to in the first sentence of the preceding paragraph, hear opinions of the Insured Person pertaining to said examination and judgment, said Person's family members, the attending physician as set forth in paragraph (3), and other relevant persons.
- (7) A Municipality, when providing a Certification of Needed Long-Term Care based on the results of an examination and judgment of a Certification Committee as notified pursuant to the provisions of the first sentence of paragraph (5), must notify the Insured Person pertaining to said Certification of Needed Long-Term Care of said result. In this case, the Municipality shall enter the following items on the Certificate of Insured Person of said Insured Person and return the Certificate of Insured Person to the Insured Person:
 - (i) applicable Category of Condition of Need for Long-Term Care;
 - (ii) opinions of the Certification Committee pertaining to the matters listed in paragraph (5), item (ii).
- (8) A Certification of Needed Long-Term Care becomes effective retroactively on the date that said application was submitted.
- (9) A Municipality, when it determined the Insured Person pertaining to the application as set forth in paragraph (1) fails to be qualified as a Person Requiring Long-Term Care based on the results of an examination and judgment of a Certification Committee as notified pursuant to the provisions of the first sentence of paragraph (5), is to notify said Insured Person of that effect, indicating the reason(s), and return the Certificate of Insured Person of said Insured Person.
- (10) A Municipality may dismiss an application submitted pursuant to paragraph (1) when the Insured Person pertaining to the application as set forth in paragraph (1) fails to respond to an investigation pursuant to the provisions of paragraph (2) (in a case of entrustment pursuant to the provisions of Article 24-2, paragraph (1), item (ii), an investigation pertaining to said entrustment) without a justifiable reason or when said Insured Person fails to comply with an order for a diagnosis pursuant to the provisions of the proviso of paragraph (3).
- (11) Action for an application as set forth in paragraph (1) must be performed within thirty (30) days from the date of submission of said application, however, provided that in a case that there are special reasons that an investigation of the mental or physical conditions of the Insured Person pertaining to said application may require additional hours or days, etc., said action for the matter may be postponed after notifying said Insured Person of the additional period necessary for the action for said application (herein referred to as the "Prospective Processing Period" in the following paragraph) and said reasons within thirty (30) days from the date of submission of said application.

(12) In a case when the action for an application as set forth in paragraph (1) has not been executed within thirty (30) days from the date of submission of said application or the notification as set forth in the proviso of the preceding paragraph has not been issued, or when the action for said application has not been executed by the date that the Prospective Processing Period expires, the Insured Person pertaining to said application may deem that the Municipality has dismissed said application.

(Renewal of Certification of Needed Long-Term Care)

Article 28 (1) A Certification of Needed Long-Term Care is effective according to the Category of Condition of Need for Long-Term Care during the period as determined by Order of the Ministry of Health, Labour, and Welfare (herein referred to as the "Effective Period" in this Article).

(2) An Insured Person that is issued a Certification of Needed Long-Term Care, when he or she is expected to be in a Condition of Need for Long-Term Care although after the expiry of the Effective Period, may apply to the Municipality for an application of renewal of said Certification of Needed Long-Term Care (herein referred to as a "Renewal of Certification of Needed Long-Term Care") pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

(3) In a case when an Insured Person that may apply for the renewal application as set forth in the preceding paragraph was not able to apply for said renewal application prior to the expiry of the Effective Period of Certification of Needed Long-Term Care pertaining to said application due to a disaster or other compelling reason, said Insured Person may apply for a Renewal of Certification of Needed Long-Term Care within one month following the date on which said reason for delay is no longer valid.

(4) The provisions of the preceding Article (except paragraph (8)) apply mutatis mutandis to an application as set forth in the preceding two paragraphs and to an application for Renewal of Certification of Needed Long-Term Care pertaining to said application. In this case, the necessary technical replacement of terms used in the provisions of the same Article shall be provided by a Cabinet Order.

(5) A Municipality may entrust an investigation as set forth in the preceding Article, paragraph (2), as applied mutatis mutandis pursuant to the preceding paragraph, to a Designated In-Home Long-Term Care Support Provider as prescribed in Article 46, paragraph (1), a Community-Based Facility for the Elderly Covered by Public Aid Requiring Long-Term Care, a Facility Covered by Long-Term Care Insurance, other providers or facilities as determined by Order of the Ministry of Health, Labour, and Welfare (herein referred to as "Designated In-Home Long-Term Care Support Provider, etc." in this Article),

or to a Long-Term Care Support Specialist as determined by Order of the Ministry of Health, Labour, and Welfare.

- (6) A Designated In-Home Long-Term Care Support Provider, etc., entrusted pursuant to the provisions of the preceding paragraphs to direct a Long-Term Care Support Specialist or other person as determined by Order of the Ministry of Health, Labour, and Welfare to perform an investigation pertaining to said entrustment.
- (7) A Designated In-Home Long-Term Care Support Provider, etc., entrusted pursuant to the provisions of paragraph (5) (in cases when said person is a juridical person, its Officers; the same shall apply in the following paragraph), its personnel (including a Long-Term Care Support Specialist as prescribed in the preceding paragraph or other person as determined by Order of the Ministry of Health, Labour, and Welfare; the same shall apply in the following paragraph), a Long-Term Care Support Specialist or other person that was in said position must not divulge any personal confidential information learned from said entrusted operations without a justifiable reason.
- (8) A Designated In-Home Long-Term Care Support Provider, etc., entrusted pursuant to the provisions of paragraph (5), its personnel, or a Long-Term Care Support Specialist that engages in said entrusted operations shall be deemed as personnel who engage in public service pursuant to the provisions of laws and regulations with regard to the application of the Penal Code and other penal provisions.
- (9) A Renewal of Certification of Needed Long-Term Care pertaining to an application as set forth in paragraph (3) is to be effective retroactively on the date following the date of expiry of the Effective Period of Certification of Needed Long-Term Care pertaining to said renewal application.
- (10) The provisions of paragraph (1) apply mutatis mutandis to a Renewal of Certification of Needed Long-Term Care. In this case, the phrase "period as determined by Order of the Ministry of Health, Labour, and Welfare" in the same paragraph is deemed to be replaced with "period as determined by Order of the Ministry of Health, Labour, and Welfare from the date following the expiry of the Effective Period."

(Certification of Change of Category of Condition of Need for Long-Term Care)
Article 29 (1) An Insured Person that was issued a Certification of Needed Long-Term Care, when it is determined that the degree of necessity of care qualifies for a Category of Condition of Need for Long-Term Care other than the Category of Condition of Need for Long-Term Care pertaining to the Certification of Needed Long-Term Care which is currently issued, may apply to a Municipality for a Certification of Change of Category of Condition of Need for Long-Term Care, pursuant to the provisions of Order of the Ministry of

Health, Labour, and Welfare.

- (2) The provisions of Article 27 and the preceding Article, paragraphs (5) to (8) apply mutatis mutandis to an application as prescribed in the preceding paragraph and to a Certification of Change of Category of Condition of Need for Long-Term Care pertaining to said application. In this case, the necessary technical replacement of the terms of these provisions shall be provided by a Cabinet Order.

Article 30 (1) A Municipality, when it is determined that an Insured Person that was issued a Certification of Needed Long-Term Care, qualifies for a Category of Condition of Need for Long-Term Care other than the Category of Condition of Need for Long-Term Care pertaining to said Certification of Needed Long-Term Care due to a lowering of the degree of necessity of long-term care, may certify a change of Category of Condition of Need for Long-Term Care. In this case, the Municipality is to request the Insured Person pertaining to said change of certification to submit said Certificate of Insured Person, shall enter the Category of Condition of Need for Long-Term Care pertaining to said change of certification and the opinion of the Certification Committee pursuant to the provisions of the second sentence of Article 27, paragraph (5) as applied mutatis mutandis pursuant to the following paragraph (limited to those changes pertaining to matters listed in item (ii) of the same paragraph), and then return said Certificate of Insured Person to the Insured Person.

- (2) The provisions of Article 27, paragraphs (2) to (6), the first sentence of paragraph (7), and Article 28, paragraphs (5) to (8) apply mutatis mutandis to a Certification of Change of Category of Condition of Need for Long-Term Care as prescribed in the preceding paragraph. In this case, the necessary technical replacement of the terms of these provisions shall be provided by a Cabinet Order.

(Rescission of Certification of Needed Long-Term Care)

Article 31 (1) When an Insured Person that was issued a Certification of Needed Long-Term Care is subject to any of the following items, a Municipality may rescind said Certification of Needed Long-Term Care. In this case, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, the Municipality is to request the Insured Person pertaining to said rescission to submit said Certificate of Insured Person, delete the entry of matters listed in each item of Article 27, paragraph (7), and return the Certificate of Insured Person to the Insured Person:

- (i) when the Municipality determines that the Insured Person fails to or no longer qualifies as a Person Requiring Long-Term Care;
- (ii) when the Insured Person fails to comply with an investigation pursuant to

the provisions of Article 27, paragraph (2) as applied mutatis mutandis pursuant to the preceding Article, paragraph (2) and the following paragraph (in a case when said investigation is entrusted pursuant to the provisions of Article 28, paragraph (5) as applied mutatis mutandis pursuant to Article 24-2, paragraph (1), item (ii), the preceding Article, paragraph (2), or the following paragraph, including an investigation pertaining to said entrustment) without a justifiable reason, or when the Insured Person fails to act in compliance with an order for diagnosis pursuant to the provisions of the proviso of Article 27, paragraph (3) as applied mutatis mutandis pursuant to the preceding Article, paragraph (2), and the following paragraph.

- (2) The provisions of Article 27, paragraphs (2) to (4), the first sentence of paragraph (5), paragraph (6), the first sentence of paragraph (7), and Article 28, paragraphs (5) to (8) apply mutatis mutandis to a rescission of a Certification of Needed Long-Term Care pursuant to the provisions of the preceding paragraph, item (i). In this case, the necessary technical replacement of the terms of these provisions shall be provided by a Cabinet Order.

(Certification of Needed Support)

Article 32 (1) An Insured Person that intends to receive a Certification of Needed Support must submit to a Municipality an application with a Certificate of Insured Person pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare. In this case, said Insured Person may, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, have a Designated In-Home Long-Term Care Support Provider, etc., as prescribed in Article 46, paragraph (1), a Community-Based Facility for the Elderly Covered by Public Aid Requiring Long-Term Care or a Facility Covered by Long-Term Care Insurance as determined by Order of the Ministry of Health, Labour, and Welfare, or a community general support center as prescribed in Article 115-39, paragraph (1), perform the procedures of said application on behalf of the Insured Person.

- (2) The provisions of Article 27, paragraphs (2) and (3) apply mutatis mutandis to an investigation pertaining to an application as prescribed in the preceding paragraph, opinions of an attending physician of the Insured Person pertaining to an application as set forth in the same paragraph, and an order for diagnosis to said Insured Person.
- (3) A Municipality is to notify the Certification Committee of the result of an investigation as set forth in Article 27, paragraph (2) as applied mutatis mutandis pursuant to the preceding paragraph (in a case when the investigation is entrusted pursuant to the provisions of Article 24-2, paragraph (1), item (ii), including an investigation pertaining to said entrustment), the

opinion of an attending physician as set forth in Article 27, paragraph (2) as applied mutatis mutandis pursuant to the preceding paragraph, the result of a diagnosis of a designated physician or its personnel who is a physician, or other matters specified by Order of the Ministry of Health, Labour, and Welfare, and request an examination and judgment pertaining to matters as prescribed in each said item according to the category of Insured Person listed in the following items with regard to the Insured Person pertaining to an application as set forth in paragraph (1):

- (i) Primary Insured Person: those who qualify for a Needed Support Condition and Category of Needed Support Condition for which said condition qualifies;
 - (ii) Secondary Insured Person: those who qualify for a Needed Support Condition, a Category of Needed Support Condition for which said condition qualifies, and the physical or mental problem(s) that is the cause of said Needed Support Condition as caused by a Specified Disease.
- (4) A Certification Committee, when being requested to perform an examination and judgment pursuant to the provisions of the preceding paragraph, is to act in compliance with standards as determined by the Minister of Health, Labour, and Welfare, examine and judge matters as prescribed in each item of the same paragraph of an Insured Person pertaining to said examination and judgment, and notify the Municipality of said result. In this case, a Certification Committee, when it determines necessary, may state opinions to the Municipality regarding the following matters:
- (i) matters of necessary medical care for or support pertaining to domestic home duties for the reduction or prevention of deterioration of a Needed Support Condition of said Insured Person;
 - (ii) matters that said Insured Person should give heed to appropriately and effectively use Designated Preventive Long-Term Care Service as prescribed in Article 53, paragraph (1) or a Designated Community-Based Preventive Service of Long-Term Care as prescribed in Article 54-2, paragraph (1).
- (5) The provisions of Article 27, paragraph (6) apply mutatis mutandis to an examination and judgment as prescribed in the first sentence of the preceding paragraph.
- (6) A Municipality, when providing Certification of Needed Support based on the results of an examination and judgment of a Certification Committee that is notified pursuant to the provisions of the first sentence of paragraph (4), is to notify the Insured Person pertaining to said Certification of Needed Support of said result. In this case, a Municipality shall enter the following items on the Certificate of Insured Person of said Insured Person and return the Certificate of Insured Person to the Insured Person:
- (i) said Category of Needed Support Condition;
 - (ii) opinions of the Certification Committee pertaining to matters listed in

paragraph (4), item (ii).

- (7) A Certification of Needed Support becomes effective retroactively on the date that said application was submitted.
- (8) A Municipality, when it is determined that the Insured Person predating the application as set forth in paragraph (1) fails to qualify the Person Requiring Support based on the results of an examination and judgment of a Certification Committee that is notified pursuant to the provisions of the first sentence of paragraph (4), is to notify said Insured Person pertaining of the results, indicating the reasons, and return the Certificate of Insured Person to said Insured Person.
- (9) The provisions of Article 27, paragraph (10) to (12) apply mutatis mutandis to an application as set forth in paragraph (1) and the action for said application.

(Renewal of Certification of Needed Support)

- Article 33 (1) A Certification of Needed Support is effective according to the Category of Needed Support Condition during the period as determined by Order of the Ministry of Health, Labour, and Welfare (herein referred to as "Effective Period" in this Article).
- (2) An Insured Person that has been issued a Certification of Needed Support, when he or she is expected to be in a Needed Support Condition after the expiry of the Effective Period, may apply to the Municipality for application of renewal of said Certification of Needed Support (herein referred to as "Renewal of Certification of Needed Support") pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.
 - (3) In a case when an Insured Person that may apply for the application as set forth in the preceding paragraph was not able to apply for said application prior to expiry of the Effective Period of Certification of Needed Support pertaining to said application due to a disaster or other compelling reason, said Insured Person may apply for a Renewal of Certification of Needed Support within one month from the date on which said reasons are no longer valid.
 - (4) The provisions of the preceding Article (except for paragraph (7)) and Article 28, paragraphs (5) to (8) apply mutatis mutandis to an application as prescribed in the preceding two paragraphs and a Renewal of Certification of Needed Support pertaining to said application. In this case, the necessary technical replacement of the terms of these provisions is specified by a Cabinet Order.
 - (5) A Renewal of Certification of Needed Support pertaining to an application as set forth in paragraph (3) becomes effective retroactively on the date following the date of expiry of the Effective Period of Certification of Needed Support pertaining to said application.
 - (6) The provisions of paragraph (1) apply mutatis mutandis to a Renewal of

Certification of Needed Support. In this case, the phrase "period as determined by Order of the Ministry of Health, Labour, and Welfare" in the same paragraph is deemed to be replaced with "period as determined by Order of the Ministry of Health, Labour, and Welfare from the date following the expiry of the Effective Period."

(Certification of Change of Category of Needed Support Condition)

- Article 33-2 (1) An Insured Person that has been issued a Certification of Needed Support, when it is determined that the degree of Needed Support Condition qualifies for a Category of Needed Support Condition other than the Category of Needed Support Condition pertaining to said Certification of Needed Support that is issued currently, may apply to the Municipality for a certification of change of Category of Needed Support Condition, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.
- (2) The provisions of Article 28, paragraph (5) to paragraph (8), and Article 33 apply mutatis mutandis to an application as prescribed in the preceding paragraph and change of Category of Needed Support Condition pertaining to said application. In this case, the necessary technical replacement of terms for these provisions is specified by a Cabinet Order.

- Article 33-3 (1) A Municipality, when it is determined that an Insured Person that has been issued a Certification of Needed Support qualifies for a Category of Needed Support Condition other than the Category of Needed Support Condition pertaining to said Certification of Needed Support due to a lowering of the degree of Needed Support Condition, may certify a change of Category of Needed Support Condition. In this case, the Municipality is to request the Insured Person pertaining to said change of certification to submit said Certificate of Insured Person, shall enter the Category of Needed Support Condition pertaining to said change of certification and the opinion of the Certification Committee pursuant to the provisions of the second sentence of Article 32, paragraph (4) as applied mutatis mutandis pursuant to the following paragraph (limited to those pertaining to matters listed in item (ii) of the same paragraph), and then return the Certificate of Insured Person to the Insured Person.
- (2) The provisions of Article 28, paragraph (5) to paragraph (8), Article 32, paragraph (2) to paragraph (5), and the first sentence of paragraph (6), apply mutatis mutandis to a certification of Change of Category of Needed Support Condition as prescribed in the preceding paragraph. In this case, the necessary technical replacement of terms of these provisions is specified by a Cabinet Order.

(Rescission of Certification of Needed Support)

Article 34 (1) When an Insured Person to whom has been issued a Certification of Needed Support is subject to any of the following items, a Municipality may rescind said Certification of Needed Support. In this case, the Municipality, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, is to request the Insured Person pertaining to said rescission to submit said Certificate of Insured Person, delete the entry of matters listed in the each item of Article 32, paragraph (6), and return the Certificate of Insured Person to the Insured Person. These items are:

- (i) when it is determined that the Insured Person fails to qualify as a Person Requiring Support;
 - (ii) when the Insured Person fails to qualify after an investigation pursuant to the provisions of Article 27, paragraph (2) as applied mutatis mutandis pursuant to the provisions of Article 32, paragraph (2) as applied mutatis mutandis pursuant to the preceding Article, paragraph (2) or the following paragraph (in a case when said investigation is entrusted pursuant to the provisions of Article 28, paragraph (5) as applied mutatis mutandis pursuant to the provisions of Article 24-2, paragraph (1), item (ii) or paragraph (2) of the preceding Article or the following paragraph, including an investigation pertaining to said entrustment) without a justifiable reason, or when the Insured Person fails to act in compliance with an order for diagnosis pursuant to the provisions of the proviso of Article 27, paragraph (3) as applied mutatis mutandis pursuant to provisions of Article 33, paragraph (2) as applied mutatis mutandis pursuant to the following paragraph.
- (2) The provisions of Article 28, paragraph (5) to paragraph (8), Article 32, paragraph (2), paragraph (3), the first sentence of paragraph (4), paragraph (5), and the first sentence of paragraph (6) apply mutatis mutandis to a rescission of Certification of Needed Support pursuant to the provisions of the preceding paragraph, item (i). In this case, the necessary technical replacement of terms for these provisions is specified by a Cabinet Order.

(Exception for Procedures of Certification of Needed Long-Term Care)

Article 35 (1) A Certification Committee, when it is determined that an Insured Person that is the subject of a request for investigation or judgment pursuant to the provisions of Article 27, paragraph (4) (including a case when applied mutatis mutandis pursuant to Article 28, paragraph (4)) qualifies as a Person Requiring Support, although it is determined that said Insured Person fails to qualify as a Person Requiring Long-Term Care, may notify said result to the Municipality, notwithstanding the provisions of Article 27, paragraph (5) (including a case when applied mutatis mutandis pursuant to Article 28, paragraph (4)).

- (2) A Municipality, when a notification was issued pursuant to the provisions of the preceding paragraph, may deem that the Insured Person pertaining to said notification has submitted an application as set forth in Article 32, paragraph (1), the Municipality requested the Certification Committee to conduct an examination or issue a judgment pursuant to the provisions of paragraph (3) of the same Article and the Municipality received a notification by the Certification Committee pursuant to the provisions of paragraph (4) of the same Article, and may issue the Insured Person a Certification of Needed Support. In this case, the Municipality is to notify said Insured Person that a Certification of Needed Support is provided, enter the matters listed in each item of paragraph (6) of the same Article on the Certificate of Insured Person of said Insured Person, and return the Certificate of Insured Person to the Insured Person.
- (3) A Certification Committee, when it is determined that an Insured Person that is the subject of a requested examination or judgment pursuant to the provisions of Article 32, paragraph (3) (including the case it is applied *mutatis mutandis* pursuant to Article 33, paragraph (4)) qualifies as a Person Requiring Long-Term Care, may notify said result to the Municipality, notwithstanding the provision of Article 32, paragraph (4) (including a case applied *mutatis mutandis* pursuant to Article 33, paragraph (4)).
- (4) A Municipality, when a notification is issued pursuant to the provisions of the preceding paragraph, may deem that the Insured Person pertaining to said notification submitted an application as set forth in Article 27, paragraph (1), the Municipality requested the Certification Committee for a judgment or to conduct an examination pursuant to the provisions of paragraph (4) of the same Article, and the Municipality is provided a notification of the Certification Committee pursuant to the provisions of paragraph (5) of the same Article, and may issue the Insured Person a Certification of Needed Long-Term Care. In this case, the Municipality is to notify said Insured Person that a Certification of Needed Long-Term Care is provided, enter the matters listed in each item of paragraph (7) of the same Article on the Certificate of Insured Person of said Insured Person, and return the Certificate of Insured Person to the Insured Person.
- (5) A Certification Committee, when it is determined that an Insured Person that is the subject of a requested examination or judgment pursuant to the provisions of Article 27, paragraph (4) as applied *mutatis mutandis* pursuant to Article 31, paragraph (2) is certified as a Person Requiring Support although said Insured Person fails to qualify as a Person Requiring Long-Term Care, may notify said result to the Municipality, notwithstanding the provision of Article 27, paragraph (5) as applied *mutatis mutandis* pursuant to Article 31, paragraph (2).

(6) A Municipality, when a notification is issued pursuant to the provisions of the preceding paragraph, may deem that the Insured Person pertaining to said notification submitted an application as set forth in Article 32, paragraph (1), the Municipality requested the Certification Committee for an examination or judgment pursuant to the provisions of paragraph (3) of the same Article, and the Municipality received a notification of the Certification Committee pursuant to the provisions of paragraph (4) of the same Article, and may issue said Insured Person a Certification of Needed Support. In this case, the Municipality, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, is to request to Insured Person pertaining to said notification to submit such Insured Person's Certificate of Insured Person, enter the matters listed in each item of paragraph (6) of the same Article, and return the Certificate of Insured Person to the Insured Person.

(Certification of Needed Long-Term Care and Certification of Needed Support after Relocation of Domicile)

Article 36 A Municipality, in a case when a person that is issued a Certification of Needed Long-Term Care or a Certification of Needed Support by another Municipality becomes an Insured Person of Long-Term Care Insurance of said Municipality and when said Insured Person submits an application for a Certification of Needed Long-Term Care or a Certification of Needed Support attached with the documents that are issued by said Municipality and the other Municipality and proves matters pertaining to said Certification of Needed Long-Term Care or Certification of Needed Support within fourteen (14) days from the date on which said qualification was obtained, may provide a Certification of Needed Long-Term Care or a Certification of Needed Support according to the matters entered on said documents, notwithstanding the provisions of Article 27, paragraph (4) and the first sentence of paragraph (7), or Article 32, paragraph (3) and the first sentence of paragraph (6), and without awaiting an examination or judgment of a Certification Committee.

(Specification of Type of Service Covered by Long-Term Care Benefits)

Article 37 (1) A Municipality, when providing a Certification of Needed Long-Term Care; a Renewal of Certification of Needed Long-Term Care; a Certification of Change of Category of Condition of Need for Long-Term Care pursuant to the provisions of Article 27, paragraph (7) or Article 30, paragraph (1) as applied mutatis mutandis pursuant to Article 29, paragraph (2); a Certification of Needed Support; a Renewal of Certification of Needed Support; a Certification of Change of Category of Needed Support Condition pursuant to the provisions of Article 32, paragraph (6) or Article 33-3, paragraph (1) as applied mutatis mutandis pursuant to Article 33-2, paragraph (2); (hereinafter

simply referred to as "Certification" in this paragraph) may specify the type of services to be performed for an Insured Person pertaining to said Certification, including In-Home Service pertaining to Allowance for In-Home Long-Term Care Service or Exceptional Allowance for In-Home Long-Term Care Service, Community-Based Service pertaining to Allowance for Community-Based Long-Term Care Service or Exceptional Allowance for Community-Based Long-Term Care Service, Facility Service pertaining to Allowance for Long-Term Care Facility Service or Exceptional Allowance for Long-Term Care Facility Service, Preventive Long-Term Care Service pertaining to Allowance for Preventive Long-Term Care Service or Exceptional Allowance for Preventive Service of Long-Term Care, or Community-Based Service for Preventive Long-Term Care pertaining to Allowance for Community-Based Preventive Long-Term Care Service, or Exceptional Allowance for Community-Based Preventive Service of Long-Term Care, based on the opinion of the Certification Committee pertaining to the matter listed in Article 27, paragraph (5), item (i) (including a case it is applied mutatis mutandis pursuant to Article 28, paragraph (4), Article 29, paragraph (2), or Article 30, paragraph (2)) or Article 32, paragraph (4), item (i) (including a case it is applied mutatis mutandis pursuant to Article 33, paragraph (4), or Article 33-2, paragraph (2)). In this case, the Municipality is to enter on the Certificate of Insured Person of said Insured Person the type of services pertaining to said specification including In-Home Service, Community-Based Service, Facility Service, Preventive Long-Term Care Service, or Community-Based Service for Preventive Long-Term Care together with an entry pursuant to the provisions of Article 27, paragraph (7) second sentence (including a case it is applied mutatis mutandis pursuant to Article 28, paragraph (4) or Article 29, paragraph (2)), Article 30, paragraph (1), second sentence, Article 35, paragraph (4), second sentence, or Article 32, paragraph (6) second sentence (including a case it is applied mutatis mutandis pursuant to Article 33, paragraph (4) or Article 33-2, paragraph (2)), Article 33-3, paragraph (1) second sentence, Article 35, paragraph (2), second sentence, or paragraph (6), second sentence.

- (2) An Insured Person specified pursuant to the provisions of the preceding paragraph, first sentence, may apply for a change of type of services pertaining to said specification including In-Home Service, Community-Based Service, Facility Service, Preventive Long-Term Care Service, or Community-Based Service for Preventive Long-Term Care.
- (3) The application as prescribed in the preceding paragraph is to be submitted with the Certificate of Insured Person, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.
- (4) In a case when the application as set forth in paragraph (2) is submitted, a Municipality, pursuant to the provisions of Order of the Ministry of Health,

Labour, and Welfare, when it hears the opinion of the Certification Committee and determines it necessary, may change the type of services pertaining to said specification including In-Home Service, Community-Based Service, Facility Service, Preventive Long-Term Care Service, or Community-Based Service for Preventive Long-Term Care.

- (5) When a Municipality, with regard to an Insured Person pertaining to the application as set forth in paragraph (2), has changed the type of services pertaining to the specification pursuant to the provisions of paragraph (1), first sentence, including In-Home Service, Community-Based Service, Facility Service, Preventive Long-Term Care Service, or Community-Based Service for Preventive Long-Term Care pursuant to the provisions of the preceding paragraph, it is to notify said Insured Person of said result, enter the type of services, including In-Home Service, Community-Based Service, Facility Service, Preventive Long-Term Care Service, or Community-Based Service for Preventive Long-Term Care after amending the Certificate of Insured Person of said Insured Person, and return the Certificate of Insured Person to the Insured Person.

(Assistance of Prefectures)

- Article 38 (1) A prefecture, with regard to affairs pursuant to the provisions of Article 27 to Article 35 and the preceding Article that a Municipality performs, may cooperate regarding technical matters at public aid office (those offices regarding public aid provided by the Social Welfare Act (Act No. 45 of 1951)) or a health center, and provide other necessary assistance to a Municipality.
- (2) Pursuant to the provisions of Article 252-14, paragraph (1) of the Local Autonomy Act, a Prefectural Certification Committee of Needed Long-Term Care is to be established by entrustment from a Municipality, in order for the prefecture to perform examinations and judgments (operations that a Certification Committee performs pursuant to the provisions of Article 27 to Article 35 and the preceding Article; the same shall apply hereinafter in this Article).
- (3) The provisions of Article 15 and Article 17 apply mutatis mutandis to a Prefectural Certification Committee of Needed Long-Term Care as prescribed in the preceding paragraph. In this case, the phrase "mayor of a Municipality ("ward mayor" for special city wards; the same applies hereinafter)" in Article 15 is deemed to be replaced with "prefectural governor."
- (4) With regard to a Municipality that entrusts examinations and judgments to a prefecture, in a case of applying the provisions of Article 27 (including a case applied mutatis mutandis pursuant to Article 28, paragraph (4), Article 29, paragraph (2), Article 30, paragraph (2), Article 31, paragraph (2) or Article 32, paragraph (5)), Article 30, Article 32 (including a case applied mutatis

mutandis pursuant to Article 33, paragraph (4), Article 33-2, paragraph (2), Article 33-3, paragraph (2), or Article 34, paragraph (2)), Article 33-3 or Article 35 to the preceding Article, the term "Certification Committee" is deemed to be replaced with "Prefectural Certification Committee of Needed Long-Term Care."

(Delegation to Order of the Ministry of Health, Labour, and Welfare)

Article 39 In addition to those matters provided by this Section, an application for Certification of Needed Long-Term Care and Certification of Needed Support, and other procedures necessary matters are specified by Order of the Ministry of Health, Labour, and Welfare.

Section 3 Long-Term Care Benefits

(Types of Long-Term Care Benefits)

Article 40 A Long-Term Care Benefit is to be any of the insurance benefits listed below:

- (i) payment of an Allowance for In-Home Long-Term Care Service;
- (ii) payment of an Exceptional Allowance for In-Home Long-Term Care Service;
- (iii) payment of an Allowance for Community-Based Long-Term Care Service;
- (iv) payment of an Exceptional Allowance for Community-Based Long-Term Care Service;
- (v) payment of an Allowance for Purchasing Equipment for In-Home Long-Term Care Covered by Public Aid;
- (vi) payment of an Allowance for Home Modification for In-Home Long-Term Care;
- (vii) payment of an Allowance for In-Home Long-Term Care Service Plan;
- (viii) payment of an Exceptional Allowance for an In-Home Long-Term Care Service Plan;
- (ix) payment of an Allowance for Long-Term Care Facility Service;
- (x) payment of an Exceptional Allowance for Long-Term Care Facility Service;
- (xi) payment of an Allowance for High-Cost Long-Term Care Service;
- (xii) payment of an Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility;
- (xiii) payment of an Exceptional Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility.

(Payment of an Allowance for In-Home Long-Term Care Service)

Article 41 (1) A Municipality, when an Insured Person that receives long-term care at his or her home (herein referred to as "Insured In-Home Person Requiring Long-Term Care") among persons who have obtained a Certification

- of Needed Long-Term Care (herein referred to as "Insured Person Requiring Long-Term Care") receives from a person designated by prefectural governor (hereinafter referred to as "Designated In-Home Service Provider") an In-Home Service provided by an appointed provider that performs In-Home Service Business pertaining to said specification (herein referred to as "Designated In-Home Service"), pays an Allowance for In-Home Long-Term Care Service to said Insured In-Home Person Requiring Long-Term Care regarding expenses required for said Designated In-Home Service (except for expenses required for purchase of Specified Equipment Covered by Public Aid, and excluding the expenses necessary to provide meals, residence, and other expenses as determined by Order of the Ministry of Health, Labour, and Welfare as necessary for daily life with regard to the expenses required for Outpatient Day Long-Term Care, Outpatient Rehabilitation, a Short-Term Admission for Daily Life Long-Term Care, Short-Term Admission for Recuperation, and Daily Life Long-Term Care Admitted to a Specified Facility; the same applies hereinafter in this Act), however, provided that this provision does not apply to a case when said Insured In-Home Person Requiring Long-Term Care is specified pursuant to the provisions of Article 37, paragraph (1) and the Person receives In-Home Service other than the type pertaining to said specification.
- (2) An Allowance for In-Home Long-Term Care Service, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, are to be paid only when a Municipality determines that it is necessary.
 - (3) An Insured In-Home Person Requiring Long-Term Care who intends to receive Designated In-Home Service pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare is to present a Certificate of Insured Person to the Designated In-Home Service Provider that said Insured Person selects and will receive said Designated In-Home Service.
 - (4) The amount of Allowance for In-Home Long-Term Care Service is to be the amount provided by each of the following items according to the category of In-Home Service listed in the said items:
 - (i) the amount equivalent to 90 percent of the expenses calculated based on the standards provided by the Minister of Health, Labour, and Welfare (the actual expenses required for Designated In-Home Service in a case when the standard amount exceeds the actual expenses required for said Designated In-Home Service) by considering the average expenses required for said Designated In-Home Service calculated by considering the content of Designated In-Home Service pertaining to the type of said In-Home Service, the area where the provider that performs said Designated In-Home Service business is located, etc. (with regard to the expenses necessary for Outpatient Day Long-Term Care and Outpatient Rehabilitation, excluding the expenses necessary to provide meals, residence, and other necessary

expenses for daily life as determined by Order of the Ministry of Health, Labour, and Welfare), according to by the type of In-Home Service including Home-Visit Long-Term Care, Home-Visit Bathing Long-Term Care, Home-Visit Nursing, Home-Visit Rehabilitation, Guidance for Management of In-Home Medical Long-Term Care, Outpatient Day Long-Term Care, Outpatient Rehabilitation, and Rental Service of Equipment for Long-Term Care Covered by Public Aid;

- (ii) the amount equivalent to 90 percent of the expenses calculated based on the standards provided by the Minister of Health, Labour, and Welfare (the actual expenses required for Designated In-Home Service in a case when the standard amount exceeds the actual expenses required for said Designated In-Home Service) by considering the average expenses required for said Designated In-Home Service calculated by considering the Category of Needed Support Condition, , the area where the provider that performs said Designated In-Home Service Business pertaining to the type of said In-Home Service is located, etc. (excluding the expenses necessary to provide meals, residence, and other necessary expenses for daily life as determined by Order of the Ministry of Health, Labour, and Welfare), according to by the type of In-Home Service including a Short-Term Admission for Daily Life Long-Term Care, Short-Term Admission for Recuperation, and Daily Life Long-Term Care Admitted to a Specified Facility.
- (5) The Minister of Health, Labour, and Welfare, when it intends to determine the standards as prescribed in the items of the preceding paragraph, must hear the opinion of the Social Security Council in advance.
- (6) When an Insured In-Home Person Requiring Long-Term Care is provided Designated In-Home Service (limited to a case when said Insured In-Home Person Requiring Long-Term Care has notified the Municipality to receive Designated In-Home Long-Term Care Support pursuant to the provisions of Article 46, paragraph (4) in advance, that said Designated In-Home Service is subject to said Designated In-Home Long-Term Care Support and other cases as determined by Order of the Ministry of Health, Labour, and Welfare) by a Designated In-Home Service Provider, the Municipality may pay expenses required for said Designated In-Home Service that said Insured In-Home Person Requiring Long-Term Care should pay to said Designated In-Home Service Provider on behalf of said Insured In-Home Person Requiring Long-Term Care to said Designated In-Home Service Provider within the specified limit of the amount that should be paid to said Insured In-Home Person Requiring Long-Term Care as Allowance for In-Home Long-Term Care Service.
- (7) When the payment pursuant to the provisions of the preceding paragraph is paid, it is to be deemed as an Allowance for In-Home Long-Term Care Service that has been paid to an Insured In-Home Person Requiring Long-Term Care.

- (8) A Designated In-Home Service Provider, when accepting payment of the expenses required for providing the Designated In-Home Service and other services, must deliver a receipt to the Insured In-Home Person Requiring Long-Term Care who made said payment, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.
- (9) A Municipality, when a Designated In-Home Service Provider requests an Allowance for In-Home Long-Term Care Service, is to pay said allowance after conducting an examination according to standards provided by the Minister of Health, Labour, and Welfare as prescribed in the each item of paragraph (4) and the standards of facilities and management of Designated In-Home Service Business as prescribed in Article 74, paragraph (2) (limited to the part regarding the handling of Designated In-Home Service).
- (10) A Municipality may entrust an examination and payment affairs prescribed in the preceding paragraph to an Association.
- (11) An Association that undertakes entrustment pursuant to the provisions of the preceding paragraph, after obtaining the consent of the Municipality that delegated said entrustment and pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, may entrust a part of the affairs that are under said entrustment to a not-for-profit juridical person that qualifies with requirements as determined by Order of the Ministry of Health, Labour, and Welfare.
- (12) In addition to the provisions of the preceding paragraph, necessary matters for payment of an Allowance for In-Home Long-Term Care Service and a request for an Allowance for In-Home Long-Term Care Service by a Designated In-Home Service Provider are prescribed by Order of the Ministry of Health, Labour, and Welfare.

(Payment of an Exceptional Allowance for In-Home Long-Term Care Service)
Article 42 (1) A Municipality pays an Exceptional Allowance for In-Home Long-Term Care Service to an Insured In-Home Person Requiring Long-Term Care in the following cases:

- (i) when a Municipality determines it necessary in a case when an Insured In-Home Person Requiring Long-Term Care receives Designated In-Home Service prior to the date said Certification of Needed Long-Term Care becomes effective due to an emergency or other compelling reason;
- (ii) when a Municipality determines it necessary in a case when an Insured In-Home Person Requiring Long-Term Care receives In-Home Service other than Designated In-Home Service or service equivalent to said services (limited to those services provided by a provider that performs a business that is judged to satisfy standards as determined by Order of the Ministry of Health, Labour, and Welfare among the standards provided by the Ordinance

- of the Ministry of Health, Labour, and Welfare as set forth in Article 74, paragraph (1) pertaining to Designated In-Home Service Business, the number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as prescribed in the same paragraph, and standards for equipment and the management of the Designated In-Home Service Business as prescribed in paragraph (2) of the same Article; herein referred to as "In-Home Service Applicable to Standards" in the following item);
- (iii) when a Municipality determines it necessary in a case when an Insured In-Home Person Requiring Long-Term Care who is domiciled on an isolated island or other area where it is significantly difficult to secure Designated In-Home Service and In-Home Service Applicable to Standards and is in a location that qualifies with the standards as determined by the Minister of Health, Labour, and Welfare, receives In-Home Service other than Designated In-Home Service or In-Home Service Applicable to Standards, or services equivalent to those services;
 - (iv) when provided by a Cabinet Order.
- (2) The amount of Exceptional Allowance for In-Home Long-Term Care Service is to be specified by a Municipality with regard to said In-Home Service or services equivalent to said service based on an amount equivalent to 90 percent of the expenses calculated by standards determined by the Minister of Health, Labour, and Welfare as prescribed in each item of the preceding Article, paragraph (4) (but shall be the actual expenses required for said In-Home Service or service equivalent to said services when said calculated standard amount exceeds the actual expenses required for said In-Home Service or service equivalent to said services (except for purchases of Specified Equipment Covered by Public Aid; with regard to expenses necessary for Outpatient Day Long-Term Care, Outpatient Rehabilitation, Short-Term Admission for Daily Life Long-Term Care, Short-Term Admission for Recuperation, Daily Life Long-Term Care Admitted to a Specified Facility, excluding expenses necessary to provide meals, residence, other expenses, other expenses necessary for daily life as determined by Order of the Ministry of Health, Labour, and Welfare)).
- (3) A Municipality, when it determines the necessity for payment of an Exceptional Allowance for In-Home Long-Term Care Service, may order a person that has been in charge of the In-Home Service pertaining to said payment or equivalent service (herein referred to as "Person, etc., in Charge of In-Home Service, etc." in this paragraph) to report, submit, or present record books and documents, appear before, or direct its personnel to question the relevant person and enter the Business Office of the service provider of said Person, etc., in Charge of In-Home Service, etc., pertaining to said payment in order to inspect said equipment, record books and documents, and other items.
- (4) The provisions of Article 24, paragraph (3) apply mutatis mutandis to

questions and inspections as prescribed in the preceding paragraph and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted as prescribed in the preceding paragraph.

(Payment of an Allowance for Community-Based Long-Term Care Service)

Article 42-2 (1) A Municipality, when an Insured Person Requiring Long-Term Care received from a person designated by the mayor of said Municipality (herein referred to as "Designated Community-Based Service Provider") a Community-Based Service from a provider that performs Community-Based Service Business pertaining to said designation (herein referred to as "Designated Community-Based Service"), pays to said Insured Person Requiring Long-Term Care an Allowance for Community-Based Long-Term Care Service with regard to the expenses required for said Designated Community-Based Service (except for expenses necessary to provide meals, residence, and other expenses as determined by Order of the Ministry of Health, Labour, and Welfare as necessary for daily life with regard to the expenses required for Outpatient Long-Term Care for a Dementia Patient, Multifunctional Long-Term Care in a Small Group Home, Communal Daily Long-Term Care for a Dementia Patient, Daily Life Long-Term Care for a Person Admitted to a Community-Based Specified Facility, and Admission to a Community-Based Facility for Preventive Daily Long-Term Care of the Elderly Covered by Public Aid; hereinafter the same applies in this Article), however, provided that this provision does not apply when said Insured Person Requiring Long-Term Care receives Community-Based Service other than the type pertaining to said designation in a case said Insured Person is issued a designation pursuant to the provisions of Article 37, paragraph (1).

(2) The amount of Allowance for Community-Based Long-Term Care Service is to be the amount provided by each item of following, according to the category of Community-Based Service listed in said item:

(i) Home-Visit at Night for Long-Term Care and Outpatient Long-Term Care for a Dementia Patient: the amount equivalent to 90 percent of the expenses calculated based on the standards determined by the Minister of Health, Labour, and Welfare (the actual expenses required for said Designated Community-Based Service in a case such calculated amount exceeds the actual expenses required for said Designated Community-Based Service) by considering the average expenses required for said Designated Community-Based Service calculated by considering the content of the Designated Community-Based Service pertaining to the type of said Community-Based Service, the area where the provider that performs said Designated Community-Based Service Business is located, etc. (except for expenses necessary to provide meals, residence, and other necessary expenses for daily

- life as determined by Order of the Ministry of Health, Labour, and Welfare with regard to the expenses necessary for Outpatient Long-Term Care for a Dementia Patient), according to by the type of Community-Based Service;
- (ii) Multifunctional Long-Term Care in a Small Group Home, Communal Daily Long-Term Care for a Dementia Patient, Daily Life Long-Term Care for a Person Admitted to a Community-Based Specified Facility, and Admission to a Community-Based Facility for Preventive Daily Long-Term Care of the Elderly Covered by Public Aid: the amount equivalent to 90 percent of the expenses calculated based on standards determined by the Minister of Health, Labour, and Welfare (the actual expenses required for said Designated Community-Based Service in a case said standard amount exceeds the actual expenses required for said Designated Community-Based Service) by considering the average expenses required for said Designated Community-Based Service calculated by considering the Category of Condition of Need for Long-Term Care and the area where the provider that performs said Designated Community-Based Service Business is located, etc. (excluding the expenses necessary to provide meals, residence, and other necessary expenses for daily life as determined by Order of the Ministry of Health, Labour, and Welfare), according to the type of Community-Based Service.
- (3) The Minister of Health, Labour, and Welfare, when providing standards for each item of the preceding paragraph, must hear the opinion of the Social Security Committee in advance.
- (4) A Municipality, notwithstanding the provision of each item of paragraph (2), may determine the amount for the Allowance for Community-Based Long-Term Care Service in said Municipality, in lieu of the amount of Allowance for Community-Based Long-Term Care Service prescribed in the same paragraph and same item, the amount of which that does not exceed the amount of said Allowance for Community-Based Long-Term Care Service prescribed in the same paragraph and same item.
- (5) A Municipality, when it intends to determine the amount of Allowance for Community-Based Long-Term Care Service in said Municipality as prescribed in the preceding paragraph, shall reflect the opinions of Insured Persons of Long-Term Care Insurance undertaken by said Municipality and take necessary measures in order to promote the use of knowledge of persons with relevant knowledge and experience, in advance.
- (6) When an Insured Person Requiring Long-Term Care receives Designated Community-Based Service from a Designated Community-Based Service Provider (limited to a case when said Insured Person Requiring Long-Term Care notifies the Municipality regarding the receiving of Designated In-Home Long-Term Care Support pursuant to the provisions of Article 46, paragraph

- (4) in advance, and a case when said Designated Community-Based Service is subject to said Designated In-Home Long-Term Care Support, or other cases as determined by Order of the Ministry of Health, Labour, and Welfare), the Municipality may pay the expenses required for said Designated Community-Based Service that are to be paid to said Designated Community-Based Service Provider by said Insured Person Requiring Long-Term Care on behalf of said Insured Person Requiring Long-Term Care within the limit of the amount to be paid to said Insured Person Requiring Long-Term Care as an Allowance for Community-Based Long-Term Care Service.
- (7) When the payment as prescribed in the preceding paragraph is paid, it is to be deemed that an Allowance for Community-Based Long-Term Care Service is paid to Insured Person Requiring Long-Term Care.
- (8) A Municipality, when a Designated Community-Based Service Provider requests payment for Allowance for Designated Community-Based Service, is to pay said amount after conducting an examination according to the amount specified by the Municipality pursuant to the provisions of the standards determined by the Minister of Health, Labour, and Welfare as set forth in each item of paragraph (2) and pursuant to the provision of paragraph (4), and according to the standards pertaining to facilities and management of Designated Community-Based Service Business as prescribed by Article 78-4, paragraph (2) or paragraph (4) (limited to the part regarding the handling of Designated Community-Based Service).
- (9) The provisions of Article 41, paragraph (2), paragraph (3), paragraph (10), and paragraph (11) apply mutatis mutandis to the payment of an Allowance for Designated Community-Based Service and the provisions of paragraph (8) of the same Article shall apply mutatis mutandis to a Designated Community-Based Service Provider. In this case, the necessary technical replacement of terms in these provisions specified by a Cabinet Order.
- (10) In addition to the provisions as prescribed in each of the preceding items, necessary matters for payment of an Allowance for Designated Community-Based Service and a request by a Designated Community-Based Service Provider for an Allowance for Designated Community-Based Service is as determined by Order of the Ministry of Health, Labour, and Welfare.

(Payment of an Exceptional Allowance for Community-Based Long-Term Care Service)

Article 42-3 (1) A Municipality, in the following cases, pay an Exceptional Allowance for Community-Based Long-Term Care Service to an Insured Person Requiring Long-Term Care:

- (i) when the Municipality determines it necessary in a case when an Insured Person Requiring Long-Term Care receives a Designated Community-Based

- Service prior to the date said Certification of Needed Long-Term Care becomes effective due to an emergency or other compelling reason;
- (ii) when the Municipality determines it necessary in a case when an Insured Person Requiring Long-Term Care has a domicile on an isolated island or other area where it is significantly difficult to secure Designated Community-Based Service (except for Admission to a Community-Based Facility for Preventive Daily Long-Term Care of the Elderly Covered by Public Aid; the same applies hereinafter in this item) and in a location that qualifies with standards as determined by the Minister of Health, Labour, and Welfare, and an Insured Person receives Community-Based Service other than Designated Community-Based Service (except for Admission to a Community-Based Facility for Preventive Daily Long-Term Care of the Elderly Covered by Public Aid) or an equivalent service to said services;
 - (iii) when provided by a Cabinet Order.
- (2) The amount of an Exceptional Allowance for Community-Based Long-Term Care Service shall be provided by a Municipality based on the amount equivalent to 90 percent of the expenses calculated by standards determined by the Minister of Health, Labour, and Welfare as prescribed for each item of the preceding Article, paragraph (2) regarding said Community-Based Service or equivalent service (except when said calculated standard amount exceeds the actual expenses required for said Community-Based Service or equivalent service (excluding the expenses necessary to provide meals, residence, and other expenses as determined by Order of the Ministry of Health, Labour, and Welfare as necessary for daily life with regard to the expenses required for Outpatient Long-Term Care for a Dementia Patient, Multifunctional Long-Term Care in a Small Group Home, Communal Daily Long-Term Care for a Dementia Patient, Daily Life Long-Term Care for a Person Admitted to a Community-Based Specified Facility, Admission to a Community-Based Facility for Preventive Daily Long-Term Care of the Elderly Covered by Public Aid, and equivalent services), said amount is to be the actual expenses required for said Community-Based Service or equivalent service), or the amount specified by the Municipality pursuant to the provisions of paragraph (4) of the same Article.
- (3) The mayor of a Municipality, when he or she determines the necessity of payment of an Exceptional Allowance for Community-Based Long-Term Care Service, orders a person that has been in charge of said Community-Based Service pertaining to said payment or in charge of an equivalent service (herein referred to as "Person, etc., in Charge of Community-Based Service, etc." in this paragraph) to report, submit or present record books and documents, appear, or direct its personnel to question the relevant person or enter the Business Office of the provider of said Person, etc., in Charge of

Community-Based Service, etc., pertaining to said payment in order to inspect said equipment, record books and documents, and other items.

- (4) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions or inspections as prescribed in the preceding paragraph, and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted as prescribed in the preceding paragraph.

(Maximum Amount of Payment Pertaining to an Allowance for In-Home Long-Term Care Service)

Article 43 (1) The total sum of allowances that are paid monthly for In-Home Service pertaining to one classification of In-Home Service, etc., that an Insured In-Home Person Requiring Long-Term Care during the period determined by Ordinance of Ministry of Health, Labour, and Welfare for each classification of In-Home Service, etc. (which means with regard to In-Home Service (including equivalent services; hereinafter the same applies in this Article) and Community-Based Service (including equivalent services except for Admission to a Community-Based Facility for Preventive Daily Long-Term Care of the Elderly Covered by Public Aid; the same applies hereinafter in this Article) by categories of two or more types as determined by the Minister of Health, Labour, and Welfare, considering the inter-substitution by each type of category; the same applies hereinafter) may not exceed the amount equivalent to 90 percent of the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare based on the base amount of maximum payment for each category of Allowance for In-Home Long-Term Care Service, etc. The total sum of allowance is the total amount of Allowance for In-Home Long-Term Care Service or Exceptional Allowance for In-Home Long-Term Care Service, or the total amount of Allowance for Community-Based Long-Term Care Service to be paid for Community-Based Service or the total amount of Exceptional Allowance for Community-Based Long-Term Care Service.

- (2) The base amount of maximum payment by classification of Allowance for In-Home Long-Term Care Service, etc., as prescribed in the preceding paragraph is to be an amount determined by the Minister of Health, Labour, and Welfare by classification of In-Home Service, etc., and by considering the standard use, according to the categories of Condition of Need for Long-Term Care, of In-Home Service pertaining to the category of said In-Home Service and Community-Based Service, etc., during the period as determined by Order of the Ministry of Health, Labour, and Welfare as prescribed in the same paragraph, and standards, etc., provided by the Minister of Health, Labour, and Welfare as set forth in each item of Article 41, paragraph (4) and each item of Article 42-2, paragraph (2) pertaining to said In-Home Service and

Community-Based Service.

- (3) A Municipality, notwithstanding the provisions of the preceding paragraph and pursuant to the provisions of a municipal ordinance, in lieu of the base amount of maximum payment for the categories of allowances for In-Home Long-Term Care, etc., as prescribed in paragraph (1), may determine an amount exceeding said base amount as the base amount of maximum payment for the categories of allowances for In-Home Long-Term Care, etc., in said Municipality.
- (4) A Municipality, with regard to the total sum of the total amount of allowances for In-Home Long-Term Care and exceptional allowances for In-Home Long-Term Care that are paid by each type of In-Home Service and the total amount of allowances for Community-Based Service and exceptional allowances for Community-Based Service that are paid by each type of Community-Based Service when said allowances are paid monthly to an Insured In-Home Person Requiring Long-Term Care by the type of In-Home Service and Community-Based Service (limited to those types that are included in categories of In-Home Service, etc., and that are determined by the Minister of Health, Labour, and Welfare) during the period as determined by Order of the Ministry of Health, Labour, and Welfare, may determine that said total sum may not exceed 90 percent of the calculated standard amount pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare based on base amount of maximum payment for the categories of allowances for In-Home Long-Term Care, etc.
- (5) The base amount of maximum payment for the categories of allowances for In-Home Long-Term Care, etc., as set forth in the preceding paragraph is to be the amount specified by a municipal ordinance within the limit of the base amount of maximum payment for the categories of allowances for In-Home Long-Term Care, etc., prescribed in paragraph (1) pertaining to the categories of In-Home Service, etc., including said In-Home Service and Community-Based Service (with regard to the Municipality that provides a municipal ordinance pursuant to the provisions of paragraph (3), the base amount is to be the amount for which measures pursuant to the provisions of said municipal ordinance are undertaken) by considering each type of In-Home Service and Community-Based Service for its standard use according to the categories of Condition of Need for Long-Term Care of said In-Home Service and Community-Based Service during the period as determined by Order of the Ministry of Health, Labour, and Welfare as prescribed in the preceding paragraph and of standards, etc., provided by the Minister of Health, Labour, and Welfare as set forth in each item of Article 41, paragraph (4) and each item of Article 42-2, paragraph (2) pertaining to said In-Home Service and Community-Based Service.

(6) In a case when the total sum as prescribed in paragraph (1) exceeds the amount equivalent to 90 percent of the calculated amount as prescribed in the same paragraph for payment of allowances for In-Home Long-Term Care, Exceptional Allowance for In-Home Long-Term Care Service, Allowance for Community-Based Long-Term Care Service, or Exceptional Allowance for Community-Based Long-Term Care Service, or in a case when the total sum as prescribed in paragraph (4) exceeds the amount equivalent to 90 percent of the calculated amount as prescribed in the same paragraph, the amount of allowances of said In-Home Long-Term Care, Exceptional Allowance for In-Home Long-Term Care Service, Allowance for Community-Based Long-Term Care Service, or Exceptional Allowance for Community-Based Long-Term Care Service is to be the amount calculated pursuant to the provisions of a Cabinet Order, notwithstanding the provisions of each item of Article 41, paragraph (4), Article 42, paragraph (2), each item of Article 42-2, paragraph (2) or paragraph (4), or paragraph (2) of the preceding Article.

(Payment of an Allowance for Purchasing Equipment for In-Home Long-Term Care Covered by Public Aid)

Article 44 (1) A Municipality, when an Insured In-Home Person Requiring Long-Term Care purchases from a Designated In-Home Service Provider pertaining to the Sale of Specified Equipment Covered by Public Aid an article of the Specified Equipment Covered by Public Aid that is sold by a provider that performs an In-Home Service pertaining to said designation, pays to said Insured In-Home Person Requiring Long-Term Care an Allowance for purchasing Equipment for In-Home Long-Term Care Covered by Public Aid.

(2) An Allowance for purchasing Equipment for In-Home Long-Term Care Covered by Public Aid is to be paid pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare and limited to when the Municipality determines it necessary.

(3) The amount of Allowance for purchasing Equipment for In-Home Long-Term Care Covered by Public Aid is to be the amount equivalent to 90 percent of the actual expenses required for the purchase of said Specified Equipment Covered by Public Aid.

(4) The total Allowance for purchasing Equipment for In-Home Long-Term Care Covered by Public Aid that is paid monthly for Specified Equipment Covered by Public Aid purchased by an Insured In-Home Person Requiring Long-Term Care during the period as determined by Order of the Ministry of Health, Labour, and Welfare may not exceed the amount equivalent to 90 percent of the amount calculated pursuant to the provision of Order of the Ministry of Health, Labour, and Welfare based on the base amount of maximum payment for Allowance for purchasing Equipment for In-Home Long-Term Care Covered

by Public Aid.

- (5) The base amount of maximum payment for Allowance for purchasing Equipment for In-Home Long-Term Care Covered by Public Aid as prescribed in the preceding paragraph is to be an amount provided by the Minister of Health, Labour, and Welfare as prescribed in the same paragraph after considering the average expenses required for the purchase of said Specified Equipment Covered by Public Aid during the period as determined by Order of the Ministry of Health, Labour, and Welfare.
- (6) A Municipality, notwithstanding the provisions of the preceding paragraph, in lieu of the base amount of maximum payment for Allowance for purchasing Equipment for In-Home Long-Term Care Covered by Public Aid as set forth in paragraph (4), may determine an amount that exceeds said base amount as the base amount of maximum payment for Allowance for purchasing Equipment for In-Home Long-Term Care Covered by Public Aid in said Municipality.
- (7) In a case when the total sum as prescribed in paragraph (4) exceeds the amount equivalent to 90 percent of the calculated amount as prescribed in the same paragraph for payment of an Allowance for purchasing Equipment for In-Home Long-Term Care Covered by Public Aid, the amount of said Allowance for purchasing Equipment for In-Home Long-Term Care Covered by Public Aid is to be the amount calculated pursuant to the provisions of a Cabinet Order, notwithstanding the provision of paragraph (3).

(Payment of an Allowance for Home Modification for In-Home Long-Term Care)

- Article 45 (1) A Municipality, when an Insured In-Home Person Requiring Long-Term Care implements a type of modification determined by the Minister of Health, Labour, and Welfare, such as installing handrails or other fixtures (herein referred to as "Home Modification"), pays an Allowance for Home Modification for In-Home Long-Term Care to said Insured In-Home Person Requiring Long-Term Care.
- (2) An Allowance for Home Modification for In-Home Long-Term Care is to be paid pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare limited to a case when the Municipality determines it necessary.
 - (3) The amount of Allowance for Home Modification for In-Home Long-Term Care is to be the amount equivalent to 90 percent of the actual expenses required for said Home Modification.
 - (4) The total amount of Allowance for Home Modification for In-Home Long-Term Care that is paid for a single type of modifying house for in-home care undertaken by an Insured In-Home Person Requiring Long-Term Care may not exceed the amount equivalent to 90 percent of the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare based on the base amount of maximum payment for Allowance for Home Modification

for In-Home Long-Term Care.

- (5) The base amount of maximum payment for Allowance for Home Modification for In-Home Long-Term Care as prescribed in the preceding paragraph is to be the amount specified by the Minister of Health, Labour, and Welfare by type of Home Modification after considering the average expenses required.
- (6) A Municipality, notwithstanding the provision of the preceding paragraph, pursuant to the provisions of a municipal ordinance, and in lieu of the base amount of maximum payment for Allowance for Home Modification for In-Home Long-Term Care as set forth in paragraph (4), may determine an amount that exceeds said base amount as the base amount of maximum payment for Allowance for Home Modification for In-Home Long-Term Care in said Municipality.
- (7) In a case when the total amount as prescribed in paragraph (4) exceeds the amount equivalent to 90 percent of the calculated amount as prescribed in the same paragraph due to payment of said Allowance for Home Modification for In-Home Long-Term Care, the amount of said Allowance for Home Modification for In-Home Long-Term Care is to be the amount calculated pursuant to the provisions of a Cabinet Order, notwithstanding the provision of paragraph (3).
- (8) A Municipality, when it determines the necessity for payment of an Allowance for Home Modification for In-Home Long-Term Care, may order a person that implements or implemented the Home Modification pertaining to said payment (herein referred to as "Person, etc., that Implements the Home Modification" in this paragraph) to report, submit or present record books and documents, appear, or direct its personnel to question said relevant Person or enter the Business Office of the provider of said Person, etc., that Implements the Home Modification in order to inspect said books, documents, and other items.
- (9) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections as prescribed in the preceding paragraph and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted as prescribed in the preceding paragraph.

(Payment of an Allowance for In-Home Long-Term Care Service Plan)

Article 46 (1) A Municipality, when an Insured In-Home Person Requiring Long-Term Care receives Designated In-Home Long-Term Care Support from a person designated by the prefectural governor (herein referred to as "Designated In-Home Long-Term Care Support Provider") provided by the provider that performs a Designated In-Home Long-Term Care Support Business pertaining to said designation (herein referred to as "Designated In-Home Long-Term Care Support"), may pay to said Insured In-Home Person Requiring Long-Term Care the Allowance for In-Home Long-Term Care Service Plan for the expenses required for said Designated In-Home Long-Term Care

Support.

- (2) The amount of Allowance for In-Home Long-Term Care Service Plan is to be the amount of expenses calculated by standards as prescribed by the Minister of Health, Labour, and Welfare after considering the average expenses necessary for the Designated In-Home Long-Term Care Support, calculated after considering the area, etc., where the provider that performs the Designated In-Home Long-Term Care Support Business is located (in a case when said calculated amount exceeds the actual expenses necessary for the Designated In-Home Long-Term Care Support, the amount of Allowance for In-Home Long-Term Care Service Plan is to be the actual expenses necessary for said Designated In-Home Long-Term Care Support.)
- (3) The Minister of Health, Labour, and Welfare, when intending to specify standards as prescribed in the preceding paragraph, must hear the opinions of the Social Security Council in advance.
- (4) When an Insured In-Home Person Requiring Long-Term Care receives Designated In-Home Long-Term Care Support from a Designated In-Home Long-Term Care Support Provider (limited to a case when said Insured In-Home Person Requiring Long-Term Care has notified the Municipality in advance to receive said Designated In-Home Long-Term Care Support pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare), the Municipality may pay to said Designated In-Home Long-Term Care Support Provider on behalf of said Insured In-Home Person Requiring Long-Term Care the expenses required for said Designated In-Home Long-Term Care Support that said Insured In-Home Person Requiring Long-Term Care should pay to said Designated In-Home Long-Term Care Support Provider.
- (5) When the payment pursuant to the provisions of the preceding paragraph is paid, it is to be deemed that an Allowance for In-Home Long-Term Care Service Plan is paid to the Insured In-Home Person Requiring Long-Term Care.
- (6) A Municipality, when requested to pay an Allowance for In-Home Long-Term Care Service Plan by a Designated In-Home Long-Term Care Support Provider, conducts an examination according to standards provided by the Minister of Health, Labour, and Welfare as set forth in the paragraph (2) and the standards of business management of a Designated In-Home Long-Term Care Support Provider as prescribed in Article 81, paragraph (2) (limited to the part regarding the handling of Designated In-Home Long-Term Care Support).
- (7) The provisions of Article 41, paragraph (2), paragraph (3), paragraph (10) and paragraph (11) apply mutatis mutandis to the payment of an Allowance for In-Home Long-Term Care Service Plan and the provisions of paragraph (8) of the same Article apply mutatis mutandis to the Designated In-Home Long-Term Care Support Provider. In this case, the necessary technical replacement of terms in these provisions is specified by a Cabinet Order.

(8) In addition to the provisions of each preceding paragraph, other necessary matters for the payment of Allowance for In-Home Long-Term Care Service Plan and for requesting an Allowance for In-Home Long-Term Care Service Plan from a Designated In-Home Long-Term Care Support Provider are prescribed by Order of the Ministry of Health, Labour, and Welfare.

(Payment of an Exceptional Allowance for In-Home Long-Term Care Service Plan)

Article 47 (1) A Municipality, in the following cases, pay an Allowance for an Exceptional Allowance for In-Home Long-Term Care Service Plan to an Insured In-Home Person Requiring Long-Term Care:

(i) when the Municipality determines it necessary in a case when an Insured In-Home Person Requiring Long-Term Care receives In-Home Long-Term Care Support other than Designated In-Home Long-Term Care Support or an equivalent service (limited to those services provided by a provider performing business that is determined to satisfy the standards as determined by Order of the Ministry of Health, Labour, and Welfare among the number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 81, paragraph (1) pertaining to Designated In-Home Long-Term Care Support Business and the standards of management of a Designated In-Home Long-Term Care Support Business as prescribed in paragraph (2) of the same Article; hereinafter referred to as "In-Home Long-Term Care Support Applicable to Standards" in the following item);

(ii) when the Municipality determines it necessary in a case when an Insured In-Home Person Requiring Long-Term Care who is domiciled on an isolated island or other area where it is significantly difficult to secure Designated In-Home Long-Term Care Support or In-Home Long-Term Care Support Applicable to Standards and in a location that qualifies pursuant to standards as determined by the Minister of Health, Labour, and Welfare receives In-Home Long-Term Care other than Designated In-Home Long-Term Care Support and Designated In-Home Long-Term Care Support that qualifies with standards or service equivalent to those services;

(iii) when provided by a Cabinet Order.

(2) The amount of Allowance for an Exceptional Allowance for In-Home Long-Term Care Service Plan is specified by the Municipality based on the expenses calculated by standards determined by the Minister of Health, Labour, and Welfare as set forth in paragraph (2) of the preceding Article for said Designated In-Home Long-Term Care Support or equivalent service (in a case said calculated amount exceeds the amount of actual expenses of said Designated In-Home Long-Term Care Support or equivalent service, the base

amount is to be the actual expenses required for said Designated In-Home Long-Term Care Support or equivalent service).

- (3) A Municipality, when it determines the necessity for payment of an Exceptional Allowance for In-Home Long-Term Care Service Plan, may order a person that has been in charge of the Designated In-Home Long-Term Care Support pertaining to said payment or equivalent service (herein referred to as "Person, etc., in Charge of Designated In-Home Long-Term Care Support" in this paragraph) to report, submit, or present record books and documents, appear, or direct its personnel to question the relevant person and to enter the Business Office of the provider of said Person, etc., in Charge of Designated In-Home Long-Term Care Support pertaining to said payment in order to inspect said books, documents, and other items.
- (4) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections pursuant to the provisions of the preceding paragraph and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(Payment of an Allowance for Long-Term Care Facility Service)

Article 48 (1) A Municipality, when an Insured Person Requiring Long-Term Care receives the following Facility Service (herein referred to as "Designated Facility Service, etc."), pays to said Insured Person Requiring Long-Term Care an Allowance for Long-Term Care Facility Service of the expenses required for said Designated Facility Service, etc. (excluding the expenses necessary to provide meals, residence, and other necessary expenses for daily life as determined by Order of the Ministry of Health, Labour, and Welfare; the same applies in this Article), however, provided that this provision does not apply to a case that said Insured Person Requiring Long-Term Care who is designated pursuant to the provisions of Article 37, paragraph (1), received Facility Service other than the type pertaining to said designation:

- (i) Facility Service for Long-Term Care Covered by Public Aid (herein referred to as "Designated Facility Service for Long-Term Care Covered by Public Aid") provided by a Facility Covered by Public Aid Providing Long-Term Care to the Elderly that is designated by said prefectural governor (herein referred to as "Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly");
- (ii) Long-Term Care Health Facility Service;
- (iii) Sanatorium Long-Term Care Service (herein referred to as "Designated Sanatorium Service for Long-Term Care") provided by a Sanatorium Medical Facility for the Elderly Requiring Long-Term Care that is designated as such by the prefectural governor (herein referred to as "Designated Medical Long-

Term Care Sanatorium").

- (2) The amount of allowance for Long-Term Care Facility Service is to be 90 percent of the amount of expenses calculated by type of Facility Service with standards as prescribed by the Minister of Health, Labour, and Welfare after considering the average expenses (excluding the expenses necessary to provide meals, residence, and other necessary expenses for daily life as determined by Order of the Ministry of Health, Labour, and Welfare; the same applies hereinafter in this Article) necessary for the Designated Facility Service, etc., that are calculated by considering the categories of Condition of Need for Long-Term Care, the area where the Facility Covered by Long-Term Care Insurance that provides the Designated Facility Service, etc., pertaining to the type of said Facility Service is located, etc. (in a case when said calculated amount exceeds the actual expenses necessary for the Designated Facility Service, etc., the amount of Allowance for Long-Term Care Facility Service is to be the actual expenses necessary for said Designated Facility Service, etc.).
- (3) The Minister of Health, Labour, and Welfare, when intending to specify standards as prescribed in the preceding paragraph, must hear the opinion of the Social Security Council in advance.
- (4) When an Insured Person Requiring Long-Term Care receives Designated Facility Service, etc., from a Facility Covered by Long-Term Care Insurance, the Municipality may pay to said Facility Covered by Long-Term Care Insurance on behalf of said Insured In-Home Person Requiring Long-Term Care the expenses required for said Designated Facility Service, etc., that said Insured Person Requiring Long-Term Care should pay to said Facility Covered by Long-Term Care Insurance as an Allowance for Long-Term Care Facility Service within the maximum amount to be paid to said Facility Providing Insured Health Benefits of Long-Term Care.
- (5) When a payment pursuant to the provisions of the preceding paragraph is paid, it is to be deemed that an Allowance for Long-Term Care Facility Service is paid to said Insured Person Requiring Long-Term Care.
- (6) A Municipality, when a Facility Covered by Long-Term Care Insurance requests an Allowance for Long-Term Care Facility Service, pays said allowance after conducting an examination according to the standards determined by the Minister of Health, Labour, and Welfare as set forth in paragraph (2), the standards concerning facilities and management of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly as prescribed in Article 88, paragraph (2) (limited to the part concerning the handling of Designated Facility Service for Long-Term Care Covered by Public Aid), the standards concerning facilities and management of a Long-Term Care Health Facility as prescribed in Article 97, paragraph (3) (limited to the part concerning the handling of a Long-Term Care Health

Facility Service), and standards concerning facilities and management of a Designated Medical Long-Term Care Sanatorium as prescribed in Article 110, paragraph (2) (limited to the part concerning the handling of a Designated Sanatorium Service for Long-Term Care).

- (7) The provisions of Article 41, paragraph (2), paragraph (3), paragraph (10), and paragraph (11) apply mutatis mutandis to payment of an Allowance for Long-Term Care Facility Service, and the provisions of paragraph (8) of the same Article apply mutatis mutandis to a Facility Covered by Long-Term Care Insurance. In this case, the necessary technical replacement of terms in these provisions is provided by a Cabinet Order.
- (8) In addition to the provisions as prescribed in the preceding paragraph, other necessary matters for payment of an Allowance for Long-Term Care Facility Service and a request for an Allowance for Long-Term Care Facility Service of a Facility Covered by Long-Term Care Insurance are determined by Order of the Ministry of Health, Labour, and Welfare.

(Payment of an Exceptional Allowance for Long-Term Care Facility Service)

Article 49 (1) A Municipality, in the following cases, pay to an Insured Person Requiring Long-Term Care an Exceptional Allowance for Long-Term Care Facility Service:

- (i) when the Municipality determines it necessary in a case when an Insured Person Requiring Long-Term Care receives Designated Facility Service, etc., prior to the date said Certification of Needed Long-Term Care becomes effective due to an emergency or other compelling reason;
 - (ii) when provided by a Cabinet Order.
- (2) The amount of Exceptional Allowance for Long-Term Care Facility Service is to be specified by the Municipality based on 90 percent of the amount equivalent to the expenses calculated with regard to said Facility Service according to the standards as prescribed by the Minister of Health, Labour, and Welfare (in a case when said calculated expenses exceed the actual expenses required for said Facility Service (excluding the expenses necessary to provide meals, residence, and other necessary expenses for daily life as determined by Order of the Ministry of Health, Labour, and Welfare), the base amount is to be the actual expenses required for said Facility Service).
 - (3) The mayor of a Municipality, when he or she determines the necessity for payment of an Exceptional Allowance for Long-Term Care Facility Service, may order a person that has been in charge of the Facility Service pertaining to said payment or equivalent service (herein referred to as "Person, etc., in Charge of Facility Service" in this paragraph) to report, submit or present record books and documents, appear, or direct its personnel to question the relevant person or enter the Business Office of the provider of said Person, etc., in Charge of

Facility Service pertaining to said payment in order to inspect said equipment, books, documents, and other items.

- (4) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections pursuant to the provisions of the preceding paragraph and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(Exceptions to the Amount of Allowance for In-Home Long-Term Care Service)
Article 50 In a case when a Municipality applies the provisions as prescribed in the following items to a Long-Term Care Benefit as listed in said items received by an Insured Person Requiring Long-Term Care for whom it is deemed difficult to pay the necessary expenses for In-Home Service (including equivalent services), Community-Based Service (including equivalent services), Facility Service, or a Home Modification due to disaster or other special reason as determined by Order of the Ministry of Health, Labour, and Welfare, the term "90 percent" in the referenced provisions is deemed to be replaced with "the percentage determined by the Municipality within the range of more than 90 percent to 100 percent or less":

- (i) payment of an Allowance for In-Home Long-Term Care Service: Article 41, paragraph (4) item (i) and item (ii), and Article 43, paragraph (1), paragraph (4) and paragraph (6);
- (ii) payment of an Exceptional Allowance for In-Home Long-Term Care Service: Article 42, paragraph (2), Article 43, paragraph (1), paragraph (4) and paragraph (6);
- (iii) payment of an Allowance for Community-Based Long-Term Care Service: Article 42-2, paragraph (2), item (i) and item (ii), and Article 43, paragraph (1), paragraph (4) and paragraph (6);
- (iv) payment of an Exceptional Allowance for Community-Based Long-Term Care Service: Article 42-3, paragraph (2), and Article 43, paragraph (1), paragraph (4), and paragraph (6);
- (v) payment of an Allowance for Long-Term Care Facility Service: Article 48, paragraph (2);
- (vi) payment of an Exceptional Allowance for Long-Term Care Facility Service: paragraph (2) of the preceding Article;
- (vii) payment of an Allowance for purchasing Equipment for In-Home Long-Term Care Covered by Public Aid: Article 44, paragraph (3), paragraph (4), and paragraph (7);
- (viii) payment for Allowance for Home Modification for In-Home Long-Term Care: Article 45, paragraph (3), paragraph (4), and paragraph (7).

(Payment of an Allowance for High-Cost Long-Term Care Service)

Article 51 (1) When the amount that is obtained by deducting the amount calculated pursuant to the provisions of a Cabinet Order as the total amount of expenses required for each of In-Home Service (including equivalent service), Community-Based Service (including equivalent service), or Facility Service that an Insured Person Requiring Long-Term Care receives as the total amount of allowances for In-Home Long-Term Care, Exceptional Allowance for In-Home Long-Term Care Service, Allowance for Community-Based Long-Term Care Service, Exceptional Allowance for Community-Based Long-Term Care Service, Allowance for Long-Term Care Facility Service, and Exceptional Allowance for Long-Term Care Facility Service from the expenses that are actually paid for said calculated expenses is extremely large, a Municipality pays an Allowance for High-Cost Long-Term Care Service to said Insured Person Requiring Long-Term Care.

(2) In addition to the provisions as set forth in the preceding paragraph, requirements for payment of an Allowance for High-Cost Long-Term Care Service, the amount of said allowance, and other matters necessary for the payment of an Allowance for High-Cost Long-Term Care Service are provided by a Cabinet Order after considering the impact on said household budget due to the burden of the expenses necessary for In-Home Service, Community-Based Service, or Facility Service.

(Payment of an Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility)

Article 51-2 (1) A Municipality, when a person as determined by Order of the Ministry of Health, Labour, and Welfare due to an extenuating income condition or other circumstances among those who are an Insured Person Requiring Long-Term Care, receives Designated Facility Service, etc., Designated Community-Based Service, or Designated In-Home Service (herein referred to as "Specified Long-Term Care Service" in this Article and the following Article, paragraph (1)) as listed below, pays to said Insured Person Requiring Long-Term Care (herein referred to as "Specified Person Admitted to a Facility" in this Article and the following Article, paragraph (1)) an Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility for the expenses required to provide meals and residence or stay (hereinafter referred to as "Residence, etc.") at a Facility Covered by Long-Term Care Insurance, Designated Community-Based Service Provider, or Designated In-Home Service Provider that provides said Specified Long-Term Care Service (herein referred to as "Specified Facility, etc., for Insured Long-Term Care" in this Article), however, provided that this provision does not apply when said Specified Person Admitted to a Facility that is issued a

designation pursuant to the provisions of Article 37, paragraph (1) receives Specified Long-Term Care Service other than the type pertaining to said designation:

- (i) Designated Facility Service for Long-Term Care Covered by Public Aid;
- (ii) Long-Term Care Health Facility Service;
- (iii) Designated Sanatorium Service for Long-Term Care;
- (iv) Admission to a Community-Based Facility for Preventive Daily Long-Term Care of the Elderly Covered by Public Aid;
- (v) Short-Term Admission for Daily Life Long-Term Care;
- (vi) Short-Term Admission for Recuperation.

(2) The amount of the Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility is to be the total sum of the amount as prescribed in item (i) and the amount as prescribed in item (ii) below:

(i) the amount after the amount determined by the Minister of Health, Labour, and Welfare after considering the status of food expenses for an average household budget, the income status of the Specified Person Admitted to a Facility, and other circumstances (hereinafter referred to as "Maximum Allowance for Meal Expense" in this Article and the following Article, paragraph (2)) is deducted from the amount of expenses determined by the Minister of Health, Labour, and Welfare after considering the average expenses required to provide meals at a Specified Facility, etc., for Insured Long-Term Care (in a case when said amount exceeds the actual expenses of providing said meals, the amount is the actual expenses of providing said meals; herein referred to as "Base Cost for Meal Expenses" in this Article and in the following Article, paragraph (2));

(ii) the amount after the amount provided by the Minister of Health, Labour, and Welfare after considering the income status of the Specified Person Admitted to a Facility and other circumstances (herein referred to as "Maximum Allowance for Residence Expenses") is deducted from the amount provided by the Minister of Health, Labour, and Welfare after considering the average expenses necessary for Residence, etc., at a Specified Facility, etc., for Insured Long-Term Care, the status of such facility, and other circumstances (in a case when such amount exceeds the actual expenses for said Residence, etc., the amount is the actual expenses for said Residence, etc.; herein referred to as "Base Costs for Residence" in this Article and the following Article, paragraph (2)).

(3) When the expenses necessary of providing meals, Residence, etc., at a Specified Facility, etc., for Insured Long-Term Care, and other circumstances have changed significantly from the Base Cost for Meal Expense or Maximum Allowance for Meal Expense, or Base Costs for Residence or Maximum Allowance for Residence Expenses after the Minister of Health, Labour, and

Welfare has issued a determination of these expenses, the Minister must revise those amounts immediately.

- (4) When a Specified Person Admitted to a Facility receives Specified Long-Term Care Service from a Specified Facility, etc., for Insured Long-Term Care, a Municipality may pay the expenses required for providing meals and Residence, etc., that said Specified Person Admitted to a Facility should pay to said Specified Facility, etc., for Insured Long-Term Care, within the limit of the amount to be paid to said Specified Person Admitted to a Facility as an Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility on behalf of said Specified Person Admitted to a Facility to said Specified Facility, etc., for Insured Long-Term Care
- (5) When the payment pursuant to the provisions of the preceding paragraph is paid, it is to be deemed that an Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility is paid to the Specified Person Admitted to a Facility.
- (6) A Municipality, notwithstanding the provisions of paragraph (1) in a case when a Specified Person Admitted to a Facility paid to a Specified Facility, etc., for Insured Long-Term Care, an amount exceeding the Base Cost for Meal Expense or the Base Costs for Residence (with regard to a Specified Person Admitted to a Facility, one who is deemed to be paid an Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility pursuant to the provisions of the preceding paragraph, Maximum Allowance for Meal Expense, or Maximum Allowance for Residence Expenses) as the expenses necessary for providing meals or for Residence, etc., does not pay an Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility.
- (7) A Municipality, when a Specified Facility, etc., for Insured Long-Term Care, requests an Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility, pays said allowance after conducting an examination according to the provisions of paragraph (1), paragraph (2) and the preceding paragraph.
- (8) The provisions of Article 41, paragraph (3), paragraph (10), and paragraph (11) apply mutatis mutandis to the payment of an Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility and the provisions of paragraph (8) of the same Article apply mutatis mutandis to a Specified Facility, etc., for Insured Long-Term Care in this case, the necessary technical replacement of terms in these provisions is provided by a Cabinet Order.
- (9) In addition to the provisions as prescribed in the preceding paragraphs, the other necessary matters the payment of an Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility and a request for an Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility by a Specified Facility, etc., for Insured Long-Term Care, are

prescribed by Order of the Ministry of Health, Labour, and Welfare.

(Payment of an Exceptional Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility)

Article 51-3 (1) A Municipality, in the following cases, pay an Exceptional Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility to a Specified Person Admitted to a Facility:

- (i) when the Municipality determines it necessary in a case when a Specified Person Admitted to a Facility receives Specified Long-Term Care Service prior to the date said Certification of Needed Long-Term Care becomes effective due to an emergency or other compelling reason;
- (ii) when provided by a Cabinet Order.

(2) The amount of an Exceptional Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility is established by a Municipality based on the total sum of the amounts remaining after the amount of Base Cost for Meal Expense is deducted from the Maximum Allowance for Meal Expense with regard to the expense required to provide said meal and the amount of Base Costs for Residence is deducted from the amount of Maximum Allowance for Residence Expenses with regard to the expense required for said Residence, etc..

Section 4 Prevention Benefits

(Type of Prevention Benefits)

Article 52 A prevention benefit is to an insurance benefit listed in the following:

- (i) payment of a Preventive Long-Term Care Service Allowance;
- (ii) payment of an Exceptional Allowance for Preventive Service of Long-Term Care;
- (iii) payment of an Allowance for Community-Based Preventive Long-Term Care Service;
- (iv) payment of an Exceptional Allowance for Community-Based Preventive Service of Long-Term Care;
- (v) payment of an Allowance for Purchasing Equipment for Preventive Long-Term Care Covered by Public Aid;
- (vi) payment of an Allowance for Preventive Long-Term Care Home Modification;
- (vii) payment of an Allowance for Preventive Long-Term Care Service Plan;
- (viii) payment of an Exceptional Allowance for a Preventive Service Plan of Long-term care;
- (ix) payment of an Allowance for High-Cost Preventive Long-Term Care Service;

- (x) payment of an Allowance for Preventive Long-Term Care Service to a Person Admitted to a Specified Facility;
- (xi) payment of an Exceptional Allowance for Preventive Long-Term Care Service to a Person Admitted to a Specified Facility.

(Payment of an Allowance for Preventive Long-Term Care Service)

- Article 53 (1) A Municipality, when a person that receives support in his or her home is an Insured Person that has been issued a Certification of Needed Support (herein referred to as "Insured In-Home Person Requiring Support") receives from a person designated by a prefectural governor (herein referred to as "Designated Provider of a Preventive Service to Long-Term Care") a Preventive Service of Long-Term Care provided by a provider that performs Preventive Service of Long-Term Care Business pertaining to said designation (herein referred to as "Designated Preventive Service of Long-Term Care") (limited to a case when said Insured In-Home Person Requiring Support has notified a Municipality in advance pursuant to the provisions of Article 58, paragraph (4) concerning the receipt of a Designated Support for Prevention of Long-Term Care as prescribed in paragraph (1) of the same Article, when said Designated Preventive Service of Long-Term Care is subject to said Designated Support for Prevention of Long-Term Care or when provided by Order of the Ministry of Health, Labour, and Welfare), pays to said Insured In-Home Person Requiring Support an Allowance for Preventive Long-Term Care Service for the expenses required for said Designated Preventive Service of Long-Term Care (except for the expenses required to purchase Specified Equipment for Preventive Long-Term Care Covered by Public Aid, excluding the expenses necessary to provide meals, residence, and other necessary expenses for daily life as determined by Order of the Ministry of Health, Labour, and Welfare with regard to the expenses required for Outpatient Preventive Long-Term Care, Outpatient Rehabilitation for Preventive Long-Term Care, a Short-Term Admission for Daily Preventive Long-Term Care, and Short-Term Admission for Recuperation for Preventive Long-Term Care, Daily Preventive Long-Term Care Admitted to a Specified Facility), provided however, that this provision does not apply to a case when said Insured In-Home Person Requiring Support that has been designated pursuant to the provisions of Article 37, paragraph (1) receives Preventive Service of Long-Term Care other than the type pertaining to said designation.
- (2) The amount of Allowance for Preventive Long-Term Care Service is to according to the categories of Preventive Service of Long-Term Care listed in each item of the following and the amount as prescribed in said items:
- (i) Home-Visit Service for Preventive Long-Term Care, Home-Visit Bathing Long-Term Care for Preventive Service of Long-Term Care, Home-Visit

- Nursing for Preventive Service of Long-Term Care, Home-Visit Rehabilitation Service for Preventive Long-Term Care, Management and Guidance for In-Home Medical Service for Preventive Long-Term Care, Outpatient Preventive Long-Term Care, Outpatient Rehabilitation for Preventive Long-Term Care, and Rental Service of Preventive Long-Term Care Covered by Public Aid Equipment: the amount equivalent to 90 percent of the amount calculated by the type of Preventive Service of Long-Term Care and after considering the average expenses necessary for said Designated Preventive Service of Long-Term Care that is calculated after considering the content of the Designated Preventive Service of Long-Term Care pertaining to the type of said Preventive Service of Long-Term Care, the area where the provider that performs said Designated Preventive Service of Long-Term Care Business is located, etc. (excluding the expenses necessary to provide meals and other expenses as determined by Order of the Ministry of Health, Labour, and Welfare as necessary for daily life with regard to the expenses necessary for Outpatient Preventive Long-Term Care and Outpatient Rehabilitation for Preventive Long-Term Care), based on the standards provided by the Minister of Health, Labour, and Welfare (when said calculated amount exceeds the actual expenses required for said Designated Preventive Service of Long-Term Care, said amount is to the actual expenses that are required for said Designated Preventive Service of Long-Term Care);
- (ii) Short-Term Admission for Daily Preventive Long-Term Care, Short-Term Admission for Recuperation for Preventive Long-Term Care, and Daily Preventive Long-Term Care Admitted to a Specified Facility: the amount equivalent to 90 percent of the amount calculated by the type of Preventive Service of Long-Term Care and after considering the average expenses necessary for said Designated Preventive Service of Long-Term Care that is calculated after considering the categories of Needed Support Condition, the area where the provider that performs said Designated Preventive Service of Long-Term Care Business is located, etc., pertaining the type of said Preventive Service of Long-Term Care (excluding the expenses necessary to provide meals, residence, and other expenses as determined by Order of the Ministry of Health, Labour, and Welfare as necessary for daily life), based on the standards provided by the Minister of Health, Labour, and Welfare (when said calculated amount exceeds the actual expenses required for said Designated Preventive Service of Long-Term Care, said amount is to the actual expenses required for said Designated Preventive Service of Long-Term Care).
- (3) The Minister of Health, Labour, and Welfare, when it intends to determine the standards as prescribed in the items of the preceding paragraph, shmust

hear the opinion of the Social Security Council in advance.

- (4) When an Insured In-Home Person Requiring Support receives Designated Preventive Service of Long-Term Care from a Designated Provider of a Preventive Service to Long-Term Care, a Municipality may pay the expenses required for said Designated Preventive Service of Long-Term Care that said Insured In-Home Person Requiring Support should pay to said Designated Provider of a Preventive Service to Long-Term Care to said Designated Provider of a Preventive Service to Long-Term Care on behalf of said Insured In-Home Person Requiring Support within the limit of the amount to be paid to said Insured In-Home Person Requiring Support as an Allowance for Preventive Long-Term Care Service.
- (5) When the payment pursuant to the provisions of the preceding paragraph is paid, it is to be deemed that an Allowance for Preventive Long-Term Care Service is paid to said Insured In-Home Person Requiring Support.
- (6) A Municipality, when a Designated Provider of a Preventive Service to Long-Term Care requests an Allowance for Preventive Long-Term Care Service, pays after conducting an examination according to standards provided by the Minister of Health, Labour, and Welfare as set forth in each item of paragraph (2), standards concerning effective support methods for prevention of long-term care pertaining to the Designated Preventive Service of Long-Term Care as prescribed in Article 115-4, paragraph (4), and standards concerning facilities and management of a Designated Preventive Service to Long-Term Care Business (limited to the part concerning the handling of Designated Preventive Service of Long-Term Care).
- (7) The provisions of Article 41, paragraph (2), paragraph (3), paragraph (10), and paragraph (11) apply mutatis mutandis to payment of an Allowance for Preventive Long-Term Care Service and the provisions of paragraph (8) of the same Article apply mutatis mutandis to a Designated Provider of a Preventive Service to Long-Term Care. In this case, the necessary technical replacement of terms in these provisions is specified by a Cabinet Order.
- (8) In addition to those matters as prescribed in each of the preceding paragraphs, other necessary matters for payment of an Allowance for Preventive Long-Term Care Service and for the request of an Allowance for Preventive Long-Term Care Service by a Designated Provider of a Preventive Service to Long-Term Care are prescribed by Order of the Ministry of Health, Labour, and Welfare.

(Payment of an Exceptional Allowance for Preventive Service of Long-Term Care)

Article 54 (1) A Municipality, in the following cases, pays an Exceptional Allowance for Preventive Service of Long-Term Care to an Insured In-Home

Person Requiring Support:

- (i) when a Municipality determines it necessary in a case when an Insured Person Requiring Support receives Designated Preventive Service of Long-Term Care prior to the date said Certification of Needed Support becomes effective due to an emergency or other compelling reason;
 - (ii) when a Municipality determines it necessary in a case when an Insured Person Requiring Support receives Preventive Service of Long-Term Care other than Designated Preventive Service of Long-Term Care or equivalent service (limited to those provided by a provider that performs business that has been determined to satisfy the standards for Preventive Service of Long-Term Care among standards provided by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 115-4, paragraph (1) pertaining to a Designated Provider of a Preventive Service to Long-Term Care and standards concerning the number of employees provided by Order of the Ministry of Health, Labour, and Welfare as set forth in the same paragraph that concern effective support methods for Prevention of Long-Term Care pertaining to a Designated Preventive Service of Long-Term Care as prescribed in paragraph (2) of the same Article and concerning facilities and management of Designated Preventive Service to Long-Term Care Business; herein referred to as "Preventive Long-Term Care Service Applicable to Standards" in the following item);
 - (iii) when a Municipality determines it necessary in a case when an Insured In-Home Person Requiring Support who is domiciled on an isolated island or other location where it is significantly difficult to secure Designated Preventive Service of Long-Term Care and Preventive Long-Term Care Service Applicable to Standards and is in a location that is subject to standards as determined by Order of the Minister of Health, Labour, and Welfare receives Preventive Service of Long-Term Care other than Designated Preventive Service of Long-Term Care and Preventive Long-Term Care Service Applicable to Standards or equivalent services;
 - (iv) when provided by a Cabinet Order.
- (2) The amount of Exceptional Allowance for Preventive Service of Long-Term Care is to be determined by a Municipality based on the amount equivalent to 90 percent of the amount of expenses calculated based on standards provided by the Minister of Health, Labour, and Welfare as set forth in each item of paragraph(2) of the preceding Article pertaining to said Preventive Service of Long-Term Care or equivalent service (when the calculated amount exceeds the actual expenses required for said Preventive Service of Long-Term Care or equivalent service (except for the expenses required to purchase Specified Equipment for Preventive Long-Term Care Covered by Public Aid and excluding the expenses necessary to provide meals, residence, and other

expenses as determined by Order of the Ministry of Health, Labour, and Welfare as necessary for daily life with regard to the expenses required for Outpatient Preventive Long-Term Care, Outpatient Rehabilitation for Preventive Long-Term Care, a Short-Term Admission for Daily Preventive Long-Term Care, Short-Term Admission for Recuperation for Preventive Long-Term Care and Daily Preventive Long-Term Care Admitted to a Specified Facility), said calculated amount is to be the actual expenses required for said Preventive Service of Long-Term Care or equivalent service).

- (3) The mayor of a Municipality, when he or she determines the necessity of payment of an Exceptional Allowance for Preventive Service of Long-Term Care, may order a person that has been in charge of the Preventive Service of Long-Term Care pertaining to said payment or equivalent service (herein referred to as "Person, etc., in Charge of Providing Preventive Long-Term Care Service" in this paragraph) to report, submit, or present record books and documents, appear, or direct personnel to question the relevant Person or enter the Business Office of the provider of said Person, etc., in Charge of said Preventive Service of Long-Term Care pertaining to said payment in order to inspect said equipment, record books and documents, and other items.
- (4) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(Payment of an Allowance for Community-Based Preventive Long-Term Care Service)

Article 54-2 (1) A Municipality, when an Insured In-Home Person Requiring Support receives from a person designated by the mayor of said Municipality (herein referred to as "Designated Provider of Community-Based Preventive Service of Long-Term Care") the Community-Based Preventive Service of Long-Term Care (herein referred to as "Designated Community-Based Preventive Service of Long-Term Care") provided by a provider that performs Community-Based Preventive Long-Term Care Business pertaining to said designation (limited to a case said Insured In-Home Person Requiring Support has notified the Municipality pursuant to the provisions of Article 58, paragraph (4) to receive a Designated Support for Prevention of Long-Term Care as prescribed in paragraph (1) of the same Article when said Designated Community-Based Preventive Service of Long-Term Care is subject to said Designated Support for Prevention of Long-Term Care and other matters as determined by Order of the Ministry of Health, Labour, and Welfare), pays to said Insured In-Home Person Requiring Support the Allowance for Community-Based Preventive

Long-Term Care Service for the expenses required for said Community-Based Service for Preventive Long-Term Care (excluding the expenses necessary to provide meals and other expenses as determined by Order of the Ministry of Health, Labour, and Welfare as necessary for daily life; the same applies hereinafter in this Article), however, provided that this provision does not apply to a case when said Insured In-Home Person Requiring Support that has been designated pursuant to the provisions of Article 37, paragraph (1), receives a Community-Based Service for Preventive Long-Term Care other than the type pertaining to said designation.

(2) The amount of Allowance for Community-Based Preventive Long-Term Care Service is to be according to the categories of Community-Based Service for Preventive Long-Term Care listed in the following items and the amount as prescribed in said item:

(i) Preventive Long-Term Care for a Dementia Outpatient: the amount equivalent to 90 percent of the amount calculated after considering the amount of average expenses (excluding the expenses necessary to provide meals and other expenses as determined by Order of the Ministry of Health, Labour, and Welfare as necessary for daily life) that is calculated after considering the content of the Designated Community-Based Preventive Service of Long-Term Care pertaining to Preventive Long-Term Care for a Dementia Outpatient, the area where the provider that performs said Designated Community-Based Preventive Service of Long-Term Care is located, etc., necessary for said Designated Community-Based Preventive Service of Long-Term Care based on the standards provided by the Minister of Health, Labour, and Welfare (when said calculated amount exceeds the actual amount required for said Designated Community-Based Preventive Service of Long-Term Care, the amount of allowance is to be the actual expenses required for said Designated Community-Based Preventive Service of Long-Term Care);

(ii) Multifunctional Preventive Long-Term Care in a Small Group Home, and Preventive Long-Term Care for a Dementia Patient in Communal Living: the amount equivalent to 90 percent of the amount calculated according to type of Community-Based Preventive Service of Long-Term Care, after considering the average expenses (excluding the expenses necessary to provide meals and other expenses as determined by Order of the Ministry of Health, Labour, and Welfare as necessary for daily life) that is calculated after considering the categories of Needed Support Condition, the location of the provider that performs the Designated Community-Based Preventive Service of Long-Term Care Business pertaining to the type of said Community-Based Preventive Service of Long-Term Care, etc., necessary for said Community-Based Preventive Service of Long-Term Care, based on the

- standards provided by the Minister of Health, Labour, and Welfare (when said calculated amount exceeds the actual expense required for said Designated Community-Based Preventive Service of Long-Term Care, the allowance is to be the actual amount required for said Designated Community-Based Preventive Service of Long-Term Care).
- (3) The Minister of Health, Labour, and Welfare, when it intends to provide standards as prescribed in each item of the preceding paragraph, hear opinions of Social Security Council in advance.
 - (4) A Municipality, notwithstanding the provisions of each item of paragraph (2), on behalf of the amount of Allowance for Community-Based Preventive Long-Term Care Service as prescribed in the same paragraph and same item, may determine that the amount for the allowance of Community-Based Preventive Service of Long-Term Care in said Municipality is an amount that does not exceed the calculated amount of Allowance for said Community-Based Preventive Service of Long-Term Care.
 - (5) A Municipality, when it intends to determine the amount of Allowance for Community-Based Preventive Long-Term Care Service in said Municipality as prescribed in the preceding paragraph, must reflect the opinions of Insured Persons of Long-Term Care Insurance undertaken by said Municipality and other relevant persons, and take necessary measures in order to promote the use of knowledge of persons with relevant knowledge and experience, in advance.
 - (6) When an Insured In-Home Person Requiring Support receives Designated Preventive Service of Long-Term Care from a Designated Provider of Community-Based Preventive Service of Long-Term Care, a Municipality may pay the expense required for said Designated Preventive Service of Long-Term Care that said Insured In-Home Person Requiring Support should pay to said Designated Provider of a Preventive Service to Long-Term Care, to said Designated Provider of a Preventive Service to Long-Term Care on behalf of said Insured In-Home Person Requiring Support within the limit of the amount to be paid to said Insured In-Home Person Requiring Support as an Allowance for Preventive Long-Term Care Service.
 - (7) When the cost is paid pursuant to the provisions of the preceding paragraph, it is to be deemed that an Allowance for Community-Based Preventive Long-Term Care Service is paid to said Insured In-Home Person Requiring Support.
 - (8) A Municipality, when a Designated Provider of Community-Based Service for Preventive Long-Term Care requests an Allowance for Community-Based Preventive Long-Term Care Service, pay said allowance after conducting an examination according to standards provided by the Minister of Health, Labour, and Welfare as set forth in each item of paragraph (2) or the amount determined by the Municipality pursuant to the provisions of paragraph (4),

the standards concerning effective support methods for Prevention of Long-Term Care pertaining to a Designated Community-Based Preventive Service of Long-Term Care as prescribed in Article 115-13, paragraph (2) or paragraph (4), and standards concerning facilities and management of a Designated Community-Based Service for Preventive Long-Term Care Business (limited to the part concerning the handling of Designated Community-Based Preventive Service of Long-Term Care).

- (9) The provisions of Article 41, paragraph (2), paragraph (3), paragraph (10) and paragraph (11) apply mutatis mutandis to the payment of an Allowance for Community-Based Preventive Long-Term Care Service and the provisions of paragraph (8) of the same Article apply mutatis mutandis to a Designated Service Provider of Community-Based Preventive Approach in Long-Term Care. In this case, the necessary technical replacement of terms in these provisions is provided by a Cabinet Order.
- (10) In addition to the provisions as prescribed in the items of the preceding paragraph, other necessary matters payment of an Allowance for Community-Based Preventive Long-Term Care Service and for requests of Allowance for Community-Based Preventive Long-Term Care Service by a Designated Provider of Community-Based Service for Preventive Long-Term Care is to be provided by Order of the Ministry of Health, Labour, and Welfare.

(Payment of an Exceptional Allowance for Community-Based Preventive Service of Long-Term Care)

Article 54-3 (1) A Municipality, in the following cases, pay an Exceptional Allowance for Community-Based Preventive Service of Long-Term Care to an Insured In-Home Person Requiring Support:

- (i) when a Municipality determines it necessary in a case when an Insured Person Requiring Support receives Designated Community-Based Preventive Service of Long-Term Care prior to the date said Certification of Needed Support becomes effective due to an emergency or other compelling reason;
- (ii) when a Municipality determines it necessary in a case when an Insured In-Home Person Requiring Support that is domiciled on an isolated island or other location where it is significantly difficult to secure Designated Community-Based Preventive Service of Long-Term Care and where it is defined by standards provided by an the Minister of Health, Labour, and Welfare, receives Community-Based Preventive Service of Long-Term Care other than Designated Community-Based Preventive Service of Long-Term Care or equivalent services;
- (iii) when provided by a Cabinet Order.
- (2) The amount of an Exceptional Allowance for Community-Based Preventive Service of Long-Term Care is to be provided by a Municipality based on the

amount equivalent to 90 percent of the amount of expenses calculated, with regard to said Community-Based Preventive Service of Long-Term Care or equivalent service, based on standards provided by the Minister of Health, Labour, and Welfare as set forth in each item of paragraph (2) of the preceding Article (when said calculated amount exceeds the amount of actual expenses required for said Community-Based Preventive Service of Long-Term Care or equivalent service (excluding the expenses necessary to provide meals and other necessary expenses as determined by Order of the Ministry of Health, Labour, and Welfare as necessary for daily life), the allowance is to be the actual amount of expenses required for said Community-Based Preventive Service of Long-Term Care or equivalent service), or based on the amount provided by a Municipality pursuant to the provisions of paragraph (4) of the same Article.

- (3) The mayor of a Municipality, when he or she determines the necessary for payment of an Exceptional Allowance for Community-Based Preventive Service of Long-Term Care, may order a person that has been in charge of the Community-Based Preventive Service of Long-Term Care pertaining to said payment or equivalent service (hereinafter referred to as "Person, etc., in Charge of Community-Based Preventive Long-Term Care, etc." in this paragraph) to report, submit or present record books and documents, appear, or direct its personnel to question the relevant person or enter the Business Office of the provider of said Person, etc., in Charge of said Community-Based Preventive Service of Long-Term Care pertaining to said payment in order to inspect said equipment, record books and documents, and other items.
- (4) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(Maximum Payment pertaining to an Allowance for Preventive Long-Term Care Service)

Article 55 (1) Total sum of the total amounts of the Allowance for Preventive Long-Term Care Service and Exceptional Allowance for Preventive Service of Long-Term Care that are paid for Preventive Service of Long-Term Care, and the Allowance for Community-Based Preventive Long-Term Care Service and Exceptional Allowance for Community-Based Preventive Service of Long-Term Care that are paid for Designated Provider of Community-Based Service for Preventive Long-Term Care, as pertaining to a single category of Preventive Service of Long-Term Care, etc., that an In-Home Person Requiring Support receives monthly by category of Preventive Service of Long-Term Care, etc.

(which means categories of two or more types as determined by the Minister of Health, Labour, and Welfare, with regard to Preventive Service of Long-Term Care (including equivalent services; the same applies hereinafter in this Article) and Community-Based Preventive Service of Long-Term Care (including equivalent services; the same applies hereinafter in this Article), after considering the inter-substitution by type; the same applies hereinafter in this Article) during the period provided by Order of the Ministry of Health, Labour, and Welfare, may not exceed the amount equivalent to 90 percent of the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare based on the base amount of maximum benefit for the payment categories of Preventive Service of Long-Term Care, etc.

- (2) The base amount of maximum benefit for the payment categories of Allowance for Preventive Long-Term Care Service, etc., as set forth in the preceding paragraph is to be the amount determined by the Minister of Health, Labour, and Welfare by category of Preventive Service of Long-Term Care, etc., after considering the types of standard use that are according to the categories of Needed Support Condition, of Preventive Service of Long-Term Care, and of Community-Based Preventive Service of Long-Term Care pertaining to the categories of said Preventive Service of Long-Term Care, etc., during the period as determined by Order of the Ministry of Health, Labour, and Welfare as prescribed in the same paragraph, standards provided by the Minister of Health, Labour, and Welfare as set forth in each item of Article 53, paragraph (2) and each item of Article 54-2, paragraph (2) pertaining to said Preventive Service of Long-Term Care and Community-Based Preventive Service of Long-Term Care.
- (3) A Municipality, notwithstanding the provisions of the preceding paragraph and pursuant to the provisions of a municipal ordinance, in lieu of the base amount of the maximum benefit by payment category of Preventive Service of Long-Term Care, etc., as set forth in paragraph (1), may determine that an amount exceeding said base amount as the base amount of maximum benefit by payment category of Preventive Service of Long-Term Care in said Municipality.
- (4) A Municipality may stipulate that the total sum of the total amounts of Allowance for Preventive Long-Term Care Service and Exceptional Allowance for Preventive Service of Long-Term Care that are paid for single type of Preventive Service of Long-Term Care and the total amount of Allowance for Community-Based Preventive Long-Term Care Service and Exceptional Allowance for Community-Based Preventive Service of Long-Term Care that are paid for single type of Community-Based Preventive Service of Long-Term Care as allowances that were paid monthly to an In-Home Person Requiring Support by type of Preventive Service of Long-Term Care and Community-

Based Preventive Service of Long-Term Care (limited to those types included in categories of Preventive Service of Long-Term Care, etc., and provided by the Minister of Health, Labour, and Welfare; the same applies in the following paragraph) during the period as determined by Order of the Ministry of Health, Labour, and Welfare may not exceed the amount equivalent to 90 percent of the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare based on the base amount of maximum benefit by payment type of Preventive Service of Long-Term Care, etc.

- (5) The base amount of maximum benefit by payment type of Preventive Service of Long-Term Care, etc., as set forth in the preceding paragraph is to be the amount that a Municipality stipulates by ordinance, by type of Preventive Service of Long-Term Care and Community-Based Preventive Service of Long-Term Care, after considering the type of standard use that is according to each Category of Needed Support Condition, of said Preventive Service of Long-Term Care and Community-Based Preventive Service of Long-Term Care during the period as determined by Order of the Ministry of Health, Labour, and Welfare as prescribed in the same paragraph, standards determined by the Minister of Health, Labour, and Welfare as set forth in each item of Article 53, paragraph (2) and each item of Article 54-2, paragraph (2) pertaining to said Preventive Service of Long-Term Care and Community-Based Preventive Service of Long-Term Care, etc., within the base amount of maximum benefit by payment category of Preventive Service of Long-Term Care, etc., as set forth in paragraph (1) pertaining to the categories of Preventive Service of Long-Term Care, etc., that include said Preventive Service of Long-Term Care and Community-Based Preventive Service of Long-Term Care (said base amount, with regard to the Municipality that provides Order pursuant to the provisions of paragraph (3), is to be the amount by which measures pursuant to the provisions of said municipal ordinance are undertaken).
- (6) In a case when the total amount as prescribed in paragraph (1) exceeds the amount equivalent to 90 percent of the amount as prescribed in the same paragraph or when the total amount as prescribed in paragraph (4) exceeds the amount equivalent to 90 percent of the amount as prescribed in the same paragraph by payment of an Allowance for Preventive Long-Term Care Service or Exceptional Allowance for Preventive Service of Long-Term Care, or an Allowance for Community-Based Preventive Long-Term Care Service or an Exceptional Allowance for Community-Based Preventive Service of Long-Term Care, the amount of said Allowance for Preventive Long-Term Care Service or Exceptional Allowance for Preventive Service of Long-Term Care, or Allowance for Community-Based Preventive Long-Term Care Service or Exceptional Allowance for Community-Based Preventive Service of Long-Term Care is to be the amount calculated pursuant to the provisions of a Cabinet Order,

notwithstanding the provisions of each item of Article 53, paragraph (2), Article 54, paragraph (2), each item of Article 54-2, paragraph (2) or paragraph (4), or paragraph (2) of the preceding Article.

(Payment of an Allowance for Purchasing Equipment for Preventive Long-Term Care Covered by Public Aid)

- Article 56 (1) A Municipality, when an Insured In-Home Person Requiring Support purchases from a Designated Provider of a Preventive Service to Long-Term Care pertaining to the Sale of Specified Equipment for Preventive Long-Term Care Covered by Public Aid, Specified Equipment for Preventive Long-Term Care Covered by Public Aid that is sold by a Provider that performs Preventive Service of Long-Term Care Business pertaining to said designation, pays an Allowance for Purchasing Equipment for Preventive Long-Term Care Covered by Public Aid to said Insured In-Home Person Requiring Support.
- (2) An Allowance for Purchasing Equipment for Preventive Long-Term Care Covered by Public Aid is to be paid pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare only when a Municipality determines it necessary.
- (3) The amount of Allowance for Purchasing Equipment for Preventive Long-Term Care Covered by Public Aid is to be the amount equivalent to 90 percent of the actual expenses required to purchase said Specified Equipment for Preventive Long-Term Care Covered by Public Aid.
- (4) The total amount of Allowance for Purchasing Equipment for Preventive Long-Term Care Covered by Public Aid that is paid monthly for Specified Equipment for Preventive Long-Term Care Covered by Public Aid that an Insured In-Home Person Requiring Support purchases during the period as determined by Order of the Ministry of Health, Labour, and Welfare may not exceed the amount equivalent to 90 percent of the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare based on the base amount of maximum payment of the Allowance for Purchasing Equipment for Preventive Long-Term Care Covered by Public Aid .
- (5) The base amount of maximum payment of the Allowance for Purchasing Equipment for Preventive Long-Term Care Covered by Public Aid as set forth in the preceding paragraph is to be the amount determined by the Minister of Health, Labour, and Welfare after considering the expenses normally required to purchase Specified Equipment for Preventive Long-Term Care Covered by Public Aid during the period as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same paragraph.
- (6) A Municipality, notwithstanding the provisions of the preceding paragraph and pursuant to the provisions of a municipal ordinance, in lieu of the base amount of maximum payment of the Allowance for Purchasing Equipment for

Preventive Long-Term Care Covered by Public Aid as set forth in paragraph (4), may stipulate an amount that exceeds said base amount as the base amount of maximum payment for the Allowance for Purchasing Equipment for Preventive Long-Term Care Covered by Public Aid in said Municipality.

- (7) In a case when the total amount as prescribed in paragraph (4) exceeds the amount equivalent to 90 percent of the amount as prescribed in the same paragraph due to payment of an Allowance for Purchasing Equipment for Preventive Long-Term Care Covered by Public Aid , the amount of said Allowance for Purchasing Equipment for Preventive Long-Term Care Covered by Public Aid is to be the amount calculated pursuant to the provisions of a Cabinet Order, notwithstanding the provisions of paragraph (3).

(Payment of Allowance for Preventive Long-Term Care Home Modification)

Article 57 (1) A Municipality, when an Insured In-Home Person Requiring

Support modifies his or her home, pay Allowance for Preventive Long-Term Care Home Modification to said Insured In-Home Person Requiring Support.

- (2) Allowance for Preventive Long-Term Care Home Modification, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, be paid only when a Municipality determines it necessary.

- (3) The amount of Allowance for Preventive Long-Term Care Home Modification are to be the amount equivalent to 90 percent of the actual expenses required for said Home Modification.

- (4) The total amount of Allowance for Preventive Long-Term Care Home Modification that should be paid for one type of Home Modification that an Insured In-Home Person Requiring Support undertakes may not exceed the amount equivalent to 90 percent of the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare based on the base amount of maximum payment as an Allowance for Preventive Long-Term Care Home Modification.

- (5) The based amount of maximum payment as an Allowance for Preventive Long-Term Care Home Modification as set forth in the preceding paragraph is to be the amount determined by the Minister of Health, Labour, and Welfare by type of Home Modification care after considering the expenses normally required.

- (6) A Municipality, notwithstanding the provisions of the preceding paragraph and pursuant to the provisions of a municipal ordinance, in lieu of the base amount of maximum payment as an Allowance for Preventive Long-Term Care Home Modification as set forth in paragraph (4), may stipulate an amount that exceeds said base amount as the base amount of maximum payment as an Allowance for Preventive Long-Term Care Home Modification in said Municipality.

- (7) In a case when the total amount as prescribed by paragraph (4) exceeds the amount equivalent to 90 percent of the amount as prescribed in the same paragraph due to payment of an Allowance for Preventive Long-Term Care Home Modification, the amount of said Allowance for Preventive Long-Term Care Home Modification is to be the amount calculated pursuant to the provisions of a Cabinet Order, notwithstanding the provisions of paragraph (3).
- (8) The mayor of a Municipality, when he or she determines the necessity of the payment of an Allowance for Preventive Long-Term Care Home Modification, may order a person that modifies the home or equivalent service pertaining to said payment (herein referred to as "Person, etc., that Modifies a Home" in this paragraph") to report, submit or present record books and documents, appear, or direct its personnel to question the relevant Person or enter the Business Office of the provider of said Person, etc., that Modifies a Home pertaining to said payment in order to inspect such facilities, record books and documents, and other items.
- (9) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections as prescribed in the provisions of the preceding paragraph and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted as prescribed in the provisions of the preceding paragraph.

(Payment of an Allowance for Preventive Long-Term Care Service Plan)

- Article 58 (1) A Municipality, when an Insured In-Home Person Requiring Support receives from a person designated by the mayor of said Municipality (herein referred to as "Designated Provider of Preventive Support of Long-Term Care"), the Preventive Long-Term Care Support provided by a provider that performs the Preventive Long-Term Care Support Business pertaining to said designation (herein referred to as "Designated Support for Prevention of Long-Term Care"), pays to said Insured In-Home Person Requiring Support an Allowance for Preventive Long-Term Care Service Plan for the expenses required for said Designated Support for Prevention of Long-Term Care.
- (2) The amount of the Allowance for Preventive Long-Term Care Service Plan is to be the amount of expenses calculated by standards as prescribed by the Minister of Health, Labour, and Welfare after considering the average expenses necessary for Designated Support for Prevention of Long-Term Care that is calculated after considering the area, etc., where a provider that performs the Designated Support for Prevention of Long-Term Care Business is located (in a case when said calculated amount exceeds the actual expenses necessary for said Designated Support for Prevention of Long-Term Care, the allowance are to be the actual expenses necessary for said Designated Support for Prevention of Long-Term Care).

- (3) The Minister of Health, Labour, and Welfare, when it intends to provide standards as prescribed in the items of the preceding paragraph, must hear opinions of the Social Security Council in advance.
- (4) When an Insured In-Home Person Requiring Support receives Designated Support for Prevention of Long-Term Care from a Designated Provider of Preventive Support of Long-Term Care (limited to a case when said Insured In-Home Person Requiring Support has notified in advance the Municipality pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare of receipt of said Designated Support for Prevention of Long-Term Care), a Municipality may pay the expenses required for said Designated Support for Prevention of Long-Term Care that said Insured In-Home Person Requiring Support should pay to said Designated Provider of Support for Prevention of Long-Term Care, to said Designated Provider of Preventive Support of Long-Term Care on behalf of said Insured In-Home Person Requiring Support within the limit of the amount to be paid to said Insured In-Home Person Requiring Support as an Allowance for Preventive Long-Term Care Service Plan.
- (5) When the expenses are paid pursuant to the provisions of the preceding paragraph, it is to be deemed that an Allowance for Preventive Long-Term Care Service Plan is paid to said Insured In-Home Person Requiring Support.
- (6) A Municipality, when a Designated Provider of Preventive Support of Long-Term Care requests an Allowance for Preventive Long-Term Care Service Plan, pays said allowance after conducting an examination according to standards determined by the Minister of Health, Labour, and Welfare as set forth in each item of paragraph (2), standards concerning effective support methods for Prevention of Long-Term Care pertaining to Designated Support for Prevention of Long-Term Care as prescribed in Article 115-22, paragraph (2), and standards concerning management of the Designated Support for Prevention of Long-Term Care Business (limited to the part concerning the handling of Designated Support for Prevention of Long-Term Care).
- (7) The provisions of Article 41, paragraph (2), paragraph (3), paragraph (10), and paragraph (11) apply mutatis mutandis to the payment of an Allowance for Preventive Long-Term Care Service Plan and the provisions of paragraph (8) of the same Article apply mutatis mutandis to a Designated Provider of Preventive Support of Long-Term Care. In this case, the necessary technical replacement of terms in these provisions is provided by a Cabinet Order.
- (8) In addition to those provisions as prescribed in each of the preceding paragraphs, other necessary matters payment of an Allowance for Preventive Long-Term Care Service Plan and the request of an Allowance for Preventive Long-Term Care Service Plan by a Designated Provider of Preventive Support of Long-Term Care are to be as determined by Order of the Ministry of Health,

Labour, and Welfare.

(Payment of an Exceptional Allowance for Preventive Long-Term Care Service Plan)

Article 59 (1) A Municipality, in the following cases, pay an Exceptional Allowance for Preventive Long-Term Care Service Plan to an Insured In-Home Person Requiring Support:

(i) when a Municipality determines it necessary in a case when an Insured Person Requiring Support receives a Preventive Long-Term Care Support other than a Designated Support for Prevention of Long-Term Care or equivalent service (limited to services provided by a provider that performs said business in a location that has been determined to satisfy the standards provided by Order of the Ministry of Health, Labour, and Welfare, among the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 115-22, paragraph (1) pertaining to a Designated Support for Prevention of Long-Term Care and the number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same paragraph, and standards concerning effective support methods for Prevention of Long-Term Care pertaining to Designated Support for Prevention of Long-Term Care as prescribed in paragraph (2) of the same Article and standards concerning the management of a business of Designated Support for Prevention of Long-Term Care (herein referred to as "Preventive Long-Term Care Support Applicable to Standards" in the items following);

(ii) when a Municipality determines it necessary in a case when an Insured In-Home Person Requiring Support that is domiciled on an isolated island or other location where it is significantly difficult to secure Designated Support for Prevention of Long-Term Care, and Preventive Long-Term Care Support Applicable to Standards, and where it is defined by standards as determined by Order of the Minister of Health, Labour, and Welfare, receives Preventive Long-Term Care Support or equivalent service other than Designated Support for Prevention of Long-Term Care or Preventive Long-Term Care Support Applicable to Standards;

(iii) when provided by a Cabinet Order.

(2) The amount of Exceptional Allowance for Preventive Long-Term Care Service Plan is to be specified by a Municipality based on the expenses calculated by standards determined by the Minister of Health, Labour, and Welfare as set forth in paragraph (2) of the preceding Article for said Preventive Long-Term Care Support or equivalent service (in a case said calculated amount exceeds the amount of actual expenses of said Preventive Long-Term Care Support or equivalent service, the base amount is to be the actual expenses required for

said Preventive Long-Term Care Support or equivalent service).

- (3) The mayor of a Municipality, when he or she determines the necessity for the payment of an Exceptional Allowance for Preventive Long-Term Care Service Plan, may order a person that is or was in charge of the Preventive Long-Term Care Support pertaining to said payment or equivalent service (herein referred to as "Person, etc., in Charge of Preventive Long-Term Care Support, etc." in this paragraph") to report, submit or present record books and documents, appear, or direct its personnel to question the relevant Person or enter the Business Office of the provider of said Person, etc., in Charge of Preventive Long-Term Care Support, etc., pertaining to said payment in order to inspect said record books and documents, and other items.
- (4) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections as prescribed in the preceding paragraph and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted as prescribed in the preceding paragraph.

(Exceptions to the Amount of Allowance for Preventive Long-Term Care Service)

Article 60 In a case when a Municipality applies provisions as prescribed in the following items to a prevention benefit listed in the said items that an Insured Person Requiring Support receives, for whom it is deemed to be difficult to pay necessary expenses for Preventive Long-Term Care Service (including equivalent services), Community-Based Service for Preventive Long-Term Care (including equivalent services), or Home Modification due to a disaster or other special reasons as determined by Order of the Ministry of Health, Labour, and Welfare, the term "90 percent" in these provisions is to be deemed to be replaced with "the percentage provided by a Municipality within the range of more than 90 percent to 100 percent or less":

- (i) payment of an Allowance for Preventive Service of Long-Term Care of the Age: Article 53, paragraph (2), item (i), and item (ii), and Article 55, paragraph (1), paragraph (4), and paragraph (6);
- (ii) payment of an Exceptional Allowance for Preventive Service of Long-Term Care: Article 54, paragraph (2) and Article 55, paragraph (1), paragraph (4), and paragraph (6);
- (iii) payment of an Allowance for Community-Based Preventive Service of Long-Term Care: Article 54-2, paragraph (2), item (i) and item (ii), and Article 55, paragraph (1), paragraph (4), and paragraph (6);
- (iv) payment of an Exceptional Allowance for Community-Based Preventive Service of Long-Term Care: Article 54-3, paragraph (2), and Article 55, paragraph (1), paragraph (4), and paragraph (6);
- (v) payment of an Allowance for Purchasing Equipment for Preventive Long-

Term Care Covered by Public Aid: Article 56, paragraph (3), paragraph (4) and paragraph (7);

(vi) payment of an Allowance for Preventive Long-Term Care Home

Modification: Article 57, paragraph (3), paragraph (4), and paragraph (7).

(Payment of an Allowance for High-Cost Preventive Long-Term Care Service)

Article 61 (1) When the amount that is obtained by deducting from the amount calculated pursuant to the provisions of a Cabinet Order as the total amount of each expense required for Preventive Long-Term Care Service (including equivalent service), or Community-Based Service for Preventive Long-Term Care (including equivalent service) that an Insured In-Home Person Requiring Support receives, the total amount of Allowance for Preventive Long-Term Care Service, Exceptional Allowance for Preventive Service of Long-Term Care, Community-Based Preventive Service of Long-Term Care, and Exceptional Allowance for Community-Based Preventive Service of Long-Term Care that are actually paid for the said expenses is significantly large, a Municipality pays an Allowance for High-Cost Preventive Long-Term Care Service to said Insured In-Home Person Requiring Support.

(2) In addition to the provisions as set forth in the preceding paragraph, requirements for payment of an Allowance for High-Cost Preventive Long-Term Care Service, the amount of said allowance, and other matters necessary for payment of an Allowance for High-Cost Preventive Long-Term Care Service are prescribed by a Cabinet Order after considering the impact on the household budget from the burden of the expenses necessary for Preventive Long-Term Care Service or Community-Based Service for Preventive Long-Term Care.

(Payment of an Allowance for Preventive Long-Term Care Service to a Person Admitted to a Specified Facility)

Article 61-2 (1) A Municipality, when a person as determined by Order of the Ministry of Health, Labour, and Welfare due to the extenuating income status and other circumstances among those who are an Insured In-Home Person Requiring Support receives Designated Preventive Long-Term Care Service (herein referred to as "Specified Preventive Service of Long-Term Care" in this Article and the following Article paragraph (1)) as listed below, pays to said Insured In-Home Person Requiring Support (herein referred to as "Specified Person Admitted to a Facility" in this Article and the following Article paragraph (1)) the Allowance for Preventive Long-Term Care Service to a Person Admitted to a Specified Facility for the expenses required to provide meals and residence by a Designated Provider of Preventive Long-Term Care Service that provides said Specified Preventive Service of Long-Term Care

(herein referred to as "Long-Term Care Preventive Service Specified Provider" in this Article), however, provided that this provision does not apply to when said Specified Person Admitted to a Facility who is assigned a designation pursuant to the provisions of Article 37, paragraph (1) receives Specified Preventive Service of Long-Term Care other than the type pertaining to said designation:

(i) Short-Term Admission for Daily Preventive Long-Term Care;

(ii) Short-Term Admission for Recuperation for Preventive Long-Term Care.

(2) The amount of Allowance for Long-Term Care Preventive Service of a Person Admitted to a Specified Facility is to be the total of the amount as prescribed in item (i) and the amount as prescribed in item (ii):

(i) the amount remaining after the amount determined by the Minister of Health, Labour, and Welfare after considering the status of food expenses for an average household budget, the income status of the Specified Person Admitted to a Facility, and other circumstances (herein referred to as "Maximum Allowance for Meal Expense" in this Article and paragraph (2) of the following Article) is deducted from the amount of expenses determined by the Minister of Health, Labour, and Welfare after considering the average expenses required to provide meals at a Long-Term Care Preventive Service Specified Provider (in a case when said amount exceeds the actual expenses of providing said meals, this amount is to be the amount of the actual expenses of providing said meals, herein referred to as "Base Cost for Meal Expense" in this Article and paragraph (2) of the following Article);

(ii) the amount remaining after the amount determined by the Minister of Health, Labour, and Welfare after considering the income status of the Special Insured Person Admitted to the Facility and other circumstances (herein referred to as "Maximum Allowance for Room and Board Expense" is deducted from the amount determined by the Ministry of Health, Labour, and Welfare after considering the average expenses necessary for a stay in the Long-Term Care Preventive Service Specified Provider, the status of said facility, and other circumstances (in a case when said amount exceeds the actual expenses for said stay, this amount is to be the amount of the actual expenses for said stay; herein referred to as "Base Costs for Room and Board" in this Article and paragraph (2) of the following Article).

(3) The Minister of Health, Labour, and Welfare, when the expenses necessary of providing meals and for a stay incurred by a Long-Term Care Preventive Service Specified Provider and other circumstances have changed significantly after the Base Cost for Meal Expense or the Maximum Allowance for Meal Expense, or the Base Costs for Room and Board or the Maximum Allowance for Stay Expense were determined, must revise those amount immediately.

(4) When a Specified Person Admitted to a Facility receives Specified Preventive

Service of Long-Term Care from a Long-Term Care Preventive Service Specified Provider, a Municipality may pay the expenses required to provide meals and residence that said Specified Person Admitted to a Facility should pay to said Long-Term Care Preventive Service Specified Provider, within the limit of amount to be paid to said Specified Person Admitted to a Facility as an Allowance for Long-Term Care Preventive Service of a Person Admitted to a Specified Facility to said Long-Term Care Preventive Service Specified Provider on behalf of said Specified Person Admitted to a Facility.

- (5) When the allowance is paid pursuant to the provisions of the preceding paragraph, it is to be deemed that an Allowance for Long-Term Care Preventive Service of a Person Admitted to a Specified Facility is paid to the Specified Person Admitted to a Facility.
- (6) A Municipality, notwithstanding the provisions of paragraph (1) in a case when Specified Person Admitted to a Facility pays to a Long-Term Care Preventive Service Specified Provider the amount exceeding the Base Cost for Meal Expense or the Base Costs for Room and Board (with regard to a Specified Person Admitted to a Facility that was deemed to be paid an Allowance for Long-Term Care Preventive Service of a Person Admitted to a Specified Facility pursuant to the provisions of the preceding paragraph, the Maximum Allowance for Meal Expense or the Maximum Allowance for Stay Expense) as the expenses necessary of providing meals or for stay, does not pay the Allowance for Long-Term Care Preventive Service of a Person Admitted to a Specified Facility.
- (7) A Municipality, when a Long-Term Care Preventive Service Specified Provider requests an Allowance for Long-Term Care Preventive Service of a Person Admitted to a Specified Facility provided to a Specified Person Admitted to a Facility, pays said allowance after conducting an examination according to provisions of paragraph (1), paragraph (2) and the preceding paragraph.
- (8) The provisions of Article 41, paragraph (3), paragraph (10), and paragraph (11) apply mutatis mutandis to payment of an Allowance for Long-Term Care Preventive Service of a Person Admitted to a Specified Facility and the provisions of paragraph (8) of the same Article apply mutatis mutandis to a Long-Term Care Preventive Service Specified Provider. In this case, the necessary technical replacement of terms in these provisions is specified by a Cabinet Order.
- (9) In addition to those matters as prescribed in each preceding paragraph, other necessary matters payment of an Allowance for Long-Term Care Preventive Service of a Person Admitted to a Specified Facility and for the request of an Allowance for Long-Term Care Preventive Service of a Person Admitted to a Specified Facility by a Long-Term Care Preventive Service Specified Provider

are prescribed by Order of the Ministry of Health, Labour, and Welfare.

(Payment of an Exceptional Allowance for Long-Term Care Preventive Service of a Person Admitted to a Specified Facility)

Article 61-3 (1) A Municipality, in the following cases, pay an Exceptional Allowance for Long-Term Care Preventive Service of a Person Admitted to a Specified Facility to a Specified Person Admitted to a Facility:

- (i) when a Municipality determines it necessary in a case when Specified Person Admitted to a Facility receives Specified Preventive Service of Long-Term Care prior to the date said Certification of Needed Support becomes effective due to an emergency or other compelling reason;
- (ii) when provided by a Cabinet Order.

(2) The amount of Exceptional Allowance for Long-Term Care Preventive Service of a Person Admitted to a Specified Facility to a Specified Person Admitted to a Facility is established by a Municipality based on the total sum of the amount with regard to the expenses required of providing said meals that is the result of deducting the Base Allowance for Food Expense from the Maximum Cost for Food Expense, and the amount with regard to the expenses required for said stay that is the result of deduction of the Base Allowance for Stay from the Maximum Cost for Stay.

Section 5 Municipal Special Benefits

Article 62 A Municipality may pay a Municipal Special Benefit pursuant to the provisions of a municipal ordinance to an Insured Person Requiring Long-Term Care or an Insured In-Home Person Requiring Support (herein referred to as "Insured Person Requiring Long-Term Care, etc.") in addition to the insurance benefits as set forth in the preceding two sections.

Section 6 Limitation of Insurance Benefits

(Limitation of Insurance Benefits)

Article 63 With regard to a person that is confined to penal institution, work facility, or other facility mutatis mutandis as these, a Long-Term Care Benefit, etc., pertaining to said period of confinement is not be paid.

Article 64 With regard to the Condition of Need for Long-Term Care, etc., of an Insured Person that caused the accident that caused a Condition of Need for Long-Term Care, etc., or the cause of said condition, or who increased the degree of Condition of Need for Long-Term Care, etc., by not obeying instructions for the use of Service Covered by Long-Term Care Benefits, etc., or

for a Home Modification pertaining to an Allowance for Home Modification for In-Home Long-Term Care or Allowance for Preventive Long-Term Care Home Modification due to an intentional criminal act or gross negligence or without justifiable reasons, a Municipality may not pay the whole or a part of a Long-Term Care Benefit, etc., for which the reason for payment is said Condition of Need for Long-Term Care, etc.

Article 65 A Municipality, when a person that receives a Long-Term Care Benefit, etc., fails to respond to a request pursuant to the provisions of Article 23 (in a case when it is entrusted pursuant to the provisions of Article 24-2, paragraph (1), item (i), including a request pertaining to said entrustment) or refuses to answer without a justifiable reason, may not pay the whole or a part of a Long-Term Care Benefit, etc.

(Change of Payment Method Pertaining to Person Delinquent in Payment of an Insurance Premium)

Article 66 (1) A Municipality, in a case when an Insured Person Requiring Long-Term Care, etc., that is a Primary Insured Person that is a person delinquent in payment of an insurance premium (except for those who can receive a medical allowance for general disease pursuant to the Act for Medical Measures for the Victims of the Atomic Bomb (Act No. 117 of 1994) and other benefits for medical care as determined by Order of the Ministry of Health, Labour, and Welfare) fails to pay said insurance premium from the payment due date of said insurance premium until the expiry of the period as determined by Order of the Ministry of Health, Labour, and Welfare, except for a case when it is determined that there is a special circumstance for said delinquency of insurance premium payment such as a disaster or other special circumstances provided by a Cabinet Order, request said Insured Person Requiring Long-Term Care, etc., to submit the Certificate of Insured Person, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, and enter on said Certificate of Insured Person that the provisions of Article 41, paragraph (6), Article 42-2, paragraph (6), Article 46, paragraph (4), Article 48, paragraph (4), Article 51-2, paragraph (4), Article 53, paragraph (4), Article 54-2, paragraph (6), Article 58, paragraph (4) and Article 61-2, paragraph (4) do not apply (herein referred to as "Entry of Change of Payment Method" in this Article and paragraph (3) of the following Article).

(2) A Municipality, although in a case when the period as determined by Order of the Ministry of Health, Labour, and Welfare as prescribed in the preceding paragraph has not yet expired, except for a case it is determined that said person delinquent in payment is due to special circumstances provided by a Cabinet Order as prescribed in the same paragraph, may request the Insured

Person Requiring Long-Term Care, etc., as prescribed in the same paragraph to submit the Certificate of Insured Person, and include the Entry of Change of Payment Method on said Certificate of Insured Person.

(3) A Municipality, when an Insured Person Requiring Long-Term Care, etc., that has received an Entry of Change of Payment Method pursuant to the provisions of the preceding two paragraphs and has completed payment of said delinquent insurance premium or when it is determined that the delinquent payment amount pertaining to said Insured Person Requiring Long-Term Care, etc., has decreased significantly or due to a disaster or other special circumstances provided by a Cabinet Order, is to delete said Entry of Change of Payment Method.

(4) With regard to the payment of an Allowance for In-Home Long-Term Care Service, Allowance for Community-Based Long-Term Care Service, Allowance for In-Home Long-Term Care Service Plan, Allowance for Long-Term Care Facility Service, Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility, Allowance for Preventive Long-Term Care Service, Allowance for Community-Based Preventive Long-Term Care Service, Allowance for Preventive Long-Term Care Service Plan, and Allowance for Preventive Long-Term Care Service to a Person Admitted to a Specified Facility, pertaining to a Designated In-Home Service, Designated Community-Based Service, Designated In-Home Long-Term Care Support, Designated Facility Service, etc., Designated Preventive Long-Term Care Service, Designated Community-Based Preventive Service of Long-Term Care, and Designated Support for Prevention of Long-Term Care that an Insured Person Requiring Long-Term Care, etc., who received an Entry of Change of Payment Method pursuant to the provisions of paragraph (1) or paragraph (2), receives during the period said Entry of Change of Payment Method remains on the Certificate of Insured Person, the provisions of Article 41, paragraph (6), Article 42-2, paragraph (6), Article 46, paragraph (4), Article 48, paragraph (4), Article 51-2, paragraph (4), Article 53, paragraph (4), Article 54-2, paragraph (6), Article 58, paragraph (4), and Article 61-2, paragraph (4) do not apply.

(Temporary Suspension of Payment of Insurance Benefit)

Article 67 (1) A Municipality, when an Insured Person Requiring Long-Term Care, etc., that is a Primary Insured Person that can receive an insurance benefit becomes a person delinquent in the payment of an insurance premium and fails to pay said insurance premium from the due date of payment of said insurance premium until the period as determined by Order of the Ministry of Health, Labour, and Welfare expires, is to temporarily suspend the payment of the whole or a part of an insurance benefit, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, except for a case when it is

determined that said delinquency of payment of an insurance premium is due to a disaster or other special circumstance as determined by a Cabinet Order.

- (2) A Municipality, in a case when an Insured Person Requiring Long-Term Care, etc., who is a Primary Insured Person that can receive an insurance benefit becomes a person delinquent in the payment of an insurance premium although the period as determined by Order of the Ministry of Health, Labour, and Welfare as prescribed in the preceding paragraph has not yet expired, except for a case when it is determined that said delinquency of an insurance premium is due to a disaster or other special circumstance as determined by a Cabinet Order as prescribed, may temporarily suspend the whole or a part of an insurance benefit pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.
- (3) A Municipality, in a case when an Insured Person Requiring Long-Term Care, etc., that has received an Entry of Change of Payment Method pursuant to the provisions of paragraph (1) or paragraph (2) of the preceding Article and whose insurance benefit has been temporarily suspended in whole or in part pursuant to the provisions of the preceding two paragraphs and who has not yet paid the delinquent insurance premium, may notify in advance said Insured Person Requiring Long-Term Care, etc., pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, and deduct the amount of delinquent insurance premium of said Insured Person Requiring Long-Term Care, etc., from the amount of insurance benefit pertaining to said temporary suspension.

(Temporary Suspensions of Insurance Benefits to a Person that has not paid an insurance premium as prescribed in the Medical Insurance Acts)

Article 68 (1) With regard to an Insured Person Requiring Long-Term Care, etc., that is a Secondary Insured Person that can receive an insurance benefit, in a case when said Insured Person Requiring Long-Term Care, etc., has an obligatory insurance premium pursuant to the provisions of the Medical Insurance Acts (including national health insurance tax pursuant to the provisions of the Local Tax Act (Act No. 226 of 1950)) or when there is a remaining premium installments that was not paid by the deadline for payment (herein referred to as "Unpaid Medical Insurance Premium, etc." in this paragraph and the following paragraph), except for a case said Unpaid Medical Insurance Premium, etc., is due to a disaster or other special circumstance as determined by a Cabinet Order, a Municipality, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, may request said Insured Person Requiring Long-Term Care, etc., to submit the Certificate of Insured Person and to enter on said Certificate of Insured Person that the provisions of Article 41, paragraph (6), Article 42-2, paragraph (6), Article 46, paragraph (4), Article 48, paragraph (4), Article 51-2, paragraph (4),

Article 53, paragraph (4), Article 54-2, paragraph (6), Article 58, paragraph (4), and Article 61-2, paragraph (4) do not apply and that the whole or a part of the payment of an insurance benefit is to be suspended (herein referred to as "Entry of Suspension of Insurance Benefit" in this Article).

- (2) When an Insured Person Requiring Long-Term Care, etc., that has received an Entry of Suspension of Insurance Benefit pursuant to the provisions of the preceding paragraph completes payment of an Unpaid Medical Insurance Premium, etc., or when it is determined that there is a significant decrease of an Unpaid Medical Insurance Premium, etc., pertaining to said Insured Person Requiring Long-Term Care, etc., or due to disaster or other special circumstance as provided by a Cabinet Order, said Entry of Suspension of Insurance Benefit is to be deleted.
- (3) The provisions of Article 66, paragraph (4) apply mutatis mutandis to an Insured Person Requiring Long-Term Care, etc., that has received an Entry of Suspension of Insurance Benefit pursuant to the provisions of paragraph (1).
- (4) With regard to an Insured Person Requiring Long-Term Care, etc., that has received an Entry of Suspension of Insurance Benefit pursuant to the provisions of paragraph (1), a Municipality is to temporarily suspend the whole or a part of an insurance benefit.
- (5) A Municipality, when the necessity is determined for an Entry of Suspension of Insurance Benefit of an Insured Person Requiring Long-Term Care, etc., may request the submission of information pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare to a Medical Insurer of said Insured Person Requiring Long-Term Care, etc., regarding insurance premium collected pursuant to the provisions of the Medical Insurance Acts pertaining to said Insured Person Requiring Long-Term Care, etc., the status of an insurance premium (including national health insurance tax collected pursuant to the provisions of the Local Tax Act) or installments premium payments, and other matters as determined by Order of the Ministry of Health, Labour, and Welfare.

(Exception of Insurance Benefit in a Case of Extinction of Right to Collect an Insurance Premium)

Article 69 (1) In a case when a Municipality issues a Certification of Needed Long-Term Care, a Renewal of Certification of Care Need, or Certification of Change of Condition of Need for Long-Term Care pursuant to the provisions of Article 27, paragraph (7) or Article 30, paragraph (1) as applied mutatis mutandis pursuant to Article 29, paragraph (2), a Certification of Needed Support, a Renewal of Certification of Needed Support, or a Certification of Change of Category of Needed Support Condition pursuant to the provisions of Article 32, paragraph (6) or Article 33-3, paragraph (1) as applied mutatis

mutandis pursuant to Article 33-2, paragraph (2) (hereinafter referred to simply as "Certification" in this paragraph) and there is a period when the right to collect an insurance premium has extinguished (which means a period calculated pursuant to the provisions of a Cabinet Order regarding the period when the right to collect an insurance premium pertaining to said period has been extinguished due to a legal proscription) with regard to an Insured Person Requiring Long-Term Care, etc., that is the Primary Insured Person pertaining to said Certification, a Municipality pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare is to enter on the Certificate of Insured Person of said Insured Person Requiring Long-Term Care, etc., in addition to the entry pursuant to the provisions of Article 27, paragraph (7), second sentence (including a case applied mutatis mutandis pursuant to Article 28, paragraph (4) and Article 29, paragraph (2)), Article 30, paragraph (1), second sentence, Article 35, paragraph (4), second sentence, Article 32, paragraph (6), second sentence (including a case applied mutatis mutandis pursuant to Article 33, paragraph (4) or Article 33-2, paragraph (2)), Article 33-3, paragraph (1), second sentence, Article 35, paragraph (2), second sentence, or paragraph (6) second sentence as pertaining to said Certification, that the amount of Long-Term Care Benefit, etc., (except for payment of an Allowance for In-Home Long-Term Care Service, Exceptional Allowance for an In-Home Long-Term Care Service Plan, Allowance for Preventive Long-Term Care Service Plan, Exceptional Allowance for a Preventive Service Plan of Long-term care, Allowance for High-Cost Long-Term Care Service, Allowance for High-Cost Preventive Long-Term Care Service, Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility, Exceptional Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility, Allowance for Preventive Long-Term Care Service to a Person Admitted to a Specified Facility, and Exceptional Allowance for Long-Term Care Preventive Service of a Person Admitted to a Specified Facility) is to be reduced and that the Allowance for High-Cost Long-Term Care Service, Allowance for High-Cost Preventive Long-Term Care Service, Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility, Exceptional Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility, Allowance for Preventive Long-Term Care Service to a Person Admitted to a Specified Facility, and Exceptional Allowance for Long-Term Care Preventive Service of a Person Admitted to a Specified Facility will not be paid, and the period that these measures are applicable (which means a period that a Municipality determines pursuant to the provisions of a Cabinet Order according to the period during which the right to collect an insurance premium is extinguished; herein referred to as "Benefit Reduction Period" in this Article) (hereinafter said entry is referred to as "Entry of Benefit

Reduction Amount, etc." in this Article), however, provided that this provision does not apply to a case when it is determined that said Insured Person Requiring Long-Term Care, etc., suffers due to a disaster or other special circumstance provided by a Cabinet Order.

(2) A Municipality, when it is determined that an Insured Person Requiring Long-Term Care, etc., that has received an Entry of Benefit Reduction Amount, etc., pursuant to the provisions of the preceding paragraph is subject to a special circumstance as provided by a Cabinet Order as set forth in the proviso of the same paragraph, and when the Benefit Reduction Period expires, is to delete said Entry of Benefit Reduction Amount, etc.

(3) With regard to In-Home Service (including equivalent service; the same applies in the following paragraph), Community-Based Service (including equivalent service; the same applies in the following paragraph), Facility Service, Preventive Long-Term Care Service (including equivalent service; the same applies in the following paragraph), Community-Based Service for Preventive Long-Term Care (including equivalent service; the same shall apply in the following paragraph), and a Long-Term Care Benefit, etc., as listed in the following items pertaining to a Home Modification that is used or implemented by an Insured Person Requiring Long-Term Care, etc., that has received an Entry of Benefit Reduction Amount, etc., pursuant to the provisions of paragraph (1), from the first day of the month following the month in which said Entry was entered until said Benefit Reduction Period expires, when the provisions as prescribed in each said item apply to these services and benefits, etc., the term "90 percent" in the listed provisions is to be "70 percent":

(i) payment of an Allowance for In-Home Long-Term Care Service: Article 41, paragraph (4), item (i) and item (ii), and Article 43, paragraph (1), paragraph (4) and paragraph (6);

(ii) payment of an Exceptional Allowance for In-Home Long-Term Care Service: Article 42, paragraph (2) and Article 43, paragraph (1), paragraph (4), and paragraph (6);

(iii) payment of an Allowance for Community-Based Long-Term Care Service: Article 42-2, paragraph (2), item (i) and item (ii), and Article 43, paragraph (1), paragraph (4) and paragraph (6);

(iv) payment of an Exceptional Allowance for Community-Based Long-Term Care Service: Article 42-3, paragraph (2) and Article 43, paragraph (1), paragraph (4), and paragraph (6);

(v) payment of an Allowance for Long-Term Care Facility Service: Article 48, paragraph (2);

(vi) payment of an Exceptional Allowance for Long-Term Care Facility Service: Article 49, paragraph (2);

- (vii) payment of an Allowance for Preventive Long-Term Care Service: Article 53, paragraph (2), item (i) and item (ii), and Article 55, paragraph (1), paragraph (4), and paragraph (6);
 - (viii) payment of an Exceptional Allowance for Preventive Service of Long-Term Care: Article 54, paragraph (2) and Article 55, paragraph (1), paragraph (4), and paragraph (6);
 - (ix) payment of an Exceptional Allowance for Community-Based Preventive Service of Long-Term Care: Article 54-2, paragraph (2), item (i) and item (ii), and Article 55, paragraph (1), paragraph (4), and paragraph (6);
 - (x) payment of an Exceptional Allowance for Community-Based Preventive Service of Long-Term Care: Article 54-3, paragraph (2) and Article 55, paragraph (1), paragraph (4), and paragraph (6);
 - (xi) payment of an Allowance for Purchasing Equipment for In-Home Long-Term Care Covered by Public Aid: Article 44, paragraph (3), paragraph (4), and paragraph (7);
 - (xii) payment of an Allowance for Purchasing Equipment for Preventive Long-Term Care Covered by Public Aid: Article 56, paragraph (3), paragraph (4), and paragraph (7);
 - (xiii) payment of an Allowance for Home Modification for In-Home Long-Term Care: Article 45, paragraph (3), paragraph (4) and paragraph (7);
 - (xiv) payment of an Allowance for Preventive Long-Term Care Home Modification: Article 57, paragraph (3), paragraph (4) and paragraph (7).
- (4) The provisions of Article 51, paragraph (1), Article 51-2, paragraph (1), Article 51-3, paragraph (1), Article 61, paragraph (1), Article 61-2, paragraph (1) and Article 61-3, paragraph (1) do not apply to the allowance for expenses provided to an Insured Person Requiring Long-Term Care, etc., that has received an Entry of Benefit Reduction Amount, etc., pursuant to the provisions of paragraph (1) from the first day of the month following the month when said Entry is entered to when said Benefit Reduction Period expires regarding the expenses that are necessary for In-Home Service, Community-Based Service, Facility Service, Preventive Long-Term Care Service and Community-Based Service for Preventive Long-Term Care.

Chapter V Long-Term Care Support Specialists, Providers, and Facilities

Section 1 Long-Term Care Support Specialists

Subsection 1 Registration

(Registration of Long-Term Care Support Specialists)

Article 69-2 (1) A person that possesses practical experience as determined by Order of the Ministry of Health, Labour, and Welfare, has passed an examination undertaken pursuant to the provisions of Order of the Ministry of

Health, Labour, and Welfare as administered by a prefectural governor (herein referred to as "Long-Term Care Support Specialist Examination"), and has completed a training program provided pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare as administered by a prefectural governor (herein referred to as "Long-Term Care Support Specialist Internship") may be issued a registration by said prefectural governor pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, however, provided that this provision does not apply to a person that corresponds to any of following items:

- (i) an adult ward or a person under guardianship;
 - (ii) a person punished by imprisonment without compulsory labor or to a more severe penalty and the execution of said penalty has not yet been completed or has not yet expired;
 - (iii) a person punished by a fine pursuant to provisions of a Cabinet Order as set forth in this Act or any another Act concerning national insurance, medical service, or welfare, and has not yet completed the execution of said punishment or remains subject to said punishment;
 - (iv) a person that has committed a wrongful act or a significantly unjustifiable act concerning In-Home Service, etc. within five years prior to submitting an application for registration;
 - (v) a person that was subject to a prohibition pursuant to the provisions of Article 69-38, paragraph (3) whose registration was rescinded pursuant to the provisions of Article 69-6, paragraph (1) during said prohibition period, and said prohibition period has not yet expired;
 - (vi) a person that was subject to a rescinding of registration pursuant to the provisions of Article 69-39 within five years from the date of said disposition of the matter;
 - (vii) a person that applied for deletion of registration from the date of said notification pursuant to the provisions of Article 15 of the Administrative Procedures Act (Act No. 88 of 1993) pertaining to a deletion of registration pursuant to the provisions of Article 69-39, and five years as not passed yet from the date of said disposition of the matter.
- (2) A registration as set forth in the preceding paragraph is to be implemented by a prefectural governor by listing the name, date of birth, domicile, and other matters as determined by Order of the Ministry of Health, Labour, and Welfare, and the registration number and date on a registration list of Long-Term Care Support Specialists.

(Transfer of Registration)

Article 69-3 When a person that is registered as set forth in paragraph (1) of the preceding Article engages in or intends to engage in Designated In-Home Long-

Term Care Support Provider, other provider, or a facility as determined by Order of the Ministry of Health, Labour, and Welfare that located in a prefecture other than the prefecture governed by a prefectural governor where said person is registered, said person may apply for a transfer of registration to the prefectural governor governing the location of the business of said provider or the location of said facility via the prefectural governor who governs said registration, however, provided that this provision does not apply when said person is punished by a prohibition pursuant to the provisions of Article 69-38, paragraph (3) and said prohibition period has not completely expired.

(Notification of Change of Registration Matter)

Article 69-4 A person that is registered as set forth in Article 69-2, paragraph (1), when his or her name or other matter as determined by Order of the Ministry of Health, Labour, and Welfare pertaining to said registration has changed, must notify the prefectural governor without delay of said fact.

(Notification of Death)

Article 69-5 When a person that is registered as set forth in Article 69-2, paragraph (1) becomes as defined by any of the following items, the person as provided by said item must provide notification of said fact to the prefectural governor where said person is registered or the prefectural governor governing the domicile of said person as provided in said item within thirty days from the date (in a case of being defined by item (i), on the day) that said fact is known:

- (i) when the registered person dies: the successor or executor of the estate of said person;
- (ii) when the registered person corresponds to Article 69-2, paragraph (1), item (i): the guardian or curator of said person;
- (iii) when the registered person corresponds to Article 69-2, paragraph (1), item (ii) or item (iii): said registered person.

(Deletion of Registration Based on an Application)

Article 69-6 A prefectural governor, in a case defined by any of the following items, delete the registration as set forth in Article 69-2, paragraph (1):

- (i) when the registered person applies for the deletion of registration;
- (ii) when notified as set forth in the preceding Article;
- (iii) when not notified as set forth in the preceding Article but a fact that corresponds to any of the items of the same Article is known;
- (iv) when a judgment of passing an examination is rescinded pursuant to the provisions of Article 69-31.

(Delivery of Long-Term Care Support Specialist Certification)

Article 69-7 (1) A person that is registered as set forth in Article 69-2, paragraph (1) may apply for delivery of a Long-Term Care Support Specialist Certification to the prefectural governor.

(2) A person that intends to receive a Long-Term Care Support Specialist Certification, undertake training provided by the prefectural governor pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, provided however, that this provision does not apply to a person that intends to receive a Long-Term Care Support Specialist Certification within the period as determined by Order of the Ministry of Health, Labour, and Welfare from the date of registration as set forth in Article 69-2, paragraph (1).

(3) The effective period of a Long-Term Care Support Specialist Certification (except for Long-Term Care Support Specialist Certification delivered pursuant to the provisions of paragraph (5)) is to be five years.

(4) When registration is transferred pursuant to the provisions of Article 69-3 after delivery of a Long-Term Care Support Specialist Certification, said prior Long-Term Care Support Specialist Certification ceases to be effective.

(5) In a case as prescribed in the preceding paragraph, when the delivery of a Long-Term Care Support Specialist Certification is submitted for together with change of registration, the prefectural governor who receives said application must deliver a Long-Term Care Support Specialist Certification that is effective until the effective period expires of the Long-Term Care Support Specialist Certification as set forth in the same paragraph.

(6) A Long-Term Care Support Specialist, when the registration as set forth in Article 69-2, paragraph (1) is rescinded or the Long-Term Care Support Specialist Certification ceases to be effective, must return said Long-Term Care Support Specialist Certification immediately to the prefectural governor that delivered said Long-Term Care Support Specialist Certification.

(7) A Long-Term Care Support Specialist, when punished by a prohibition pursuant to the provisions of Article 69-38, paragraph (3), must immediately submit the Long-Term Care Support Specialist Certification to the prefectural governor that issued said certification.

(8) A prefectural governor who receives a Long-Term Care Support Specialist Certification pursuant to the provisions of the preceding paragraph, when said person that submitted the certification requests the return of said certification in a case when the prohibition period as set forth in the same paragraph expires, must immediately return said Long-Term Care Support Specialist Certification.

(Renewal of Effective Period of Long-Term Care Support Specialist Certification)

Article 69-8 (1) The effective period of a Long-Term Care Support Specialist

Certification may be renewable by the submission of an application.

- (2) A person that intends to renew the effective period of a Long-Term Care Support Specialist Certification must undertake the training provided by a prefectural governor pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare (herein referred to as "Training for Renewal"), provided however, that this provision does not apply to a person that currently engages in the business of a Long-Term Care Support Specialist and has completed the training program designated by the prefectural governor pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare as an equivalent to a program of Training for Renewal.
- (3) The provisions of paragraph (3) of the preceding Article apply mutatis mutandis to the effective period of a renewed Long-Term Care Support Specialist Certification.

(Presentation of Long-Term Care Support Specialist Certification)

Article 69-9 A Long-Term Care Support Specialist, when requested by a relevant person, must present his or her Long-Term Care Support Specialist Certification prior to conducting said business.

(Delegation to Order of the Ministry of Health, Labour, and Welfare)

Article 69-10 In addition to the provisions in this Subsection, matters necessary concerning a registration as set forth in Article 69-2, paragraph (1), said transfer or a Long-Term Care Support Specialist Certification, are prescribed by Order of the Ministry of Health, Labour, and Welfare.

Subsection 2 Registration of Organization that Prepares Registration Examination Questions, and Appointment, etc., of Designated Testing Agencies and Designated Training Agencies

(Registration of Organization that Prepares Registration Examination Questions)

- Article 69-11 (1) A prefectural governor may require a juridical person registered with the Minister of Health, Labour, and Welfare (herein referred to as "Organization that Prepares Registration Examination Questions") to undertake affairs concerning the preparation of examination questions and the establishment of criteria for passing (herein referred to as "Examination Question Preparation Affairs") among the affairs concerning the implementation of an Examination for Long-Term Care Support Specialist.
- (2) A registration as set forth in the preceding paragraph is to be submitted by a person that intends to implement Examination Question Preparation Affairs.
 - (3) A prefectural governor, when entrusting an Organization that Prepares

Registration Examination Questions with the Examination Question Preparation Affairs pursuant to the provisions of paragraph (1), does not otherwise implement Examination Question Preparation Affairs.

(Reasons of Disqualification)

Article 69-12 A juridical person that corresponds to any of the following items may not be granted registration as set forth in paragraph (1) of the preceding paragraph:

- (i) a person punished pursuant to provisions of this Act and two years have not elapsed from the date said execution of punishment is completed or expired;
- (ii) a person that registration is rescinded pursuant to the provisions of Article 69-2, paragraph (1) or paragraph (2) and two years have not elapsed from the date of rescission;
- (iii) a juridical person that has an Officer a person defined by item (i).

(Standard of Registration)

Article 69-13 The Minister of Health, Labour, and Welfare, when a person that applies for registration pursuant to the provisions of Article 69-11, paragraph (2) conforms to all requirements listed in the following items, must issue the registration as set forth in paragraph (1) of the same Article; in said case, necessary procedures for registration are to be as determined by Order of the Ministry of Health, Labour, and Welfare:

- (i) with regard to the subjects listed in the upper column of the appended table, the examination board listed in the lower column of the same table are to prepare the examination questions and establish criteria for passing the examination;
- (ii) measures listed in the following sub-items are to be undertaken in order to ensure the reliability of the examination:
 - (a) a full-time supervisor for Examination Question Preparation Affairs is assigned;
 - (b) measures are undertaken in order to ensure the reliability of the preparation of documents concerning management of Examination Question Preparation Affairs (including maintaining the confidentiality of the examination and matters concerning the criteria for passing said examination) and other Examination Question Preparation Affairs as determined by Order of the Ministry of Health, Labour, and Welfare;
 - (c) a department dedicated to the management of Examination Question Preparation Affairs is established according to the provisions for documents as set forth in sub-item (b);
- (iii) said person is not to be in a financial condition with liabilities in excess of assets.

(Public Notice of Registration)

Article 69-14 (1) The Minister of Health, Labour, and Welfare, when registering a person as set forth in Article 69-11, paragraph (1), issue public notice of the name and location of the main Business Office of said person that is registered and the date of said registration.

(2) An Organization that Prepares Registration Examination Questions, when it intends to change its name or the location of its main Business Office, must provide notification two (2) weeks prior to the day of said change of said fact to the Minister of Health, Labour, and Welfare and to the prefectural governor who entrusted said Organization that Prepares Registration Examination Questions to conduct Examination Question Preparation Affairs pursuant to the provisions of Article 69-11, paragraph (1) (herein referred to as "Entrusting Prefectural Governor").

(3) The Minister of Health, Labour, and Welfare, when a notification of said change is received as set forth in the preceding paragraph, must issue public notice of said fact.

(Appointment and Dismissal of Officers)

Article 69-15 An Organization that Prepares Registration Examination Questions, when it appoints or dismisses an Officer, must notify without delay the Minister of Health, Labour, and Welfare of said fact.

(Appointment and Dismissal of Examination Board)

Article 69-16 An Organization that Prepares Registration Examination Questions, when it appoints or dismisses an examination board as set forth in Article 69-13, paragraph (1), must notify without delay the Minister of Health, Labour, and Welfare of said fact.

(Confidentiality Obligations)

Article 69-17 (1) An Officer or other personnel of an Organization that Prepares Registration Examination Questions (including an examination board as set forth in Article 69-13, paragraph (1); the same applies in the following paragraph) or a person that held this occupation must not divulge any confidential information that said person learns concerning any Examination Question Preparation Affairs.

(2) An Officer or other personnel of an Organization that Prepares Registration Examination Questions who engages in Examination Question Preparation Affairs is deemed as personnel that engage in public service pursuant to the provisions of laws and regulations with regard to application of the Penal Code and other penal provisions.

(Rules for Examination Question Preparation Affairs)

- Article 69-18 (1) An Organization that Prepares Registration Examination Questions, prior to commencing Examination Question Preparation Affairs, must stipulate Rules of Examination Question Preparation Affairs with regard to matters pertaining to the conduct of Examination Question Preparation Affairs as determined by Order of the Ministry of Health, Labour, and Welfare, and obtain the approval of the Minister of Health, Labour, and Welfare; the same applies when said rules are changed.
- (2) The Minister of Health, Labour, and Welfare, when it is determined that the Rules of Examination Question Preparation Affairs that are approved pursuant to the provisions of the preceding paragraph have become inappropriate for the proper and assured conduct of Examination Question Preparation Affairs, may order an Organization that Prepares Registration Examination Questions to change said rules.

(Maintenance and Inspection of Financial Statements)

- Article 69-19 (1) An Organization that Prepares Registration Examination Questions, within three months from the end of every fiscal year, must prepare a schedule of inventories, a Statement of Financial Position, Statement of Operations, Cash Flow Statement, and business report of such fiscal year (including an electromagnetic record (a record in an electronic format, a magnetic format, or any other format not recognizable to human perception that is used for information processing by a computer; the same applies herein this Article) when said electromagnetic record is prepared in lieu of said financial statements, etc.; herein referred to as "Financial Statements, etc." in the following paragraph, and Article 211-2) and maintain said Financial Statements, etc., in the Business Office of the Organization that Prepares Registration Examination Questions for five years.
- (2) A person that intends to undertake the Examination for Long-Term Care Support Specialist or other interested person may request any time within the business hours of an Organization that Prepares Registration Examination Questions the items listed below, however, provided that said person must pay the expenses specified by and pay to the Organization that Prepares Registration Examination Questions as requested, as set forth in item (ii) and item (iv):
- (i) when the Financial Statements, etc., are prepared on paper, a request of inspection or copy of said documents;
 - (ii) a request of transcripts or extracts of the documents as set forth in the preceding paragraph;
 - (iii) when the Financial Statements, etc., are prepared as an electromagnetic

record, request inspection or copy of matters recorded in said electromagnetic record and a display shown of the same by a method as determined by Order of the Ministry of Health, Labour, and Welfare;

- (iv) a request to provide matters in an electromagnetic record as set forth in the preceding paragraph by a method as determined by Order of the Ministry of Health, Labour, and Welfare, or to deliver the documents stated by said matters.

(Maintenance of Records)

Article 69-20 An Organization that Prepares Registration Examination Questions, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, must keep and maintain records of all matters concerning Examination Question Preparation Affairs as determined by Order of the Ministry of Health, Labour, and Welfare, and ensure said matters are recorded.

(Order for Conformity)

Article 69-21 The Minister of Health, Labour, and Welfare, when it is determined that an Organization that Prepares Registration Examination Questions is not conforming with any of the items of Article 69-13, may order said Organization that Prepares Registration Examination Questions to take the necessary measures to conform with these provisions.

(Reports and Inspections)

- Article 69-22 (1) The Minister of Health, Labour, and Welfare, when it is determined to be necessary to ensure the proper conduct of Examination Question Preparation Affairs, may request an Organization that Prepares Registration Examination Questions to provide necessary reports concerning the status of Examination Question Preparation Affairs, direct said personnel to answer the questions of a relevant person, enter the Business Office of an Organization that Prepares Registration Examination Questions in order to inspect record books and documents, and other items.
- (2) An Entrusting Prefectural Governor, when it is determined to be necessary to ensure the proper conduct of Examination Question Preparation Affairs that said prefectural governor entrusted, may request an Organization that Prepares Registration Examination Questions to provide necessary reports concerning the status of Examination Question Preparation Affairs, direct its personnel to ask questions to the relevant Persons, enter the Business Office of an Organization that Prepares Registration Examination Questions in order to inspect record books and documents, and other items.
- (3) The provisions of Article 24, paragraph (3) apply mutatis mutandis to

questions and inspections pursuant to the provisions of the preceding two paragraphs and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding two paragraphs.

(Discontinuance and Abolishment of Examination Question Preparation Affairs)

- Article 69-23 (1) An Organization that Prepares Registration Examination Questions must not discontinue or abolish the whole or a part of the Examination Question Preparation Affairs without the approval of the Minister of Health, Labour, and Welfare.
- (2) The Minister of Health, Labour, and Welfare, when granting an approval pursuant to the provisions of the preceding paragraph, must hear the opinions of relevant Entrusting Prefectural Governor.
- (3) The Minister of Health, Labour, and Welfare, when granting an approval pursuant to the provisions of paragraph (1), must issue public notice of and provide notification of said fact to the relevant Entrusting Prefectural Governor.

(Rescission of Registration)

- Article 69-24 (1) The Minister of Health, Labour, and Welfare, when an Organization that Prepares Registration Examination Questions becomes as defined by Article 69-12, item (i) or item (iii), must rescind the registration of said Organization that Prepares Registration Examination Questions.
- (2) The Minister of Health, Labour, and Welfare, when an Organization that Prepares Registration Examination Questions corresponds to any of the following items, may rescind the registration of said Organization that Prepares Registration Examination Questions, or specify a period of suspension for the whole or a part of any Examination Question Preparation Affairs:
- (i) when the registration as set forth in Article 69-11, paragraph (1) is performed by wrongful means;
 - (ii) when said Organization violates provisions of Article 69-14, paragraph (2), Article 69-15, Article 69-16, Article 69-19, paragraph (1), Article 69-20 or paragraph (1) of the preceding Article;
 - (iii) when said Organization refuses a request pursuant to the provisions of Article 69-19, paragraph (2) without a justifiable reason;
 - (iv) when said Organization conducts Examination Question Preparation Affairs without conforming to the Rules of Examination Question Preparation Affairs that are approved pursuant to the provisions of Article 69-18, paragraph (1);

(v) when said Organization violates an order as set forth in Article 69-18, paragraph (2) or Article 69-21.

(3) The Minister of Health, Labour, and Welfare, when rescinding a registration pursuant to the provisions of the preceding two paragraphs and ordering a suspension of the whole or a part of Examination Question Preparation Affairs pursuant to the provisions of the preceding paragraph, must issue public notice of the relevant Entrusting Prefectural Governor and publicly give notice of said fact.

(Implementation of Examination Question Preparation Affairs by an Entrusting Prefectural Governor)

Article 69-25 (1) When an Organization that Prepares Registration Examination Questions discontinues the whole or a part of Examination Question Preparation Affairs pursuant to the provisions of Article 69-23, paragraph (1), or when the Minister of Health, Labour, and Welfare orders an Organization that Prepares Registration Examination Questions pursuant to the provisions of paragraph (2) of the preceding Article to suspend the whole or a part of Examination Question Preparation Affairs, or when it has become difficult for an Organization that Prepares Registration Examination Questions to conduct the whole or a part of Examination Question Preparation Affairs due to a disaster or other reasons, the Entrusting Prefectural Governor, when the Minister of Health, Labour, and Welfare determines it necessary, is to conduct the whole or a part of said Examination Question Preparation Affairs notwithstanding the provisions of Article 69-11, paragraph (3).

(2) The Minister of Health, Labour, and Welfare, when an Entrusting Prefectural Governor is conducting the Examination Question Preparation Affairs pursuant to the provisions of the preceding paragraph and when the reason is no longer valid for an Entrusting Prefectural Governor to conduct the Examination Question Preparation Affairs pursuant to the provisions of the same paragraph, must provide notice of said fact immediately to said Entrusting Prefectural Governor.

(Fee Pertaining to Examination Question Preparation Affairs)

Article 69-26 An Entrusting Prefectural Governor, in a case when collecting a fee pertaining to Examination Question Preparation Affairs based on the provisions of Article 227 of the Local Autonomy Act, may direct a person that intends to undertake an Examination for Long-Term Care Support Specialist pertaining to Examination Question Preparation Affairs provided by an Organization that Prepares Registration Examination Questions pursuant to the provisions of Article 69-11, paragraph (1) and pursuant to the provisions of a prefectural ordinance, to pay said fee to said Organization that Prepares

Registration Examination Questions as income.

(Appointment of Designated Testing Agency)

Article 69-27 (1) A prefectural governor may designate a person (herein referred to as "Designated Testing Agency") to operate affairs concerning implementation of an Examination for Long-Term Care Support Specialist (except for Examination Question Preparation Affairs; herein referred to as "Examination Affairs").

(2) The provisions of the preceding Article apply mutatis mutandis to a fee pertaining to Examination Affairs provided by a Designated Testing Agency.

(Confidentiality Obligations)

Article 69-28 (1) A Designated Testing Agency (in a case when said person is a juridical person, an Officer of said person; the same applies in the following paragraph) or its personnel, or a person that held this occupation must not divulge any confidential information that was learned pertaining to Examination Affairs.

(2) A Designated Testing Agency which engages in Examination Affairs or its personnel is deemed as personnel that engage in public service pursuant to the provisions of laws and regulations, with regard to application of the Penal Code or other penal provisions.

(Supervisory Orders)

Article 69-29 A prefectural governor, when it is determined that it is necessary for ensuring the proper conduct of Examination Affairs, may give necessary orders for supervision concerning Examination Affairs to a Designated Testing Agency.

(Reports and Inspections)

Article 69-30 (1) A prefectural governor, when it is determined that it is necessary for ensuring proper conduct of Examination Affairs, may request a Designated Testing Agency to submit the necessary reports concerning the status of Examination Affairs, direct its personnel to ask questions of the relevant person, enter the Business Office of a Designated Testing Agency in order to inspect said facility, record books and documents, and other items.

(2) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections, and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(Rescission of Passing an Examination)

Article 69-31 (1) A prefectural governor may rescind an application to take an examination or a judgment of passing an examination for a person that completed or intends to complete an Examination for Long-Term Care Support Specialist by wrongful means, or is prohibited from taking said Examination for Long-Term Care Support Specialist.

(2) A Designated Testing Agency may exercise the authority as prescribed in the preceding paragraph of the prefectural governor who issued said designation to said Designated Testing Agency.

(Delegation to a Cabinet Order)

Article 69-32 In addition to the provisions specified in Article 69-27 through the preceding Article, other necessary matters concerning a Designated Testing Agency are specified by a Cabinet Order.

(Appointment of Designated Training Agencies)

Article 69-33 (1) A prefectural governor may designate a person (herein referred to as "Designated Training Agency") to conduct affairs concerning the implementation of a Long-Term Care Support Specialist Internship and Training for Renewal (herein referred to as "Training Affairs").

(2) The provisions of Article 69-27, paragraph (2), Article 69-29, and Article 69-30 apply mutatis mutandis to a Designated Training Agency. In this case, the terms "Designated Testing Agency" and "Examination Affairs" in these provisions are deemed to be replaced with "Designated Training Agency" and "Training Affairs," respectively.

(3) In addition to the provisions of the preceding two paragraphs, other necessary matters concerning a Designated Training Agency are prescribed by a Cabinet Order.

Subsection 3 Obligations, etc.

(Obligations of a Long-Term Care Support Specialist)

Article 69-34 (1) A Long-Term Care Support Specialist must operate said business correctly and faithfully with respect to the personality of an Insured Person Requiring Long-Term Care, etc., that is under the responsibility of said Specialist, always from the viewpoint of said Insured Person Requiring Long-Term Care, etc., in order to prevent placing inappropriate or false emphasis on a specific type, or a specific provider or facility that provides In-Home Service, Community-Based Service, Facility Service, Preventive Long-Term Care Service, or Community-Based Service for Preventive Long-Term Care that is provided to said Insured Person Requiring Long-Term Care, etc.

(2) A Long-Term Care Support Specialist must perform the business of Long-

Term Care Support Specialist according to standards as determined by Order of the Ministry of Health, Labour, and Welfare.

(Prohibition on Use of Name)

Article 69-35 A Long-Term Care Support Specialist may not permit others to wrongfully use the Long-Term Care Support Specialist Certification or the business name of said Long-Term Care Support Specialist.

(Prohibition of Acts to Damage Impartiality)

Article 69-36 A Long-Term Care Support Specialist must not commit any act that may impair the impartiality of or confidence placed in said Long-Term Care Support Specialist.

(Confidentiality Obligations)

Article 69-37 A Long-Term Care Support Specialist may not divulge any confidential information of an individual person that is learned pertaining to said business without a justifiable basis. The same provision applies after said person ceases to be a Long-Term Care Support Specialist.

(Reporting)

- Article 69-38 (1) A prefectural governor, when it is determined that it is necessary for ensuring proper execution of the business of a Long-Term Care Support Specialist, may request necessary reports of said business from a registered Long-Term Care Support Specialist and a Long-Term Care Support Specialist that operates within the area governed by said prefectural governor.
- (2) A prefectural governor, when it is determined that a registered Long-Term Care Support Specialist or a Long-Term Care Support Specialist that operates within the area governed by said prefectural governor violates the provisions of Article 69-34, may provide necessary instructions to said Long-Term Care Support Specialist and order said Specialist to undertake the training designated by said prefectural governor.
- (3) A prefectural governor, in a case that a registered Long-Term Care Support Specialist or a Long-Term Care Support Specialist that operates within the area governed by said prefectural governor disobeys instructions or orders pursuant to the provisions of the preceding paragraph, may prohibit said Long-Term Care Support Specialist from operating as a Long-Term Care Support Specialist by specifying a period that is less than one (1) year.
- (4) A prefectural governor, when he or she executes an action pursuant to the provisions of the preceding two paragraphs to a Long-Term Care Support Specialist who is registered in an area governed by a different prefectural governor, must notify without delay the prefectural governor that is governing

the area where said Long-Term Care Support Specialist is registered of said fact.

(Deletion and Rescission of Registration)

Article 69-39 (1) A prefectural governor, when a Long-Term Care Support Specialist that is registered in an area governed by said prefectural governor corresponds to any of the following items, shall delete and rescind said registration:

- (i) when a Specialist corresponds to any provision of Article 69-2, paragraph (1), item (i) to item (iii);
- (ii) when a Specialist is registered as set forth in Article 69-2, paragraph (1) by a wrongful means;
- (iii) when the Long-Term Care Support Specialist Certification is issued by a wrongful means;
- (iv) when a Specialist violates a prohibition of business ordered pursuant to the provisions of paragraph (3) of the preceding Article.

(2) A prefectural governor, in a case when a registered Long-Term Care Support Specialist corresponds to any of the following items, may delete and rescind said registration:

- (i) when a Specialist violates provisions listed from Article 69-34 to Article 69-37;
- (ii) when a Specialist is requested to report pursuant to the provisions of paragraph (1) of the preceding Article, but does not report or submits a false report;
- (iii) when a Specialist violates an instruction or order pursuant to the provisions of paragraph (2) of the preceding Article and said circumstances are considered serious.

(3) When a person is registered as set forth in Article 69-2, paragraph (1) that has not been issued a Long-Term Care Support Specialist Certification as defined by any of the following items, the prefectural governor that provides said registration must delete said registration:

- (i) when said person corresponds to any provision of Article 69-2, paragraph (1), item (i) to item (iii);
- (ii) when said person is registered as set forth in Article 69-2, paragraph (1) by wrongful means;
- (iii) when said person operates a business as a Long-Term Care Support Specialist.

Section 2 Designated In-Home Service Providers

(Appointment as service provider of a Designated In-Home Service Provider)

Article 70 (1) An appointment as service provider as set forth in the main clause of Article 41, paragraph (1) is to be provided pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, by the submission of an application of a person that operates an In-Home Service Business, and by type of In-Home Service and provider that operates said In-Home Service Business pertaining to the type of said In-Home Service (hereinafter referred to simply as "Business Office" in this Section).

(2) A prefectural governor, in a case of an application to provide service as set forth in the preceding paragraph when defined by any provision of item (i) to item (iii), item (v) to item (vii), or item (ix) to item (x) (with regard to an application of appointment as service provider pertaining to Guidance for Management of In-Home Medical Long-Term Care provided by a Hospital, etc., Home-Visit Nursing provided by a hospital or a clinic, Home-Visit Rehabilitation, Outpatient Rehabilitation, or Short-Term Admission for Recuperation, item (ii) to item (xi)), must not provide the appointment as service provider as set forth in the main clause of Article 41, paragraph (1):

(i) when the applicant is not a juridical person;

(ii) when the knowledge, skill, and number of personnel of the Business Office pertaining to said application do not meet standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 74, paragraph (1) and for the number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as provided in the same paragraph;

(iii) when it is determined that the applicant cannot perform a proper In-Home Service Business in accordance with standards pertaining to facilities and management of a Designated In-Home Service Business as prescribed in Article 74, paragraph (2);

(iv) a person punished by imprisonment without compulsory labor and the execution of said penalty has not yet been completed or has not yet expired;

(v) when the applicant is punished by a fine pursuant to the provisions of this Act or any other Act pertaining to medical service or the welfare of citizens as provided by a Cabinet Order and the execution of said penalty has not yet been completed or has not yet expired;

(vi) when the applicant has been rescinded for an appointment as service provider pursuant to the provisions of Article 77, paragraph (1) or Article 115-29, paragraph (6) and five years have not elapsed from the date of said rescission (in a case when a person that has been rescinded for said appointment as service provider is a juridical person, including a person that is or was an Officer of said juridical person (which means an employee, director, or executive Officer that executes the business, or a person in an equivalent position and includes an employee, director, or executive Officer

- that executes business for a juridical person, or a person that is to be deemed to have the equivalent or higher ascendancy of position to these persons; the same applies in Section 5), a person that manages said Business Office, or other personnel as provided by a Cabinet Order (herein referred to as "Officers, etc.") within sixty days prior to the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to said rescission and five years have not elapsed from the date of said rescission, and in a case when a person that has been rescinded for said appointment as service provider, is a Hospital, etc., that is not a juridical person, including a person that is or was a manager of said Hospital, etc., within sixty days prior to the date of said rescission and five years have not elapsed from the date of said rescission;
- (vii) when the applicant who provided notification of abolishment of business pursuant to the provisions of Article 75 from the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to rescission of appointment as service provider pursuant to the provisions of Article 77, paragraph (1) or Article 115-29, paragraph (6) until the date when the appointment as service provider is rescinded or when it is determined not to rescind the appointment as service provider (except for a person that has a reasonable basis for said abolishment of business) and five years have not elapsed from the date of said notification;
- (viii) in a case when abolishment of business pursuant to the provisions of Article 75 was duly provided by notification during the period pursuant to the provisions of the preceding item, when the applicant who was an Officer, etc., of a juridical person (except for a juridical person that has a reasonable basis for said abolishment of business) pertaining to said notification or a manager of a Hospital, etc., that is not a juridical person pertaining to said notification (except for a juridical person that has a reasonable basis for said abolishment of business) within sixty days before the notification as set forth in the same item, and five years have not elapsed from the date of said notification;
- (ix) when the applicant performed a wrongful or significantly unjustifiable act pertaining to In-Home Service, etc., within five years prior to an application of appointment as service provider;
- (x) when the applicant is a juridical person and any said Officer, etc., corresponds to any of the provisions of item (iv) to the preceding item;
- (xi) when the applicant is a Hospital, etc., which is not a juridical person and a manager of said Provider corresponds to any provision of item (iv) to item (ix).
- (3) In a case of an application as set forth in paragraph (1) for Daily Life Care of a Patient Admitted to a Specialized Long-Term Care Specified Facility (which means Daily Life Long-Term Care Admitted to a Specified Facility provided to

a Person Requiring Long-Term Care who is admitted to a Specialized Long-Term Care Specified Facility; the same applies hereinafter), a prefectural governor, when the total sum of the capacity of users of Daily Life Care of a Patient Admitted to a Specialized Long-Term Care Specified Facility and the total capacity of users of Daily Life Long-Term Care for a Person Admitted to a Community-Based Specified Facility in the area including the location of the Business Office pertaining to said application has reached or is it determined to exceed due to the appointment as service provider of said business pertaining to said application the total sum of the total capacity of users of Daily Life Care of a Patient Admitted to a Specialized Long-Term Care Specified Facility and the total capacity of users of Daily Life Long-Term Care for a Person Admitted to a Community-Based Specified Facility in the area as prescribed by a Prefectural Insured Long-Term Care Support Project Plan provided by said prefecture pursuant to the provisions of paragraph (1) of the same Article, or when it is determined that said application may interfere with the accomplishment of said Prefectural Insured Long-Term Care Support Project Plan, may determine not to execute the appointment as service provider as set forth in the main clause of Article 41, paragraph (1).

- (4) In a case of an application as set forth in paragraph (1) for Daily Life Activities of a Long-Term Care Patient Admitted to a Combined Specified Facility (which means Daily Life Long-Term Care Admitted to a Specified Facility provided for a Person Requiring Long-Term Care who is a resident in a Specified Facility other than a Specialized Long-Term Care Specified Facility; the same applies herein), a prefectural governor, when the total of assumed capacity of users of Daily Life Activities of a Long-Term Care Patient Admitted to a Combined Specified Facility (which means a capacity calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare) in the area including the location of the Business Office pertaining to said application (which means an area provided by said prefecture pursuant to the provisions of Article 118, paragraph (2), item (i)) has been reached or is it determined that said capacity will be exceeded by the appointment as service provider pertaining to said application the total of prospective capacity of necessary users of Daily Life Activities of a Long-Term Care Patient Admitted to a Combined Specified Facility (which means a capacity calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare) in said area provided by a Prefectural Insured Long-Term Care Support Project Plan provided by said prefecture pursuant to the provisions of paragraph (1) of the same Article, or when it is determined that said application may interfere with the accomplishment of said Prefectural Insured Long-Term Care Support Project Plan, may determine not to execute an appointment as service provider as set forth in the main clause of Article 41, paragraph (1).

(5) A prefectural governor, when he or she intends to determine an appointment as service provider as set forth in the main clause of Article 41, paragraph (1) (limited to Daily Life Long-Term Care Admitted to a Specified Facility or other In-Home Service as determined by Order of the Ministry of Health, Labour, and Welfare), must provide notice of matters as determined by Order of the Ministry of Health, Labour, and Welfare to the mayor of the relevant Municipality, specify a reasonable period, and request opinions from the perspective of coordination with the Municipal Insured Long-Term Care Service Plan as prescribed in Article 117, paragraph (1) of said relevant Municipality.

(Renewal of Appointment as service provider)

- Article 70-2 (1) An appointment as service provider as set forth in the main clause of Article 41, paragraph (1), if it is not renewed within a period of six years, ceases to be effective when said period expires.
- (2) In a case of an application of renewal as set forth in the preceding paragraph, when the disposition of said application does not occur prior to the expiry of the period as set forth in the same paragraph (herein referred to as "Effective Period of Designation as Service Provider" in this Article), the prior appointment as service provider remains effective after expiry of the Effective Period of Designation as Service Provider until a determination is reached regarding said application.
- (3) In a case as set forth in the preceding paragraph, when the appointment as service provider is renewed, said Effective Period of Designation as Service Provider is to be from the date following the date of expiry of the prior Effective Period of Designation as Service Provider.
- (4) The provisions of the preceding Article apply mutatis mutandis to a renewal of appointment as service provider as set forth in paragraph (1).

(Exception of a Designated In-Home Service Provider)

Article 71 (1) With regard to a Hospital, etc., when a medical facility that provides insured services or pharmacy that provides insured services is appointed pursuant to the provisions of Article 63, paragraph (3), item (i) of the Health Insurance Act (including when it is determined that appointment as service provider as set forth in the same item was provided pursuant to the provisions of Article 69 of the same Act), it is deemed that the organizer of said Hospital, etc., was provided an appointment as service provider as set forth in the main clause of Article 41, paragraph (1) pertaining to In-Home Service provided by said Hospital, etc., (with regard to a hospital or a clinic, limited to Guidance for Management of In-Home Medical Long-Term Care and other types of In-Home Service as determined by Order of the Ministry of Health,

Labour, and Welfare, and with regard to a pharmacy, limited to Guidance for Management of In-Home Medical Long-Term Care) at the time of said appointment as service provider, provided however, that this provision does not apply when the organizer of the Hospital, etc., offers a different notification pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare or when the appointment as service provider as set forth in the main clause of Article 41, paragraph (1) is rescinded pursuant to the provisions of Article 77, paragraph(1) or Article 115-29, paragraph (6) prior to said appointment as service provider.

- (2) An appointment as service provider as set forth in the main clause of Article 41, paragraph (1) pertaining to a person that was deemed as a Designated In-Home Service Provider pursuant to the provisions of the preceding paragraph, when appointment as service provider of a medical facility that provides insured services or pharmacy that provides insured services is rescinded pursuant to the provisions of Article 80 of the Health Insurance Act with regard to said Hospital, etc., pertaining to said appointment as service provider, ceases to be effective.

Article 72 (1) With regard to a Long-Term Care Health Facility or Sanatorium Medical Facility for the Elderly Requiring Long-Term Care when it is approved as set forth in Article 94, paragraph (1) or appointed as set forth in Article 48, paragraph (1), item (iii), it is to be deemed that the organizer of said Long-Term Care Health Facility or Sanatorium Medical Facility for the Elderly Requiring Long-Term Care has been appointed as set forth in the main clause of Article 41, paragraph (1) pertaining to In-Home Service (limited to Short-Term Admission for Recuperation or a type of In-Home Service as determined by Order of the Ministry of Health, Labour, and Welfare) provided by said Long-Term Care Health Facility or Sanatorium Medical Facility for the Elderly Requiring Long-Term Care at the time of said approval or appointment as service provider, however, provided that this provision does not apply when the organizer of said Long-Term Care Health Facility or Sanatorium Medical Facility for the Elderly Requiring Long-Term Care offers a different notification pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

- (2) The appointment as service provider as set forth in the main clause of Article 41, paragraph (1) pertaining to a person that is deemed as a Designated In-Home Service Provider pursuant to the provisions of the preceding paragraph, ceases to be effective when, with regard to a Long-Term Care Health Facility or a Sanatorium Medical Facility for the Elderly Requiring Long-Term Care pertaining to said appointment as service provider, when the approval ceases to be effective pursuant to the provisions of Article 94-2, paragraph (1), when

the approval is rescinded pursuant to the provisions of Article 104, paragraph (1) or Article 115-29, paragraph (6), when the appointment as service provider ceased to be effective pursuant to the provisions of Article 170-2, paragraph (1), or when the appointment as service provider is rescinded pursuant to the provisions of Article 114, paragraph (1) or Article 115-29, paragraph(6).

(Standards of Designated In-Home Service Business)

- Article 73 (1) A Designated In-Home Service Provider shall act in compliance with the standards concerning facilities and management of a Designated In-Home Service Business as prescribed in paragraph (2) of the following Article, offer appropriate Designated In-Home Service according to the mental and physical condition, etc., of a Person Requiring Long-Term Care, and always engage in offering said services from the viewpoint of the person that receives Designated In-Home Service by implementing a self-evaluation of the quality of the Provider's own Designated In-Home Service and other measures.
- (2) A Designated In-Home Service Provider, when an opinion as listed in Article 27, paragraph (7), item (ii) (including a case applied mutatis mutandis pursuant to Article 28, paragraph (4) or Article 29, paragraph (2)) or Article 32, paragraph (6), item (ii) (including a case applied mutatis mutandis pursuant to Article 33, paragraph (4) or Article 33-2, paragraph (2)), or an opinion as prescribed in the second sentence of Article 30, paragraph (1) or in the second sentence of Article 33-3, paragraph (1) (herein referred to as "Opinion of the Certification Committee") is entered on the Certificate of Insured Person that is presented by an Insured Person that intends to receive Designated In-Home Service, must engage in offering said Designated In-Home Service of said Insured Person in consideration of said Opinion of the Certification Committee.

Article 74 (1) A Designated In-Home Service Provider must employ the number of employees engaging in said Designated In-Home Service as determined by Order of the Ministry of Health, Labour, and Welfare in accordance with standards as determined by Order of the Ministry of Health, Labour, and Welfare, by each Business Office pertaining to said appointment as service provider.

- (2) In addition to the provisions as prescribed in the preceding paragraph, standards concerning facilities and management of a Designated In-Home Service Business isprescribed by the Minister of Health, Labour, and Welfare.
- (3) The Minister of Health, Labour, and Welfare, when providing standards concerning facilities and management of a Designated In-Home Service Business as prescribed in the preceding paragraph (limited to the part concerning the handling of Designated In-Home Service), must hear the opinion of the Social Security Council in advance.

(4) A Designated In-Home Service Provider must respect the personality of a Person Requiring Long-Term Care, act in compliance with this Act or an Order based on this Act, and faithfully executes said duty on behalf of the Person Requiring Long-Term Care.

(Notification of Change)

Article 75 A Designated In-Home Service Provider, when the name or location of the Business Office pertaining to said appointment as service provider or other matters as determined by Order of the Ministry of Health, Labour, and Welfare change, or when said Designated In-Home Service Business is abolished, suspended, or recommenced, must provide notification of said fact to the prefectural governor within ten days pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

(Reporting)

Article 76 (1) A prefectural governor or mayor of a Municipality, when it is determined to be necessary concerning the payment of an allowance for In-Home Long-Term Care, may order a Designated In-Home Service Provider, a person that is or was a Designated In-Home Service Provider, or a person that is or was an employee or Officer pertaining to said appointment as service provider (herein referred to as a "Person, etc., that was a Designated In-Home Service Provider" in this paragraph) to report, submit or present record books and documents, request a Designated In-Home Service Provider, an employee of the Business Office pertaining to said appointment as service provider, or a Person that is or was a Designated In-Home Service Provider, etc., to appear, to direct its personnel to ask questions to a relevant person, or enter the Business Office pertaining to said appointment as service provider of said Designated In-Home Service Provider in order to inspect said facilities, record books and documents, or other items.

(2) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(Recommendations, Orders)

Article 76-2 (1) A prefectural governor, when a Designated In-Home Service Provider fails to meet the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the Article 74, paragraph (1) or the fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same paragraph with regard to

knowledge, skill, or number of employees of the Business Office pertaining to said appointment as service provider, or when it is determined that said Designated In-Home Service Provider does not operate an appropriate Designated In-Home Service in accordance with the standards concerning Facilities and Management of a Designated In-Home Service Business provided by paragraph (2) of the same Article, may specify a due date and recommend to said Designated In-Home Service Provider to act in compliance with the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in paragraph (1) of the same Article, to employ the number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same paragraph, and to act in compliance with the standards concerning Facilities and Management of a Designated In-Home Service Business as prescribed by paragraph (2) of the same Article.

- (2) A prefectural governor, in a case of providing a recommendation pursuant to the provisions of the preceding paragraph, may provide public notice of the fact that said Designated In-Home Service Provider that was issued said recommendation did not act in compliance with said recommendation within the due date as set forth in the same paragraph.
- (3) When said Designated In-Home Service Provider that was issued a recommendation pursuant to the provisions of paragraph (1) does not implement any measures pertaining to said recommendation without a justifiable cause, a prefectural governor may specify a due date and order said Designated In-Home Service Provider to implement measures pertaining to said recommendation.
- (4) A prefectural governor, when issuing an order pursuant to the provisions of the preceding paragraph, must issue public notice of said fact.
- (5) With regard to a Designated In-Home Service Provider who provided Designated In-Home Service pertaining to an insurance benefit, a Municipality, when it is determined that said Designated In-Home Service Provider does not operate an appropriate Designated In-Home Service Business in accordance with standards concerning Facilities and Management of a Designated In-Home Service Business as prescribed in Article 74, paragraph (2), must provide notification of said fact to the prefectural governor that governs the location of the Business Office pertaining to said appointment as service provider.

(Rescission of Appointment as service provider)

Article 77 (1) A prefectural governor, in a case that corresponds to any of the following items, may rescind the appointment as service provider as set forth in the main clause of Article 41, paragraph (1) pertaining to said Designated In-Home Service Provider or suspend the whole or a part of the effect of said appointment as service provider by specifying a due date:

- (i) when a Designated In-Home Service Provider corresponds to any provision of Article 70, paragraph (2), item (iv), item (v), item (x), or item (xi);
- (ii) when a Designated In-Home Service Provider becomes unable to meet the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 74, paragraph (1) or the fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same paragraph with regard to knowledge, skill, or number of employees of the Business Office pertaining to said appointment as service provider;
- (iii) when a Designated In-Home Service Provider becomes unable to operate an appropriate Designated In-Home Service Business in accordance with standards concerning Facilities and Management of a Designated In-Home Service Business as prescribed in Article 74, paragraph (2);
- (iv) when it is determined that a Designated In-Home Service Provider violates an obligation as prescribed in Article 74, paragraph (4);
- (v) when an Allowance for In-Home Long-Term Care Service is wrongly requested;
- (vi) when a Designated In-Home Service Provider is ordered to report, submit or present record books and documents pursuant to the provisions of Article 76, paragraph (1), but disobeys said order or submits a false report;
- (vii) when a Designated In-Home Service Provider or an employee of the Business Office pertaining to said appointment as service provider is requested to appear pursuant to the provisions of Article 76, paragraph (1), fails to respond or fails to reply to questions pursuant to the provisions of the same paragraph or submits a false reply, or refuses, interrupts, or interferes with an inspection pursuant to the provisions of the same paragraph, however, provided that this provision does not apply when an employee of the Business Office pertaining to said appointment as service provider performs said act but said Designated In-Home Service Provider is faithfully providing reasonable care and supervision in order to prevent said act of said employee;
- (viii) when a Designated In-Home Service Provider is appointed to provide service as set forth in the main clause of Article 41, paragraph (1) by wrongful means;
- (ix) in addition to the cases listed in the preceding items, when a Designated In-Home Service Provider violates this Act, another Act concerning citizens' health and medical care or public aid that are provided by a Cabinet Order, or an order or disposition of a matter based on these Acts;
- (x) in addition to the cases listed in the preceding items, when a Designated In-Home Service Provider performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc.;

- (xi) in a case when a Designated In-Home Service Provider is a juridical person, when any said Officer, etc., performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc., within five years and the appointment as service provider is rescinded or the whole or a part of the effect of the appointment as service provider is suspended due to said act;
 - (xii) in a case when a Designated In-Home Service Provider is a Hospital, etc., that is not a juridical person, when a manager of said Provider performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc., within five years and the appointment as service provider is rescinded or the whole or a part of the effect of the appointment as service provider is suspended due to said act.
- (2) A Municipality, when it is determined that a Designated In-Home Service Provider that provides Designated In-Home Service pertaining to an insurance benefit corresponds to any provision of the items in the preceding paragraph, must provide notification of said fact to the prefectural governor that governs the location of the Business Office pertaining to said appointment as service provider.

(Public Notice)

Article 78 A prefectural governor, in the following cases, provide public notice of the said fact:

- (i) when an appointment as service provider as set forth in the main clause of Article 41, paragraph (1) is determined;
- (ii) when there is a notification pursuant to the provisions of Article 75 (except for change of matters as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same Article and matters pertaining to abolishment or recommencement of business provided by the same Article);
- (iii) when an appointment as service provider as set forth in the main clause of Article 41, paragraph (1) is rescinded, or the effect of the whole or a part of an appointment as service provider is suspended pursuant to the provisions of paragraph (1) of the preceding Article or Article 115-29, paragraph (6).

Section 3 Designated Community-Based Service Providers

(Appointment as service provider of Designated Community-Based Service Providers)

Article 78-2 (1) An appointment as service provider as set forth in the main clause of Article 42-2, paragraph (1) is to be provided, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, based on the application of a person that provides community-based service (with regard

to a business to provide Admission to a Community-Based Facility for Preventive Daily Long-Term Care of the Elderly Covered by Public Aid, an organizer of an Intensive Care Home for the Elderly as prescribed in Article 20-5 of the Act on Social Welfare for the Elderly for which capacity of users are twenty-nine (29) or less), by type of Community-Based Service and Business Office of Community-Based Service Business pertaining to the type of said Community-Based Service (herein referred to as "Business Office" in this Section), and is to have an effect on the payment of an Allowance for Community-Based Long-Term Care Service or an Exceptional Allowance for Community-Based Long-Term Care Service to an Insured Person by Long-Term Care Insurance provided by a Municipality of which a mayor provided said appointment as service provider.

- (2) The mayor of a Municipality must, when providing an appointment as service provider as set forth in the main clause of Article 42-2, paragraph (1), provide notification of said fact to the prefectural governor in advance pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.
- (3) A prefectural governor, in a case when a mayor of a Municipality provides notification as set forth in the preceding paragraph regarding Daily Life Long-Term Care for a Person Admitted to a Community-Based Specified Facility, and when it is determined that the total sum of the total number of maximum users of Daily Life Care of a Patient Admitted to a Specialized Long-Term Care Specified Facility and the total number of maximum users of Daily Life Long-Term Care for a Person Admitted to a Community-Based Specified Facility in the area (an area provided by said prefecture pursuant to the provisions of Article 118, paragraph (2) item (i)) including the location of the Business Office pertaining to said application has been reached or is it determined that said total number of maximum users will be exceeded by the appointment as service provider pertaining to said application to provide service of Daily Life Care of a Patient Admitted to a Specialized Long-Term Care Specified Facility and the total number of the necessary number of users of Daily Life Long-Term Care for a Person Admitted to a Community-Based Specified Facility in said area provided by Prefectural Insured Long-Term Care Support Project Plan that is provided by said prefecture pursuant to the provisions of paragraph (1) of the same Article, or when it is determined that it will be likely to cause a problem with accomplishment of a Prefectural Insured Long-Term Care Support Project Plan, may provide necessary advice or recommendations to said mayor of the Municipality.
- (4) The mayor of a Municipality, in a case of an application to provide service as set forth in paragraph (1) and when it corresponds to any of the following items, must not provide an appointment as service provider as set forth in the main clause of Article 42-2, paragraph (1):

- (i) when said applicant is not a juridical person;
- (ii) when the knowledge, skill, or number personnel of the Business Office pertaining to said application do not meet the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 78-4, paragraph (1) and number of employees as determined by Order of the Ministry of Health, Labour, and Welfare of the same paragraph, or standards concerning employees engaged in Designated Community-Based Service as prescribed in paragraph (4) of the same Article;
- (iii) when it is determined that said applicant cannot perform proper Community-Based Service Business in accordance with standards pertaining to Facilities and Management of a Designated Community-Based Service as prescribed in Article 78-4, paragraph (2) or paragraph (4);
- (iv) when the Business Office pertaining to said application is located outside the area of said Municipality and the consent of the mayor of the Municipality of said location have not yet been obtained;
- (v) when said applicant is punished by a fine pursuant to the provisions of this Act, or as provided by a Cabinet Order, concerning citizens' health and medical care or public aid and the execution of said penalty has not yet been completed or has not yet expired;
- (vi) when said applicant has been rescinded for an appointment as service provider pursuant to the provisions of Article 78-9 (except for item (ii) to item (v)) and five years have not elapsed from the date of said rescission;
- (vii) when said applicant provides notification of an abolishment of business pursuant to the provisions of Article 78-5 (except for a person that has a reasonable basis for abolishment of said business), or declined an appointment as service provider pursuant to the provisions of Article 78-7 (except for a person that has a reasonable basis to decline said appointment as service provider) from the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to rescission of appointment as service provider pursuant to the provisions of Article 78-9 (except for item (i) to (v), and five years have not elapsed from the date of said notification;
- (viii) when said applicant performs a wrongful or significantly unjustifiable act concerning In-Home Service within five years prior to the application of appointment as service provider;
- (ix) when any Officer, etc., of said applicant corresponds to any of the following:
 - (a) a person punished by imprisonment without compulsory labor and the execution of said penalty has not yet been completed or has not yet expired;
 - (b) a person that corresponds to item (v) or the preceding item;

- (c) a person that is or was an Officer, etc., of a juridical person which appointment as service provider is rescinded pursuant to the provisions of Article 78-9 (except for item (ii) to item (v)) within sixty days prior to the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to said rescission and five years have not elapsed from the date of said rescission;
 - (d) a person that is or was an Officer, etc., of a juridical person that provided notification of an abolishment of business pursuant to the provisions of Article 78-5 (except for a juridical person that has a reasonable basis for said abolishment of business), or a juridical person that declined an appointment as service provider pursuant to the provisions of Article 78-7 (except for a juridical person that has a reasonable basis for said decline of appointment as service provider) within the period provided by item (vii) and within sixty days prior to the date of notification as set forth in the same item and five years have not elapsed from the date of said notification or decline of appointment as service provider.
- (5) The mayor of a Municipality, in a case when an application as set forth in paragraph (1) is filed and when it corresponds to any of the following items, may not provide an appointment as service provider as set forth in the main clause of Article 42-2, paragraph (1):
- (i) when an applicant has rescinded an appointment as service provider pursuant to the provisions of Article 78-9, item (ii) to item (v) and five years have not elapsed from the date of said rescission;
 - (ii) when an applicant provides notification of abolishment of business pursuant to the provisions of Article 78-5 (except for a person that has a reasonable basis for said abolishment of business) or declined an appointment as service provider pursuant to the provisions of Article 78-7 (except for a person that has a reasonable basis for said decline of appointment as service provider) from the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to rescission of appointment as service provider pursuant to the provisions of Article 78-9, item (ii) to item (v) and five years have not elapsed from the date of said notification or decline of appointment as service provider;
 - (iii) when any Officer, etc., of an applicant corresponds to any of the following:
 - (a) a person that is or was an Officer, etc., of a juridical person that appointment as service provider is rescinded pursuant to the provisions of Article 78-9, item (ii) to item (v) within sixty days prior to the date of rescission pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to said rescission and five years have not elapsed from the date of said rescission;
 - (b) a person that is or was an Officer, etc., of a juridical person that provides

notification of abolishment of business pursuant to the provisions of Article 78-5 (except for a juridical person that has a reasonable basis for said abolishment of business) within the period provided by the preceding item, or a juridical person that declined an appointment as service provider pursuant to the provisions of Article 78-7 (except for a juridical person that has a reasonable basis for said decline of appointment as service provider) within the period provided by the preceding item, within sixty days prior to the date of notification as set forth in the same item, and five years have not elapsed from the date of said notification or said decline of appointment as service provider;

- (iv) in a case when an appointment as service provider as set forth in paragraph (1) was filed for Communal Daily Long-Term Care for a Dementia Patient, Daily Life Long-Term Care for a Person Admitted to a Community-Based Specified Facility, or Admission to a Community-Based Facility for Preventive Daily Long-Term Care of the Elderly Covered by Public Aid, when it is determined that the total capacity of users of said Community-Based Service in said Municipality or in the area including the location of the Business Office pertaining to said application (which means an area provided by said Municipality pursuant to the provisions of Article 117, paragraph (2), item (i); herein referred to as "Daily Activities Area" in this item) has been reached or is it determined that said total number will be exceeded by the appointment as service provider pertaining to said application for the total capacity of necessary users for said Community-Based Service in said Municipality or said Daily Activities Area provided by Municipal Insured Long-Term Care Service Plan provided by said Municipality pursuant to the provisions of paragraph (1) of the same Article, or when it is determined that it is likely to cause problems with the accomplishment of said Municipal Insured Long-Term Care Service Plan.
- (6) The mayor of a Municipality, when he or she intends to provide an appointment as service provider as set forth in the main clause of Article 42-2, paragraph (1), or, he or she determines not to provide an appointment as service provider as set forth in the main clause of paragraph (1) of the same Article pursuant to the provisions of item (iv) of the preceding paragraph, must take necessary measures in advance in order to reflect the opinions of Insured Persons of Long-Term Care Insurance provided by said Municipality or other relevant persons.
- (7) The mayor of a Municipality, when providing an appointment as service provider as set forth in the main clause of Article 42-2, paragraph (1), may add a provision that is determined to be necessary for ensuring the appropriate conduct of said business.

(Standards of Designated Community-Based Service Business)

- Article 78-3 (1) A Designated Community-Based Service Provider must act in compliance with the standards concerning Facilities and Management of a Designated Community-Based Service Business as prescribed in paragraph (2) or paragraph (4) of the following Article, offer appropriate Designated Community-Based Service according to the mental and physical condition, etc., of a Person Requiring Long-Term Care, and always engage in offering said services from the viewpoint of the person that receives Designated Community-Based Service by implementing a self-evaluation of the quality of the Provider's own Designated Community-Based Service and other measures.
- (2) A Designated Community-Based Service Provider, when an Opinion of the Certification Committee is entered on the Certificate of Insured Person that is presented by an Insured Person that intends to receive Designated Community-Based Service, must engage in offering said Designated Community-Based Service of said Insured Person in consideration of said Opinion of the Certification Committee.

- Article 78-4 (1) A Designated Community-Based Service Provider must employ the number of employees that engage in said Designated Community-Based Service as determined by Order of the Ministry of Health, Labour, and Welfare in accordance with the standards as determined by Order of the Ministry of Health, Labour, and Welfare in each Business Office pertaining to said appointment as service provider.
- (2) In addition to the provisions in the preceding paragraph, standards concerning Facilities and Management of a Designated Community-Based Service Business is prescribed by the Minister of Health, Labour, and Welfare.
- (3) The Minister of Health, Labour, and Welfare, when intending to provide standards concerning Facilities and Management of a Designated Community-Based Service Business pursuant to the provisions of the preceding paragraph (limited to the part concerning the handling of Designated Community-Based Service), must hear the opinion of the Social Security Council in advance.
- (4) A Municipality, notwithstanding the provisions of paragraph (1) and paragraph (2) and within the scope as determined by Order of the Ministry of Health, Labour, and Welfare, in lieu of standards provided by these provisions, may provide standards concerning employees that engage in Designated Community-Based Service in said Municipality and standards concerning Facilities and Management of a Designated Community-Based Service Business.
- (5) A Municipality, when it intends to provide standards concerning employees that engage in Designated Community-Based Service in said Municipality as set forth in the preceding paragraph and standards concerning Facilities and

Management of a Designated Community-Based Service Business, must reflect the opinions of Insured Persons of Long-Term Care Insurance provided by said Municipality and take necessary measures in order to promote the use of knowledge of persons with relevant knowledge and experience.

- (6) A Designated Community-Based Service Provider must respect the personality of a Person Requiring Long-Term Care, act in compliance with this Act or an Order based on this Act, and faithfully perform said duty for a Person Requiring Long-Term Care.

(Notification of Change)

Article 78-5 A Designated Community-Based Service Provider, when the name or location of an Business Office pertaining to an appointment as service provider or other matters as determined by Order of the Ministry of Health, Labour, and Welfare are changed, or when said Designated Community-Based Service Business (except for Admission to a Community-Based Facility for Preventive Daily Long-Term Care of the Elderly Covered by Public Aid) is abolished, suspended, or recommenced, must provide notification of said fact to the mayor of the Municipality within ten days pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

(Reporting)

- Article 78-6 (1) The mayor of a Municipality, when it is determined to be necessary concerning payment of an Allowance for Community-Based Long-Term Care Service, may order a Designated Community-Based Service Provider, a person that is or was a Designated Community-Based Service Provider, or a person that is or was an employee or an Officer pertaining to said appointment as service provider (herein referred to as a "Person that was a Designated Community-Based Service Provider, etc." in this paragraph) to report, submit or present record books and documents, request a Designated Community-Based Service Provider, an employee of the Business Office pertaining to said appointment as service provider or a Person that was a Designated Community-Based Service Provider, etc., to appear, direct its personnel to ask questions to the relevant Person, or enter the Business Office pertaining to said appointment as service provider of said Designated Community-Based Service Provider in order to inspect said facilities, record books and documents, or other items.
- (2) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(Decline of an Appointment as service provider)

Article 78-7 A person that performs the business of Admission to a Community-Based Facility for Preventive Daily Long-Term Care of the Elderly Covered by Public Aid under appointment as set forth in Article 42-2, paragraph (1), main clause may decline said appointment as service provider by providing a period of one month or longer of said prior notice.

(Recommendations and Orders)

Article 78-8 (1) The mayor of a Municipality, when it is determined that a Designated Community-Based Service Provider does not act in compliance with the provision provided when providing said appointment as service provider pursuant to the provisions of Article 78-2, paragraph (7), that does not meet the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the Article 78-4, paragraph (1) or fixed number as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same paragraph, or standards concerning employees that engage in Designated Community-Based Service provided by paragraph (4) of the same Article, with regard to knowledge, skill, or number of employee of the Business Office pertaining to said appointment as service provider, or when it is determined that said Designated Community-Based Service Provider does not operate an appropriate Designated Community-Based Service in accordance with the standards concerning Facilities and Management of a Designated Community-Based Service Business provided by paragraph (2) or paragraph (4) of the same Article, may specify a due date and recommend to said Designated Community-Based Service Provider to act in compliance with the provisions provided when determining said appointment as service provider pursuant to the provisions of Article 78-2, paragraph (7), to comply with the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 78-4, paragraph (1), to employ the number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same paragraph, to comply with standards concerning employees that engage in Designated Community-Based Service as prescribed in paragraph (4) of the same Article, and to comply with standards concerning Facilities and Management of a Designated Community-Based Service Business as prescribed by paragraph (2) or paragraph (4) of the same Article.

(2) The mayor of a Municipality, in a case of providing a recommendation pursuant to the provisions of the preceding paragraph, may provide public notice of the fact that said Designated Community-Based Service Provider that was issued said recommendation did not act in compliance with said recommendation within the due date as set forth in the same paragraph.

- (3) The mayor of a Municipality, when a Designated Community-Based Service Provider that was issued a recommendation pursuant to the provisions of paragraph (1) does not implement the measures pertaining to said recommendation without justifiable reasons may specify a due date and order said Designated Community-Based Service Provider to implement measures pertaining to said recommendation.
- (4) The mayor of a Municipality, when issuing an order pursuant to the provisions of the preceding paragraph, must issue public notice of the said fact.

(Rescission of Appointment as service provider)

Article 78-9 A mayor of a Municipality, in a case that corresponds to any of the following items, may rescind an appointment as service provider as set forth in the main clause of Article 42, paragraph (1) pertaining to said Designated Community-Based Service Provider or suspend the whole or a part of the effect of said appointment as service provider by specifying a due date for compliance:

- (i) when a Designated Community-Based Service Provider corresponds to any provision of Article 78-2, paragraph (4), item (iv), item (v), or item (ix);
- (ii) when a Designated Community-Based Service Provider corresponds to any provision of Article 78-2, paragraph (5), item (iii);
- (iii) when it is determined that a Designated Community-Based Service Provider is in violation of a provision determined when granting said appointment as service provider pursuant to the provisions of the provisions of Article 78-2, paragraph (7);
- (iv) when a Designated Community-Based Service Provider becomes unable to meet the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 78-4, paragraph (1), employ the fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same paragraph, or standards concerning employees that engage in Designated Community-Based Service as prescribed in paragraph (4) of the same Article, with regard to knowledge, skill, or number of employees of the Business Office pertaining to said appointment as service provider;
- (v) when a Designated Community-Based Service Provider becomes unable to operate an appropriate Designated Community-Based Service Business in accordance with standards concerning Facilities and Management of a Designated Community-Based Service Business as prescribed in Article 78-4, paragraph (2) or paragraph (4);
- (vi) when it is determined that a Designated Community-Based Service Provider violates an obligation as prescribed in Article 78-4, paragraph (6);
- (vii) when a Designated Community-Based Service Provider (limited to a

- Provider that provides Admission to a Community-Based Facility for Preventive Daily Long-Term Care of the Elderly Covered by Public Aid) is entrusted with an investigation pursuant to the provisions of Article 28, paragraph (5) (including a case applied mutatis mutandis pursuant to Article 29, paragraph (2), Article 30, paragraph (2), Article 31, paragraph (2), Article 33, paragraph (4), Article 33-2, paragraph (2), Article 33-3, paragraph (2), and Article 34, paragraph (2)); the same applies to Article 84, Article 92, Article 104 and Article 114), and submits a false report regarding the result of said investigation;
- (viii) when an Allowance for Community-Based Long-Term Care Service is wrongly requested;
 - (ix) when a Designated Community-Based Service Provider is ordered to report, submit, or present record books and documents pursuant to the provisions of Article 78-6, paragraph (1), but disobeys said order or submits a false report;
 - (x) when a Designated Community-Based Service Provider or an employee of the Business Office pertaining to said appointment as service provider is requested to appear pursuant to the provisions of Article 78-6, paragraph (1), but does not respond or does not reply to questions pursuant to the provisions of the same paragraph or submits a false reply, or refuses, interrupts, or interferes with an inspection pursuant to the provisions of the same paragraph, however, provided that this provision does not apply when an employee of the Business Office pertaining to said appointment as service provider performed said act and said Designated Community-Based Service Provider was faithfully providing reasonable care and supervision in order to prevent said act of said employee;
 - (xi) when a Designated Community-Based Service Provider is appointed to provide service as set forth in the main clause of Article 42-2, paragraph (1) by wrongful means;
 - (xii) in addition to the cases listed in the preceding items, when a Designated Community-Based Service Provider violates this Act, another Act concerning citizens' health and medical care or public aid as determined by a Cabinet Order, or other Order or the disposition of a matter based on these Acts;
 - (xiii) in addition to the cases listed in the preceding items, when a Designated Community-Based Service Provider performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc.;
 - (xiv) when any Officer, etc., of a Designated Community-Based Service Provider performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc., within five years and the appointment as service provider is rescinded or the whole or a part of the effect of the appointment as service provider is suspended due to said act.

(Public Notice)

Article 78-10 A mayor of a Municipality, in the following cases, must provide notification of said fact to the prefectural governor and issue public notice of the said fact without delay:

- (i) when an appointment as service provider as set forth in the main clause of Article 42-2, paragraph (1) is determined;
- (ii) when there is a notification pursuant to the provisions of Article 78-5 (except for change of matters as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same Article and matters pertaining to abolishment or recommencement of business provided by the same Article);
- (iii) when the appointment as service provider as set forth in the main clause of Article 42-2, paragraph (1) is declined pursuant to the provisions of Article 78-7;
- (iv) when an appointment as service provider as set forth in the main clause of Article 42-2, paragraph (1) is rescinded, or the effect of the whole or a part of an appointment as service provider is suspended.

(Mutatis Mutandis Application)

Article 78-11 The provisions of Article 70-2 apply mutatis mutandis to the main clause of Article 42-2, paragraph (1). In this case, the necessary technical replacement of terms is specified by a Cabinet Order.

Section 4 Designated In-Home Long-Term Care Support Providers

(Appointment as service provider of Designated In-Home Long-Term Care Support Providers)

Article 79 (1) An appointment as service provider as set forth in Article 46, paragraph (1) is determined pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, by the application of a Person that operates an In-Home Long-Term Care Support Business, and by type of In-Home Service and provider that operates In-Home Long-Term Care Support Business pertaining to the type of said In-Home Service (hereinafter referred to simply as "Business Office" in this Section).

- (2) A prefectural governor, in a case of an application as set forth in the preceding paragraph, when it corresponds to any of the following items, must not provide appointment as service provider as set forth in Article 46, paragraph (1):
 - (i) when the applicant is not a juridical person;
 - (ii) when the number of Long-Term Care Support Specialist s pertaining to said application does not meet the fixed minimum number of employees as

- determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 81, paragraph (1);
- (iii) when it is determined that the applicant cannot perform proper In-Home Long-Term Care Support Business in accordance with standards pertaining to Management of a Designated In-Home Long-Term Care Support Business as prescribed in Article 81, paragraph (2);
 - (iv) when the applicant is punished by a fine pursuant to the provisions of this Act or another Act pertaining to citizens' health and medical care and public aid as determined by a Cabinet Order and the execution of said penalty has not yet been completed or has not yet expired;
 - (v) when the applicant has rescinded appointment as service provider pursuant to the provisions of Article 84, paragraph (1) or Article 115-29, paragraph (6) and five years have not elapsed from the date of said rescission;
 - (vi) when the applicant provides notification of abolishment of business pursuant to the provisions of Article 82 from the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to rescission of appointment as service provider pursuant to the provisions of Article 84, paragraph (1) or Article 115-29, paragraph (6) to the date when the appointment as service provider is rescinded or when it is determined not to rescind the appointment as service provider (except for a person that has a reasonable basis for said abolishment of business) and five years have not elapsed yet from the date of said notification;
 - (vii) when the applicant performs a wrongful or significantly unjustifiable act pertaining to In-Home Service, etc., within five years prior to said application of appointment as service provider;
 - (viii) when any Officer, etc., of the applicant corresponds to any of the following items:
 - (a) a person punished by imprisonment without compulsory labor and the execution of said penalty has not yet been completed or has not yet expired;
 - (b) a person that corresponds to item (iv) or the preceding item;
 - (c) a person that is or was an Officer, etc., of a juridical person that appointment as service provider is rescinded pursuant to the provisions of Article 84, paragraph (1) or Article 115-29, paragraph (6) within sixty days prior to the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to said rescission and five years have not elapsed from the date of said rescission;
 - (d) a person that is or was an Officer, etc., of a juridical person that provided notification of an abolishment of business pursuant to the provisions of Article 82 (except for a juridical person that has a reasonable basis for said abolishment of business), within the period provided by item (vi), within

sixty days prior to the date of notification as set forth in the same item and five years have not elapsed from the date of said notification or decline of appointment as service provider.

(Renewal of Appointment as service provider)

Article 79-2 (1) An appointment as service provider as set forth in Article 46, paragraph (1), if it is not renewed within a period of six years, ceases to be effective when said period expires.

(2) In a case of application for renewal as set forth in the preceding paragraph, when a final determination of the application does not occur prior to the expiry of the period as set forth in the same paragraph (herein referred to as "Effective Period of Designation as Service Provider" in this Article), the prior appointment as service provider remains effective after expiry of the Effective Period of Designation as Service Provider until a determination is reached regarding said application.

(3) In a case as set forth in the preceding paragraph, when the appointment as service provider is renewed, said Effective Period of Designation as Service Provider is to be from the date following the date of expiry of the prior Effective Period of Designation as Service Provider.

(4) The provisions of the preceding Article apply mutatis mutandis to a renewal of appointment as service provider as set forth in paragraph (1).

(Standards of Designated In-Home Long-Term Care Support Business)

Article 80 (1) A Designated In-Home Long-Term Care Support Provider must act in compliance with the standards concerning Management of a Designated In-Home Long-Term Care Support Business as prescribed in paragraph (2) of the following Article, offer appropriate Designated In-Home Long-Term Care Support according to the mental and physical condition, etc., of a Person Requiring Long-Term Care, and always engage in offering said services from the viewpoint of the person that receives Designated Community-Based Service by implementing self-evaluation of the quality of the Provider's own Designated Community-Based Service and other measures.

(2) A Designated In-Home Long-Term Care Support Provider, when an Opinion of the Certification Committee is entered on the Certificate of Insured Person that is presented by an Insured Person that intends to receive Designated In-Home Long-Term Care Support, must engage in offering said Designated Community-Based Service of said Insured Person in consideration of said Opinion of the Certification Committee.

Article 81 (1) A Designated In-Home Long-Term Care Support Provider must employ the number of Long-Term Care Support Specialist s as determined by

Order of the Ministry of Health, Labour, and Welfare by each Business Office pertaining to said appointment as service provider.

- (2) In addition to the provisions in the preceding paragraph, standards concerning Facilities and Management of a Designated In-Home Long-Term Care Support Business are prescribed by the Minister of Health, Labour, and Welfare.
- (3) The Minister of Health, Labour, and Welfare, when intending to provide standards concerning Management of a Designated In-Home Long-Term Care Support Business pursuant to the provisions of the preceding paragraph (limited to the part concerning the handling of Designated In-Home Long-Term Care Support), must hear the opinion of the Social Security Council in advance.
- (4) A Designated In-Home Long-Term Care Support Provider must respect the personality of a Person Requiring Long-Term Care, act in compliance with this Act or an Order based on this Act, and faithfully perform said duty for a Person Requiring Long-Term Care.

(Notification of Change)

Article 82 A Designated In-Home Long-Term Care Support Provider, when the name or location of an Business Office pertaining to said appointment as service provider or other matters as determined by Order of the Ministry of Health, Labour, and Welfare are changed, or when said Designated In-Home Long-Term Care Support Business is abolished, suspended, or recommenced, must provide notification of said fact to the mayor of the Municipality within ten days pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

(Reporting)

Article 83 (1) A prefectural governor or mayor of a Municipality, when it is determined to be necessary, may order a Designated In-Home Long-Term Care Support Provider, a Person that is or was a Designated In-Home Long-Term Care Support Provider, etc., or a person that is or was an employee or an Officer, etc., pertaining to said appointment as service provider (herein referred to as a "Person that is or was a Designated In-Home Long-Term Care Support Provider, etc., etc." in this paragraph) to report, submit, or present record books and documents, request a Designated In-Home Long-Term Care Support Provider, an employee of the Business Office pertaining to said appointment as service provider or a Person that is or was a Designated In-Home Long-Term Care Support Provider, etc., etc., to appear, direct its personnel to ask questions to the relevant Person, or enter the Business Office pertaining to said appointment as service provider of said Designated Community-Based Service Provider in order to inspect said record books and

documents, or other items.

- (2) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(Recommendations and Orders)

Article 83-2 (1) A prefectural governor, when it is determined that a Designated In-Home Long-Term Care Support Provider does not meet the fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 81, paragraph (1) with regard to the number of Long-Term Care Support Specialist s of an Business Office pertaining to said appointment as service provider, or does not operate an appropriate Designated In-Home Long-Term Care Support Business in accordance with standards concerning Management of a Designated In-Home Long-Term Care Support Business as prescribed in paragraph (2) of the same Article, may specify a due date and recommend to said Designated In-Home Long-Term Care Support Provider to employ the fixed minimum number of employees of Long-Term Care Support Specialist s as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in paragraph (1) of the same Article and to comply with the standards concerning management of a Designated In-Home Long-Term Care Support Business provided by paragraph (2) of the same Article.

- (2) A prefectural governor, in a case of providing a recommendation pursuant to the provisions of the preceding paragraph, may provide public notice of the fact that said Designated In-Home Long-Term Care Support Provider that is issued said recommendation did not act in compliance with said recommendation within the due date as set forth in the same paragraph.

- (3) A prefectural governor, when a Designated In-Home Long-Term Care Support Provider that is issued a recommendation pursuant to the provisions of paragraph (1) does not implement the measures pertaining to said recommendation without a justifiable reason, may specify a due date and order said Designated In-Home Long-Term Care Support Provider to implement measures pertaining to said recommendation.

- (4) A prefectural governor, when issuing an order pursuant to the provisions of the preceding paragraph, must issue public notice of the said fact.

- (5) With regard to a Designated In-Home Long-Term Care Support Provider that performs Designated In-Home Long-Term Care Support pertaining to an insurance benefit, a Municipality, when it is determined that said Designated In-Home Long-Term Care Support Provider does not operate an appropriate

Designated In-Home Long-Term Care Support Business in accordance with standards concerning Management of a Designated In-Home Long-Term Care Support Business as prescribed in Article 81, paragraph (2), must provide notification of said fact to the prefectural governor that governs the location of the Business Office pertaining to said appointment as service provider.

(Rescission of Appointment as service provider)

- Article 84 (1) A prefectural governor, in a case that corresponds to any of the following items, may rescind the appointment as service provider as set forth in Article 46, paragraph (1) pertaining to said Designated In-Home Long-Term Care Support Provider or suspend the whole or a part of the effect of said appointment as service provider by specifying the due date for compliance:
- (i) when a Designated In-Home Long-Term Care Support Provider corresponds to any provision of Article 79, paragraph (2), item (iv), or item (viii);
 - (ii) when a Designated In-Home Long-Term Care Support Provider becomes unable to meet the fixed minimum number of employees of Long-Term Care Support Specialist s as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 81, paragraph (1) with regard to the number of Long-Term Care Support Specialist s of the Business Office pertaining to said appointment as service provider;
 - (iii) when a Designated In-Home Long-Term Care Support Provider becomes unable to operate an appropriate Designated In-Home Long-Term Care Support Business in accordance with standards concerning Management of a Designated In-Home Long-Term Care Support Business as prescribed in Article 81, paragraph (2);
 - (iv) when it is determined that a Designated In-Home Long-Term Care Support Provider violates an obligation as prescribed in Article 81, paragraph (4);
 - (v) when a Designated In-Home Long-Term Care Support Provider is entrusted with an investigation pursuant to the provisions of Article 28, paragraph (5), and submits a false report regarding the result of said investigation;
 - (vi) when an Allowance for In-Home Long-Term Care Service Plan is wrongly requested;
 - (vii) when a Designated In-Home Long-Term Care Support Provider is ordered to report, submit or present record books and documents pursuant to the provisions of Article 83, paragraph (1), but disobeys said order or submits a false report;
 - (viii) when a Designated In-Home Long-Term Care Support Provider or an employee of the Business Office pertaining to said appointment as service provider is requested to appear pursuant to the provisions of Article 83, paragraph (1), but does not respond or does not reply to questions pursuant to the provisions of the same paragraph or submits a false reply, or refuses,

- interrupts, or interferes with an inspection pursuant to the provisions of the same paragraph, however, provided that this provision does not apply when an employee of the Business Office pertaining to said appointment as service provider performed said act and said Designated In-Home Long-Term Care Support Provider was faithfully providing reasonable care and supervision in order to prevent said act of said employee;
- (ix) when a Designated In-Home Long-Term Care Support Provider is appointed to provide service as set forth in the main clause of Article 46, paragraph (1) by wrongful means;
 - (x) in addition to the cases listed in the preceding items, when a Designated In-Home Long-Term Care Support Provider violates this Act, another Act concerning citizens' health and medical care or public aid as determined by a Cabinet Order, or an Order or disposition of a matter based on these Acts;
 - (xi) in addition to the cases listed in the preceding items, when a Designated In-Home Long-Term Care Support Provider performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc.;
 - (xii) when any Officer, etc., of a Designated In-Home Long-Term Care Support Provider performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc., within five years and the appointment as service provider is rescinded or the whole or a part of the effect of the appointment as service provider is suspended due to said act.
- (2) With regard to a Designated In-Home Long-Term Care Support Provider of Designated In-Home Long-Term Care Support pertaining to an insurance benefit or the implementation of an entrusted investigation pursuant to the provisions of Article 28, paragraph (5), a Municipality, when it is determined said Provider corresponds to any provision of the items in the preceding paragraph, must provide notification of said fact to the prefectural governor that governs the location of the Business Office pertaining to said appointment as service provider.

(Public Notice)

Article 85 A prefectural governor, in the following cases, must provide public notice of the fact as prescribed in each of the following items:

- (i) when an appointment as service provider as set forth in the main clause of Article 46, paragraph (1) is determined;
- (ii) when there is a notification pursuant to the provisions of Article 82 (except for change of matters as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same Article and matters pertaining to abolishment or recommencement of business provided by the same Article);
- (iii) when an appointment as service provider as set forth in Article 46,

paragraph (1) is rescinded pursuant to the provisions of paragraph (1) of the preceding Article or Article 115-29, paragraph (6), or the effect of the whole or a part of an appointment as service provider is suspended.

Section 5 Facilities Covered by Long-Term Care Insurance
Subsection 1 Designated Facilities Covered by Public Aid Providing
Long-Term Care to the Elderly

(Appointment as Service Provider of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly)

Article 86 (1) The appointment as a service provider as set forth in Article 48, paragraph (1), item (i) is to be provided, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, to an application filed by an organizer of an Intensive Care Home for the Elderly as prescribed in Article 20-5 of the Act on Social Welfare for the Elderly with an admission capacity of said facility that is thirty (30) or more.

(2) A prefectural governor, in a case of an application as set forth in the preceding paragraph, when said Intensive Care Home for the Elderly corresponds to any of the following items, must not provide appointment as service provider as set forth in the main clause of Article 48, paragraph (1), item (i):

- (i) when it does not employ personnel as provided by Article 88, paragraph (1);
- (ii) when it is determined that said Intensive Care Home for the Elderly cannot properly manage a Facility Covered by Public Aid Providing Long-Term Care to the Elderly in accordance with standards pertaining to facilities and management of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly as prescribed in Article 88, paragraph (2);
- (iii) when the organizer of said Intensive Care Home for the Elderly was punished by a fine pursuant to the provisions of this Act, provided by a Cabinet Order, concerning citizens' health and medical care or public aid and execution of said penalty has not yet been completed or has not yet expired;
- (iv) when an organizer of said Intensive Care Home for the Elderly is rescinded as the appointed service provider pursuant to the provisions of Article 92, paragraph (1) or Article 115-29, paragraph (6) and five years have not elapsed from the date of said rescission;
- (v) when an organizer of said Intensive Care Home for the Elderly declined an appointment as service provider of business pursuant to the provisions of article 91 (except for a person that has a reasonable basis for abolishment of said business) from the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to rescission of appointment as service provider pursuant to the provisions of Article 92,

- paragraph (1) or Article 115-29, paragraph (6) to the date of said rescission or the date it is determined that said termination of appointment will not be accepted, and five years have not elapsed from the date of said notification or decline of appointment as service provider;
- (vi) when an organizer of said Intensive Care Home for the Elderly performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc., within five years prior to an application of appointment as service provider;
 - (vii) when any Officer, etc., or the chairperson of an organizer of said Intensive Care Home for the Elderly corresponds to any of the following:
 - (a) a person punished by imprisonment without compulsory labor and execution of said penalty has not yet been completed or has not yet expired;
 - (b) a person that corresponds to item (iii) or the preceding item;
 - (c) a person that is or was an Officer, etc., of an organizer or the chairperson of the board of an Intensive Care Home for the Elderly for which appointment as service provider is rescinded pursuant to the provisions of Article 92, paragraph (1) or Article 115-29, paragraph (6) within sixty days prior to the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to said rescission and five years have not elapsed from the date of said rescission;
 - (d) a person that is or was an Officer, etc., of an organizer or the chairperson of the board of an Intensive Care Home for the Elderly that declined an appointment as service provider pursuant to the provisions of Article 91 within the period provided by item (v) (except for an Intensive Care Home for the Elderly which has a reasonable basis for said decline of appointment as service provider) within sixty days prior to the date of notification as set forth in the same item and five years have not elapsed from the date of said decline of appointment as service provider.
- (3) A prefectural governor, when he or she intends to provide appointment as service provider as set forth in Article 48, paragraph (1), item (i), must provide notice of matters as determined by Order of the Ministry of Health, Labour, and Welfare to the mayor of the relevant Municipality, specify a reasonable period, and request opinions from the perspective of coordination with the Municipal Insured Long-Term Care Service Plan as prescribed in Article 117, paragraph (1) of said relevant Municipality.

(Renewal of Appointment as Service Provider)

- Article 86-2 (1) Appointment as service provider as set forth in Article 48, paragraph (1), item (i), if it is not renewed within a period of six years, ceases to be effective when said period expires.
- (2) In a case of application of renewal as set forth in the preceding paragraph,

when a final determination of the application does not occur prior to the expiry of the period as set forth in the same paragraph (herein referred to as "Effective Period of Designation as Service Provider" in this Act), the prior appointment as service provider remains effective after expiry of the Effective Period of Designation as Service Provider until a determination is reached regarding said application.

- (3) In a case as set forth in the preceding paragraph, when the appointment as service provider is renewed, said Effective Period of Designation as Service Provider is to be from the date following the date of expiry of the prior Effective Period of Designation as Service Provider.
- (4) The provisions of the preceding Article apply mutatis mutandis to renewal of appointment as service provider as set forth in paragraph (1).

(Standards of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly)

Article 87 (1) An organizer of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly must act in compliance with the standards concerning facilities and management of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly as prescribed in paragraph (2) of the following Article, offer an appropriate Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly according to the mental and physical condition, etc., of a Person Requiring Long-Term Care, and always engage in offering said services from the viewpoint of the person that receives Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly by implementing self-evaluation of the quality of the Provider's own Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly and other measures.

- (2) An organizer of a Designated Facility Service for Long-Term Care Covered by Public Aid, when an Opinion of the Certification Committee is entered on the Certificate of Insured Person that is presented by an Insured Person that intends to receive Designated Facility Service for Long-Term Care Covered by Public Aid, must engage in offering said Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly of said Insured Person in consideration of said Opinion of the Certification Committee.

Article 88 (1) Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly must employ the number of Long-Term Care Support Specialist or other employees that engage in said Designated Facility Service for Long-Term Care Covered by Public Aid, as determined by Order of the Ministry of Health, Labour, and Welfare.

- (2) In addition to the provisions as prescribed in the preceding paragraph,

standards concerning facilities and management of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly are prescribed by the Minister of Health, Labour, and Welfare.

- (3) The Minister of Health, Labour, and Welfare, when providing standards concerning facilities and management of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly prescribed in the preceding paragraph (limited to the part concerning the handling of Designated Facility Service for Long-Term Care Covered by Public Aid), hear the opinion of the Social Security Council in advance.
- (4) An organizer of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly must respect the personality of a Person Requiring Long-Term Care, act in compliance with this Act or an Order based on this Act, and faithfully perform said duty for a Person Requiring Long-Term Care.

(Notification of Change)

Article 89 An organizer of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly, when the domicile of an organizer or other matters as determined by Order of the Ministry of Health, Labour, and Welfare are changed, provide notification of said fact to the prefectural governor within ten days pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

(Reporting)

Article 90 (1) A prefectural governor or mayor of a Municipality, when it is determined to be necessary, may order a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly, a person that is or was an organizer, the chairperson, or other employee of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly (hereinafter referred to as a "Person that is or was an Organizer of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly, etc." in this paragraph) to report, submit or present record books and documents, request a person that is or was an organizer, the chairperson, or an employee of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly, etc., to appear, to direct personnel to ask questions to the relevant Person, or enter the Business Office pertaining to said appointment as service provider of said Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly in order to inspect said facility, record books and documents, or other items.

- (2) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (4) of the same Article apply

mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(Decline of Appointment as Service Provider)

Article 91 A Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly may decline an appointment as service provider by offering one month or more of prior notice.

(Recommendations and Orders)

Article 91-2 (1) A prefectural governor, when a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly does not meet the fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 88 paragraph (1), with regard to the number of employees that engage in Designated Facility Service for Long-Term Care Covered by Public Aid provided by said Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly, or when it is determined that said Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly does not operate an appropriate Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly in accordance with the standards concerning facilities and management of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly as prescribed in paragraph (2) of the same Article, may specify a due date and recommend to an organizer of said Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly to employ the number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in paragraph (1) of the same Article, or to act in compliance with standards concerning facilities and management of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly as prescribed by paragraph (2) of the same Article.

(2) A prefectural governor, in a case of providing a recommendation pursuant to the provisions of the preceding paragraph, may provide public notice of the fact that the organizer of said Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly that was issued said recommendation did not act in compliance with said recommendation within the due date as set forth in the same paragraph.

(3) A prefectural governor, when an organizer of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly that was issued a recommendation pursuant to the provisions of paragraph (1) does not implement the measures pertaining to said recommendation without a justifiable basis, may order to an organizer of said Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly to implement measures

pertaining to said recommendation within a period specified by a due date.

- (4) A prefectural governor, when issuing an order pursuant to the provisions of the preceding paragraph, must issue public notice of the said fact.
- (5) With regard to a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly that provided Designated Facility Service for Long-Term Care Covered by Public Aid pertaining to an Insurance Benefit, a Municipality, when it is determined that said Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly does not operate an appropriate Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly in accordance with standards concerning facilities and management of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly as prescribed in Article 88, paragraph (2), must provide notification of said fact to the prefectural governor that governs the location of said Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly.

(Rescission of Appointment as Service Provider)

Article 92 (1) A prefectural governor, in a case that corresponds to any of the following items, may rescind the appointment as service provider as set forth in the main clause of Article 48, paragraph (1), item (i) pertaining to said Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly or suspend the whole or a part of the effect of said appointment as service provider by specifying the due date for compliance:

- (i) when a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly corresponds to any provision of Article 86, paragraph (2), item (iii) or item (vii);
- (ii) when a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly becomes unable to meet the fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 88, paragraph (1), with regard to the number of employees that engage in Designated Facility Service for Long-Term Care Covered by Public Aid provided by said Designated Facility;
- (iii) when a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly becomes unable to operate an appropriate Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly in accordance with standards concerning facilities and management of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly as prescribed in Article 88, paragraph (2);
- (iv) when it is determined that an organizer of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly violates an obligation as prescribed in Article 88, paragraph (4);

- (v) when a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly is entrusted with an investigation pursuant to the provisions of Article 28, paragraph (5), and submits a false report regarding the result of said investigation;
 - (vi) when an Allowance for Long-Term Care Facility Service is wrongly requested;
 - (vii) when a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly is ordered to report, submit or present record books and documents pursuant to the provisions of Article 90, paragraph (1), but disobeys said order or submits a false report;
 - (viii) when the organizer, the chairperson, or an employee of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly is requested to appear pursuant to the provisions of Article 90, paragraph (1), but does not respond or does not reply to questions pursuant to the provisions of the same paragraph or submits a false reply, or refuses, interrupts, or interferes with an inspection pursuant to the provisions of the same paragraph, however, provided that this provision does not apply when an employee of said Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly performed said act and an organizer or the chairperson of said Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly was faithfully providing reasonable care and supervision in order to prevent said act of said employee;
 - (ix) when an organizer of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly is appointed to provide service as set forth in the main clause of Article 48, paragraph (1) by wrongful means;
 - (x) in addition to the cases listed in the preceding items, when an organizer of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly violates this Act, another Act concerning citizens' health and medical care and public aid as provided by a Cabinet Order, or an Order or disposition of a matter based on these Acts;
 - (xi) in addition to the cases listed in the preceding items, when an organizer of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc.;
 - (xii) when any Officers or chairperson of the organizer of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc., within five years and the appointment as service provider is rescinded or the whole or a part of the effect of the appointment as service provider is suspended due to said act.
- (2) With regard to a Designated Facility Covered by Public Aid Providing Long-

Term Care to the Elderly that provided Designated Facility Service for Long-Term Care Covered by Public Aid pertaining to an Insurance Benefit or the implementation of an entrusted investigation pursuant to the provisions of Article 28, paragraph (5), a Municipality, when it determines said Designated Facility Service for Long-Term Care Covered by Public Aid corresponds to any provision of the items in the preceding paragraph, must provide notification of said fact to the prefectural governor that governs the location of said Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly.

(Public Notice)

Article 93 A prefectural governor, in the following cases, must issue public notice of the said fact:

- (i) when an appointment as service provider as set forth in the main clause of Article 48, paragraph (1), item (i) is determined;
- (ii) when the appointment as service provider as set forth in Article 48, paragraph (1), item (i) is declined pursuant to the provisions of Article 91;
- (iii) when an appointment as service provider as set forth in Article 48, paragraph (1), item (i) is rescinded pursuant to the provisions of paragraph (1) of the preceding Article or Article 115-29, paragraph (6), or the effect of the whole or a part of an appointment as service provider is suspended.

Subsection 2 Long-Term Care Health Facilities

(Approval for Establishment)

Article 94 (1) A person that intends to establish a Long-Term Care Health Facility must obtain approval of the prefectural governor pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

- (2) The provisions of the preceding paragraph apply to when a person that established a Long-Term Care Health Facility (hereinafter referred to as an "Organizer of a Long-Term Care Health Facility"), intends to change the fixed limit of the number of persons who may be admitted to said Long-Term Care Health Facility and other matters as determined by Order of the Ministry of Health, Labour, and Welfare.
- (3) A prefectural governor, in a case when the application of approval as set forth in the preceding two paragraphs is filed and when it corresponds to any of the following items (with regard to the application as set forth in the preceding paragraph, item (ii) or item (iii)), may not provide approval as set forth in the preceding two paragraphs:
 - (i) when a person that intends to establish said Long-Term Care Health Facility is not a local government, a medical juridical person, a social welfare

- juridical person, or other person as determined by Order of the Minister of Health, Labour, and Welfare;
- (ii) when said Long-Term Care Health Facility does not possess a facility as prescribed in Article 97, paragraph (1) or the number of personnel as prescribed in paragraph (2) of the same Article;
 - (iii) when it is determined that the Long-Term Care Health Facility cannot properly manage the Long-Term Care Health Facility in accordance with standards pertaining to facilities and management as prescribed in Article 97, paragraph (3);
 - (iv) when the applicant is punished by imprisonment without compulsory labor or to a more severe penalty, and said execution of the penalty has not been completed or has not yet expired;
 - (v) when the applicant is punished by a fine pursuant to the provisions of this Act or another Act pertaining to health and medical care or public aid for citizens as determined by a Cabinet Order and execution of said penalty has not yet been completed or has not yet expired;
 - (vi) when the applicant has been rescinded approval pursuant to the provisions of Article 104, paragraph (1) or Article 115-29, paragraph (6) and five years have not elapsed from the date of said rescission (in a case when a person that has been rescinded for said appointment as service provider is a juridical person, including a person that is or was an Officer of said juridical person or who managed the established Long-Term Care Health Facility (hereinafter referred to as "Manager of a Long-Term Care Health Facility") and within sixty days prior to the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to said rescission and five years have not elapsed from the date of said rescission, and in a case when a person that has been rescinded said approval, is a person as determined by Order of the Minister of Health, Labour, and Welfare, but not a juridical person, including a person that is or was a Manager of a Long-Term Care Health Facility, which was established by said person, within sixty days prior to the date of said notification and five years have not elapsed from the date of said rescission);
 - (vii) when the applicant who provided notification of abolishment pursuant to the provisions of Article 9, paragraph (1) of the Medical Care Act as applied mutatis mutandis pursuant to Article 105 from the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to rescission of approval pursuant to the provisions of Article 104, paragraph (1) or Article 115-29, paragraph (6) to the date when said approval is rescinded or when it is determined not to rescind the approval (except for a person that has a reasonable basis for said abolishment) and five years have not elapsed from the date of said notification;

- (viii) in a case when abolishment pursuant to the provisions of Article 9, paragraph (1) of the Medical Treatment Act as applied mutatis mutandis pursuant to Article 105 within the period as prescribed in the preceding paragraph was duly provided by notification, when the applicant was an Officer of a juridical person pertaining to said notification (except for a juridical person that has a reasonable basis for said abolishment) or an established Manager of a Long-Term Care Health Facility, within sixty days prior to the date of notification as set forth in the same item, or is not a Manager of a Long-Term Care Health Facility established by a non-juridical person among those who are provided by the Minister of Health, Labour, and Welfare as set forth in item (i) pertaining to said notification (except for a juridical person that has a reasonable basis for said abolishment) and five years have not elapsed from the date of said notification;
 - (ix) when the applicant performs a wrongful or significantly unjustifiable act pertaining to In-Home Service, etc., within five years prior to an application of appointment as service provider;
 - (x) when the applicant is a juridical person and any said Officer, etc., corresponds to any provision of item (iv) in the preceding item;
 - (xi) when the applicant is not a juridical person among those who are provided by the Minister of Health, Labour, and Welfare as set forth in item (i), and any person that manages said Business Office and other employees provided by a Cabinet Order are defined by item (iv) to item (ix).
- (4) A prefectural governor may not provide approval as set forth in item (i) to a person that intends to establish a Long-Term Care Health Facility for the purpose of profit;
- (5) In a case when an approval as set forth in paragraph (1) and an approval as set forth in paragraph (2) (limited to those pertaining to increase of the maximum number of persons who may be admitted to the facility; hereinafter the same applies in this paragraph and the following paragraph) is applied, the prefectural governor, when it is determined that total number of maximum number of persons who may be admitted to Long-Term Care Health Facility in the area (which means an area provided by said prefecture pursuant to the provisions of Article 118, paragraph (2), item (i)) including the location of facility pertaining to said application has already reached the total number of necessary number of persons who may be admitted to the Long-Term Care Health Facility in the area as prescribed by the Prefectural Insured Long-Term Care Support Project Plan provided by said prefecture pursuant to the provisions of paragraph (1) of the same Article, or will exceed said total number by establishment of the facility pertaining to said application or increase the maximum number of persons who may be admitted to the facility, or when it is determined that it is likely to cause problems with

accomplishment of said Prefectural Insured Long-Term Care Support Project Plan, may not provide an approval as set forth in paragraph (1) or an approval as set forth in paragraph (2).

- (6) A prefectural governor, when he or she intends to provide an approval as set forth in paragraph (1) or an approval as set forth in paragraph (2), must provide notice of matters as determined by Order of the Ministry of Health, Labour, and Welfare to the mayor of the relevant Municipality, specify a reasonable period, and request opinions from the perspective of coordination with the Municipal Insured Long-Term Care Service Plan as prescribed in Article 117, paragraph (1) of said relevant Municipality.

(Renewal of Approval)

Article 94-2 (1) Approval as set forth in paragraph (1) of the preceding Article, if it is not renewed within a period of six years, ceases to be effective when said period expires.

- (2) In a case of approval of renewal as set forth in the preceding paragraph, when a final determination of the application does not occur prior to the expiry of the period as set forth in the same paragraph (hereinafter referred to as "Effective Period of Approval" in this Article), the prior appointment as service provider remains effective after expiry of the Effective Period of Approval until a determination is reached regarding said application.
- (3) In a case as set forth in the preceding paragraph, when the approval is renewed, said Effective Period of Approval is to be from the date following the date of expiry of the prior Effective Period of Approval.
- (4) The provisions of the preceding Article apply mutatis mutandis to renewal of appointment as service provider as set forth in paragraph (1).

(Management of a Long-Term Care Health Facility)

Article 95 (1) An Organizer of a Long-Term Care Health Facility must employ physicians approved by the prefectural governor to manage said Long-Term Care Health Facility.

- (2) Notwithstanding the provisions of the preceding paragraph, an Organizer of a Long-Term Care Health Facility may obtain approval of the prefectural governor and direct a person other than a physician to manage said Long-Term Care Health Facility.

(Standards of a Long-Term Care Health Facility)

Article 96 (1) An Organizer of a Long-Term Care Health Facility must act in compliance with the standards concerning facilities and management of a Long-Term Care Health Facility as prescribed in paragraph (3) of the following Article, offer appropriate Long-Term Care Health Facility Service according to

the mental and physical condition, etc., of a Person Requiring Long-Term Care, and always engage in offering said services from the viewpoint of the person that receives Long-Term Care Health Facility Service by implementing self-evaluation of the quality of the Provider's own Long-Term Care Health Facility Service and other measures.

- (2) An Organizer of a Long-Term Care Health Facility, when an Opinion of the Certification Committee is entered on the Certificate of Insured Person that is presented by an Insured Person that intends to receive Long-Term Care Health Facility Service, must engage in offering said Long-Term Care Health Facility Service of said Insured Person in consideration of said Opinion of the Certification Committee.

Article 97 (1) A Long-Term Care Health Facility possesses, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, a medical care room, consultation room, functional training room, lounge and other facilities as determined by Order of the Ministry of Health, Labour, and Welfare.

- (2) A Long-Term Care Health Facility must employ the fixed minimum number, as determined by Order of the Ministry of Health, Labour, and Welfare, of physicians, nurses, Long-Term Care Support Specialists, and employees that engage in long-term care or other operations.
- (3) In addition to the provisions as prescribed in the preceding two paragraphs, standards concerning facilities and management of a Long-Term Care Health Facility are to be provided by the Minister of Health, Labour, and Welfare.
- (4) The Minister of Health, Labour, and Welfare, when providing standards concerning facilities and management of a Long-Term Care Health Facility as prescribed in the preceding paragraph (limited to the part concerning the handling of a Long-Term Care Health Facility Service), must hear the opinion of the Social Security Council in advance.
- (5) An Organizer of a Long-Term Care Health Facility must respect the personality of a Person Requiring Long-Term Care, act in compliance with this Act or an Order based on this Act, and faithfully perform said duty for a Person Requiring Long-Term Care.

(Restraint of Advertisement)

Article 98 (1) With regard to a Long-Term Care Health Facility, regardless of documents or any other methods, no person may advertise the Facility, except for the following matters:

- (i) matters that display the name, telephone number, and location of a Long-Term Care Health Facility;
- (ii) names of physicians and nurses who are employed at the Long-Term Care

Health Facility;

(iii) in addition to matters listed in the preceding two items, matters as determined by Order of the Minister of Health, Labour, and Welfare;

(iv) other matters approved by the prefectural governor.

(2) The Minister of Health, Labour, and Welfare, with regard to method of advertisement of matters listed in the preceding three items, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, may specify necessary matters.

(Notification of Change)

Article 99 An Organizer of a Long-Term Care Health Facility, except for matters pertaining to approval pursuant to the provisions of Article 94, paragraph (2), when the domicile of an Organizer of said Long-Term Care Health Facility or other matters as determined by Order of the Ministry of Health, Labour, and Welfare are changed, must provide notification of said fact to the prefectural governor within ten days pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

(Reporting)

Article 100 (1) A prefectural governor or mayor of a Municipality, when it is determined to be necessary, may order a person that is or was an organizer of a Long-Term Care Health Facility, a manager of a Long-Term Care Health Facility, physician and other employee (herein referred to as an "Organizer of a Long-Term Care Health Facility, etc.") to report, submit or present medical records or record books and documents, request an Organizer of a Long-Term Care Health Facility, etc., to appear, to direct personnel to ask questions of an Organizer of a Long-Term Care Health Facility, etc., or enter Long-Term Care Health Facility in order to inspect said facilities, record books and documents, or other items.

(2) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(3) Pursuant to the provisions of paragraph (1), the mayor of the Municipality that ordered an Organizer of a Long-Term Care Health Facility, etc., to report, submit, or present records, or appear, to direct personnel to ask questions of an Organizer of a Long-Term Care Health Facility, etc., or enter the Long-Term Care Health Facility for inspection, when it is determined that it is necessary to terminate said Long-Term Care Health Facility pursuant to the provisions of the following Article, Article 102, Article 103, paragraph (3), or Article 104,

paragraph (1), must provide notification of said fact to the prefectural governor indicating said reasons.

(Restriction on Use of Facility)

Article 101 A prefectural governor, when a Long-Term Care Health Facility does not possess the facilities as prescribed in Article 97, paragraph (1) or does not conform with the standards concerning facilities and management of a Long-Term Care Health Facility as prescribed in paragraph (3) of the same Article (limited to the part concerning said Facility) to an Organizer of a Long-Term Care Health Facility, may restrict or prohibit the use of the whole or a part of said facility within a period limited by a due date, or order to repair or modify said facility within the period limited by a due date.

(Order to Change)

Article 102 (1) A prefectural governor, when it is determined that a Manager of a Long-Term Care Health Facility is inappropriate as a Manager of a Long-Term Care Health Facility, may order the Organizer of said Long-Term Care Health Facility to change the Manager of the Long-Term Care Health Facility within a period limited by a due date.

(2) The Minister of Health, Labour, and Welfare, with regard to the affairs pertaining to the authority of a prefectural governor as prescribed in the preceding paragraph, when it determines the urgent necessity to ensure life and the physical safety of a person that may be admitted to a Long-Term Care Health Facility, may order the prefectural governor to conduct the affairs as set forth in the same paragraph.

(Recommendations and Orders on Business Operations)

Article 103 (1) A prefectural governor, when it is determined that a Long-Term Care Health Facility does not meet the fixed minimum numbers as prescribed in Order of the Ministry of Health, Labour, and Welfare as set forth in Article 97, paragraph (2) with regard to the number of employees that engage in said business and that the Facility does not meet the standards concerning facilities and management of a Long-Term Care Health Facility as prescribed in paragraph (3) of the same Article (limited to the part concerning management; the same applies hereinafter in this Article), may recommend to the Organizer of said Long-Term Care Health Facility to employ the fixed minimum number of employees as prescribed in Order of the Ministry of Health, Labour, and Welfare as set forth in Article 97, paragraph (2) within the period limited by a due date, and to comply with the standards concerning facilities and management of a Long-Term Care Health Facility as prescribed in paragraph (3) of the same Article.

- (2) A prefectural governor, in a case of providing a recommendation pursuant to the provisions of the preceding paragraph, may provide public notice of the fact that the Organizer of said Long-Term Care Health Facility that is issued said recommendation did not act in compliance with said recommendation within the due date as set forth in the same paragraph.
- (3) A prefectural governor, when an Organizer of a Long-Term Care Health Facility that was issued a recommendation pursuant to the provisions of paragraph (1) does not implement the measures pertaining to said recommendation without a justifiable basis, may order the Organizer of said Long-Term Care Health Facility to implement measures pertaining to said recommendation within a period specified by a due date or to suspend said operation for a period of time.
- (4) A prefectural governor, when issuing an order pursuant to the provisions of the preceding paragraph, must issue public notice of said fact.
- (5) With regard to a Long-Term Care Health Facility that provides Long-Term Care Health Facility Service pertaining to an Insurance Benefit, a Municipality, when it is determined that said Long-Term Care Health Facility does not conform with standards concerning facilities and management of a Long-Term Care Health Facility as prescribed in Article 97, paragraph (3), must provide notification of said fact to the prefectural governor that governs the location of said Long-Term Care Health Facility.

(Rescission of Approval)

- Article 104 (1) A prefectural governor, in a case that corresponds to any of the following items, may rescind the approval as set forth in Article 94, paragraph (1) pertaining to said Long-Term Care Health Facility or suspend the whole or a part of the effect of said appointment as service provider within the period limited by a due date:
- (i) when an Organizer of a Long-Term Care Health Facility does not commence said operation for six months or more after obtaining approval as set forth in Article 94, paragraph (1) without a reasonable basis;
 - (ii) when a Long-Term Care Health Facility corresponds to any provision of Article 94, paragraph (3), item (iv), item (v), item (x), or item (ix);
 - (iii) when it is determined that an Organizer of a Long-Term Care Health Facility violates an obligation as prescribed in Article 97, paragraph (5);
 - (iv) when an Organizer of a Long-Term Care Health Facility committed a crime or act of dishonesty concerning medical business;
 - (v) when a Long-Term Care Health Facility is entrusted with an investigation pursuant to the provisions of Article 28, paragraph (5) and submits a false report regarding the result of said investigation;
 - (vi) when an Allowance for Long-term care Facility Service is wrongly

- requested;
- (vii) when an Organizer, etc., of a Long-Term Care Health Facility is ordered to report, submit or present medical records or record books and documents pursuant to the provisions of Article 100, paragraph (1), but disobeys said order or submits a false report;
 - (viii) when an Organizer, etc., of a Long-Term Care Health Facility is requested to appear pursuant to the provisions of Article 100, paragraph (1) but does not respond or does not reply to questions pursuant to the provisions of the same paragraph or submits a false reply, or refuses, interrupts, or interferes with an inspection pursuant to the provisions of the same paragraph, however, provided that this provision does not apply when an employee of said Long-Term Care Health Facility performed said act and the Organizer of the Long-Term Care Health Facility or said Manager of a Long-Term Care Health Facility was faithfully providing reasonable care and supervision in order to prevent said act of said employee;
 - (ix) in addition to the cases listed in the preceding items, when an Organizer of a Long-Term Care Health Facility violates this Act, another Act concerning citizens' health and medical care and public aid as provided by a Cabinet Order, or an Order or disposition of a matter based on these Acts;
 - (x) in addition to the cases listed in the preceding items, when an Organizer of a Long-Term Care Health Facility performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc.;
 - (xi) in a case when an Organizer of a Long-Term Care Health Facility is a juridical person, when any of said Officer, etc., or said Manager of a Long-Term Care Health Facility performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc., within five years and the appointment as service provider is rescinded or the whole or a part of the effect of the appointment as service provider is suspended due to said act;
 - (xii) in a case when an Organizer of a Long-Term Care Health Facility is not a juridical person among those provided by the Minister of Health, Labour, and Welfare as set forth in Article 94, paragraph (3), item (i), a manager of said Provider performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc., within five years and the appointment as service provider is rescinded or the whole or a part of the effect of the appointment as service provider is suspended due to said act.
- (2) With regard to a Long-Term Care Health Facility that conducts an entrusted investigation or provided Long-Term Care Health Facility Service pertaining to an Insurance Benefit pursuant to the provisions of Article 28, paragraph (5), a Municipality, when it determines said Long-Term Care Health Facility corresponds to any provision of the items in the preceding paragraph, must provide notification of said fact to the prefectural governor that governs the

location of said Long-Term Care Health Facility.

- (3) The Minister of Health, Labour, and Welfare, with regard to the affair that belongs to the authority of the prefectural governor as prescribed in paragraph (1), when it determines the urgent necessity to secure life and the physical safety of a person that may be admitted to the Long-Term Care Health Facility, may order the prefectural governor to conduct the affairs as set forth in the same paragraph.

(Mutatis Mutandis Application of the Medical Care Act)

Article 105 The provisions of Article 8-2, paragraph (2) and Article 9 of the Medical Care Act apply mutatis mutandis to an Organizer of a Long-Term Care Health Facility and the provisions of Article 15, paragraph (1) and paragraph (3) of the same Act apply mutatis mutandis to a Manager of a Long-Term Care Health Facility, and the provisions of Article 30 of the same Act apply mutatis mutandis to the disposition of a matter based on the provisions of Article 101 to the preceding Article. In this case, necessary technical replacement of the terms of these provisions is specified by a Cabinet Order.

(Relationship with the Medical Care Act)

Article 106 A Long-Term Care Health Facility is not a hospital or a clinic as used in the Medical Care Act, however, provided that the terms "hospital" and "clinic" in the Medical Care Act and provisions of laws and regulations other than orders based on the Medical Care Act (except for the Health Insurance Act, National Health Insurance Act and provisions provided by a Cabinet Order as set forth in other laws and regulations) include a Long-Term Care Health Facility (in the provisions of laws and regulations provided by a Cabinet Order, except for those provided by a Cabinet Order).

Subsection 3 Designated Medical Long-Term Care Sanatoriums

(Appointment as Service Provider of a Designated Medical Long-Term Care Sanatorium)

Article 107 (1) Appointment as service provider as set forth in Article 48, paragraph (1), item (iii) is to be provided, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, to a hospital or a clinic that possesses Sanatorium Ward, etc., (hereinafter referred to as "Sanatorium Ward Hospital, etc." in this Article) for which Organizer submitted for said appointment as service provider.

- (2) The application as set forth in the preceding paragraph is to be implemented by specifying the maximum number of persons who may be admitted to the Sanatorium Ward, etc., pertaining to an appointment as service provider as set

forth in Article 48, paragraph (1), item (iii).

- (3) A prefectural governor, in a case of an application as set forth in paragraph (1), when said Sanatorium Ward Hospital, etc., corresponds to any of the following items, must not provide appointment as service provider as set forth in Article 48, paragraph (1), item (iii):
- (i) when it does not employ the personnel provided by Article 110, paragraph (1);
 - (ii) when it is determined that said Sanatorium Ward Hospital, etc., cannot properly manage the Sanatorium Medical Care Facilities for the Elderly Requiring Care in accordance with standards pertaining to management of a Designated Medical Long-Term Care Sanatorium as prescribed in Article 110, paragraph (2);
 - (iii) when an Organizer of said Sanatorium Ward Hospital, etc., is punished by imprisonment without compulsory labor or to a more severe penalty and said execution of the penalty has not been completed or has not yet expired;
 - (iv) when an Organizer of said Sanatorium Ward Hospital, etc., is punished by a fine pursuant to the provisions of this Act or another Act pertaining to health and medical care or public aid for citizens as determined by a Cabinet Order and execution of said penalty has not yet been completed or has not yet expired;
 - (v) when an organizer of said Sanatorium Ward Hospital, etc., rescinds its appointment as service provider pursuant to the provisions of Article 114, paragraph (1) or Article 115-29, paragraph (6) and five years have not elapsed from the date of said rescission (in a case when a person that rescinds said appointment as service provider is a juridical person, including an Officer of said juridical person or a manager of the established Sanatorium Ward Hospital, etc., within sixty days prior to the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to said rescission and five years have not elapsed from the date of said rescission, and in a case that a person that rescinds said appointment as service provider is not a juridical person, including a person that is or was a manager of said Sanatorium Ward Hospital, etc., within sixty days prior to said notification and five years have not elapsed from the date of said rescission);
 - (vi) when an organizer of said Sanatorium Ward Hospital, etc., is a person that declined an appointment as service provider pursuant to the provisions of Article 113 from the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to the rescission of appointment as service provider pursuant to the provisions of Article 114, paragraph (1) or Article 115-29, paragraph (6) to the date when said appointment as service provider is rescinded or when it is determined not to

- rescind the approval (except for a person that has a reasonable basis for said abolishment) and five years have not elapsed from the date of said decline of appointment as service provider;
- (vii) in a case when a decline of appointment as service provider pursuant to the provisions of Article 113 is duly provided by notification within the period provided in the preceding paragraph, when an Organizer of said Sanatorium Ward Hospital, etc., is or was an Officer of a juridical person pertaining to said decline of appointment (except for a juridical person that has a reasonable basis for said abolishment) or a manager of the established Sanatorium Ward Hospital, etc., or is or was a Manager of a Sanatorium Ward Hospital, etc., that is not a juridical person pertaining to decline of said appointment as service provider (except for a person that has a reasonable basis for said abolishment) within sixty days prior to the date of notification as set forth in the same item, and five years have not elapsed from the date of said decline of appointment as service provider;
 - (viii) when an Organizer of said Sanatorium Ward Hospital, etc., performs a wrongful or significantly unjustifiable act pertaining to In-Home Service, etc., within five years prior to an application of appointment as service provider;
 - (ix) when an Organizer of said Sanatorium Ward Hospital, etc., is a juridical person and any Officer, etc., or managers of said Sanatorium Ward Hospital, etc., corresponds to any provision of item (iii) to the preceding item;
 - (x) when an Organizer of said Sanatorium Ward Hospital, etc., is a Sanatorium Ward Hospital, etc., which is not juridical person, and a manager of said provider is defined by item (iii) to item (viii).
- (4) In a case when an application as set forth in paragraph (1) is submitted, the prefectural governor, when it is determined that the total capacity of persons who may be admitted to the Sanatorium Ward, etc., of a Designated Medical Long-Term Care Sanatorium in the area (which means an area provided by said prefecture pursuant to the provisions of Article 118, paragraph (2), item (i) including the location of the Facility pertaining to said application has reached the total necessary capacity of persons who may be admitted to the Sanatorium Ward, etc., of the Designated Medical Long-Term Care Sanatorium in the area as prescribed in the Prefectural Insured Long-Term Care Support Project Plan provided by said prefecture pursuant to the provisions of paragraph (1) of the same Article, or will exceed said total number by said appointment as service provider of the facility pertaining to said application, or when it is determined that it is likely to cause problems with the accomplishment of said Prefectural Insured Long-Term Care Support Project Plan, may determine not to provide an appointment as service provider as set forth in Article 48, paragraph (1), item (iii).
- (5) A prefectural governor, when he or she intends to provide an appointment as

service provider as set forth in Article 48, paragraph (1), item (iii), must provide notice of matters as determined by Order of the Ministry of Health, Labour, and Welfare to the mayor of the relevant Municipality, specify a reasonable period, and request opinions from the perspective of coordination with the Municipal Insured Long-Term Care Service Plan as prescribed in Article 117, paragraph (1) of said relevant Municipality.

(Renewal of Appointment as Service Provider)

- Article 107-2 (1) An appointment as service provider as set forth in Article 48, paragraph (1), item (iii), if it is not renewed within a period of six years, ceases to be effective when said period expires.
- (2) In a case of application of renewal as set forth in the preceding paragraph, when a final determination of the application does not occur prior to the expiry of the period as set forth in the same paragraph (hereinafter referred to as "Effective Period of Designation as Service Provider" in this Article), the prior appointment as service provider remains effective after expiry of the Effective Period of Designation as Service Provider until a determination is reached regarding said application.
- (3) In a case as set forth in the preceding paragraph, when the appointment as service provider is renewed, said Effective Period of Designation as Service Provider is to be from the date following the date of expiry of the prior Effective Period of Designation as Service Provider.
- (4) The provisions of the preceding Article apply mutatis mutandis to a renewal of appointment as service provider as set forth in paragraph (1).

(Change of Appointment as Service Provider)

- Article 108 (1) An organizer of a Designated Medical Long-Term Care Sanatorium may, when intending to increase the capacity of Sanatorium Ward, etc., pertaining to an appointment as service provider pursuant to Article 48, paragraph (1), item (iii), may apply in advance for a change of appointment as service provider as set forth in the same item pertaining to said Designated Medical Long-Term Care Sanatorium, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.
- (2) The provisions of Article 107, paragraph (4) apply mutatis mutandis to a case when the change of appointment as service provider as set forth in the preceding paragraph is submitted. In this case the phrase "not to provide an appointment as service provider" in paragraph (4) of the same Article is deemed to be replaced with "to refuse the change of appointment as service provider."

(Standards of a Designated Medical Long-Term Care Sanatorium)

- Article 109 (1) An organizer of a Designated Medical Long-Term Care Sanatorium must act in compliance with the standards concerning facilities and management of a Designated Medical Long-Term Care Sanatorium as prescribed in paragraph (2) of the following Article, offer appropriate Designated Sanatorium Service for Long-Term Care according to the mental and physical condition, etc., of a Person Requiring Long-Term Care, and always engage in offering said services from the viewpoint of the person that receives Designated Sanatorium Service for Long-Term Care by implementing self-evaluation of the quality of the organizer's own Designated Sanatorium Service for Long-Term Care and other measures.
- (2) An organizer of a Designated Medical Long-Term Care Sanatorium, when an opinion is entered on the Certificate of Insured Person that is presented by an Insured Person that intends to receive Designated Sanatorium Service for Long-Term Care, engage in offering said Designated Sanatorium Service for Long-Term Care of said Insured Person in consideration of said Opinion of the Certification Committee.

- Article 110 (1) A Designated Medical Long-Term Care Sanatorium must employ the number of Long-Term Care Support Specialists or other employees that engage in said Designated Sanatorium Service for Long-Term Care, as determined by Order of the Ministry of Health, Labour, and Welfare.
- (2) In addition to the provisions as prescribed in the preceding paragraph, standards concerning facilities and management of a Designated Medical Long-Term Care Sanatorium are prescribed by the Minister of Health, Labour, and Welfare.
- (3) The Minister of Health, Labour, and Welfare, when providing standards concerning facilities and management of a Designated Medical Long-Term Care Sanatorium as prescribed in the preceding paragraph (limited to the part concerning the handling of Designated Sanatorium Service for Long-Term Care), must hear the opinion of the Social Security Council in advance.
- (4) An organizer of a Designated Medical Long-Term Care Sanatorium must respect the personality of a Person Requiring Long-Term Care, act in compliance with this Act or an Order based on this Act, and faithfully perform said duty for a Person Requiring Long-Term Care.

(Notification of Change)

- Article 111 An organizer of a Designated Medical Long-Term Care Sanatorium, when the domicile of the organizer or other matters as determined by Order of the Ministry of Health, Labour, and Welfare have changed, must provide notification of said fact to the prefectural governor within ten days pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

(Reporting)

Article 112 (1) A prefectural governor or mayor of a Municipality, when it is determined to be necessary, may order a Designated Medical Long-Term Care Sanatorium, a person that is or was an organizer, a manager, a physician, or other employee of the Designated Medical Long-Term Care Sanatorium (hereinafter referred to as a "person that is an organizer, etc." in this paragraph) to report, submit or present medical records and other record books and documents, request a person that is an organizer, etc., of the Designated Medical Long-Term Care Sanatorium to appear, to direct personnel to ask questions to the relevant person, or enter said Designated Medical Long-Term Care Sanatorium in order to inspect said medical records, record books and documents, or other items.

(2) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(Decline of Appointment as Service Provider)

Article 113 A Designated Medical Long-Term Care Sanatorium may decline said appointment as service provider by offering one month or more of prior notice.

(Recommendations and Orders)

Article 113-2 (1) A prefectural governor, when a Designated Medical Long-Term Care Sanatorium does not meet the fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 110, paragraph (1), with regard to the number of employees that engage in Designated Sanatorium Service for Long-Term Care provided by said Designated Medical Long-Term Care Sanatorium, or when it is determined that said Designated Medical Long-Term Care Sanatorium does not operate an appropriate Designated Medical Long-Term Care Sanatorium in accordance with the standards concerning facilities and management of Designated Medical Long-Term Care Sanatorium as prescribed in paragraph (2) of the same Article, may specify a due date and recommend to an organizer of said Designated Medical Long-Term Care Sanatorium to employ the number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the paragraph (1) of the same Article, or to act in compliance with standards concerning facilities and management of Designated Medical Long-Term Care Sanatorium as prescribed by paragraph (2) of the same Article.

- (2) A prefectural governor, in a case of providing a recommendation pursuant to the provisions of the preceding paragraph, may provide public notice of the fact that an organizer of said Designated Medical Long-Term Care Sanatorium, that is issued said recommendation, did not act in compliance with said recommendation within the due date as set forth in the same paragraph.
- (3) A prefectural governor, when an organizer of a Designated Medical Long-Term Care Sanatorium that is issued a recommendation pursuant to the provisions of paragraph (1) does not implement the measures pertaining to said recommendation without a justifiable basis, may order an organizer of said Designated Medical Long-Term Care Sanatorium to implement measures pertaining to said recommendation within a period specified by a due date.
- (4) A prefectural governor, when issuing an order pursuant to the provisions of the preceding paragraph, must issue public notice of said fact.
- (5) With regard to a Designated Medical Long-Term Care Sanatorium that provides Designated Sanatorium Service for Long-Term Care pertaining to an Insurance Benefit, a Municipality, when it is determined that said Designated Medical Long-Term Care Sanatorium does not operate an appropriate Designated Medical Long-Term Care Sanatorium in accordance with standards concerning facilities and management of a Designated Medical Long-Term Care Sanatorium as prescribed in Article 110, paragraph (2), must provide notification of said fact to the prefectural governor that governs the location of said Designated Medical Long-Term Care Sanatorium.

(Rescission of Appointment as Service Provider, etc.)

Article 114 (1) A prefectural governor, in a case that corresponds to any of the following items, may rescind the appointment as service provider as set forth in the main clause of Article 48, paragraph (1), item (iii) pertaining to said Designated Medical Long-Term Care Sanatorium or suspend the whole or a part of the effect of said appointment as service provider by specifying the due date for compliance:

- (i) when a Designated Medical Long-Term Care Sanatorium corresponds to any provision of Article 107, paragraph (3), item (iii), item (iv), item (ix) or item (x);
- (ii) when a Designated Medical Long-Term Care Sanatorium becomes unable to meet the fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 110, paragraph (1), with regard to the number of employees that engage in Designated Sanatorium Service for Long-Term Care provided by said Designated Medical Long-Term Care Sanatorium;
- (iii) when a Designated Medical Long-Term Care Sanatorium becomes unable to operate an appropriate Designated Medical Long-Term Care Sanatorium

- in accordance with standards concerning facilities and management of a Designated Medical Long-Term Care Sanatorium as prescribed in Article 110, paragraph (2);
- (iv) when it is determined that an organizer of a Designated Medical Long-Term Care Sanatorium violates an obligation as prescribed in Article 110, paragraph (4);
 - (v) when a Designated Medical Long-Term Care Sanatorium is entrusted with an investigation pursuant to the provisions of Article 28, paragraph (5), and submits a false report regarding the result of said investigation;
 - (vi) when an Allowance for Long-Term Care Facility Service is wrongly requested;
 - (vii) when a Designated Medical Long-Term Care Sanatorium is ordered to report, submit or present medical records and other record books and documents pursuant to the provisions of Article 112, paragraph (1), but disobeys said order or submits a false report;
 - (viii) when an organizer, a manager, a physician, or other employee of a Designated Medical Long-Term Care Sanatorium is requested to appear pursuant to the provisions of Article 112, paragraph (1), but does not respond or does not reply to questions pursuant to the provisions of the same paragraph or submits a false reply, or refuses, interrupts, or interferes with an inspection pursuant to the provisions of the same paragraph, however, provided that this provision does not apply when an employee of said Designated Medical Long-Term Care Sanatorium performed said act and an organizer or a manager of said Designated Medical Long-Term Care Sanatorium was faithfully providing reasonable care and supervision in order to prevent said act of said employee;
 - (ix) when an organizer of a Designated Medical Long-Term Care Sanatorium is appointed to provide service as set forth in Article 48, paragraph (1), item (iii) by wrongful means;
 - (x) in addition to the cases listed in the preceding items, when an organizer of a Designated Medical Long-Term Care Sanatorium violates this Act, another Act concerning citizens' health and medical care and public aid as provided by a Cabinet Order, or an Order or disposition of a matter based on these Acts;
 - (xi) in addition to the cases listed in the preceding items, when an organizer of a Designated Medical Long-Term Care Sanatorium performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc.;
 - (xii) in a case when an organizer of a Designated Medical Long-Term Care Sanatorium is a juridical person, when any said Officer or manager of said Designated Medical Long-Term Care Sanatorium performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc., within five

years and the appointment as service provider is rescinded or the whole or a part of the effect of the appointment as service provider is suspended due to said act;

(xiii) in a case when an organizer of a Designated Medical Long-Term Care Sanatorium is not a juridical person, when a manager of said Provider performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc., within five years and the appointment as service provider is rescinded or the whole or a part of the effect of the appointment as service provider is suspended due to said act.

(2) With regard to a Designated Medical Long-Term Care Sanatorium that conducts an entrusted investigation pursuant to the provisions of Article 28, paragraph (5), a Municipality, when it determines said Designated Medical Long-Term Care Sanatorium corresponds to any provision of the items in the preceding paragraph, must provide notification of said fact to the prefectural governor that governs the location of said Designated Medical Long-Term Care Sanatorium.

(Public Notice)

Article 115 A prefectural governor, in the following cases, must issue public notice of said fact:

- (i) when an appointment as service provider as set forth in the main clause of Article 48, paragraph (1), item (i) is determined;
- (ii) when an appointment as service provider as set forth in Article 48, paragraph (1), item (iii) is declined pursuant to the provisions of Article 113;
- (iii) when an appointment as service provider as set forth in Article 48, paragraph (1), item (iii) is rescinded pursuant to the provisions of paragraph (1) of the preceding Article or Article 115-29, paragraph (6), or the effect of the whole or a part of an appointment as service provider is suspended.

Section 6 Designated Providers of a Preventive Service to Long-Term Care

(Appointment as Designated Provider of Preventive Long-Term Care Service)

Article 115-2 (1) An appointment as service provider as set forth in the main clause of Article 53, paragraph (1) is provided pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare by the application of a person performing Preventive Long-Term Care Service Business, for each type of Preventive Long-Term Care Service, and Business Office that operates a business of Preventive Long-Term Care Service pertaining to said Preventive Long-Term Care Service (hereinafter referred to as "Business Office" in this Section).

- (2) A prefectural governor, in a case of an application as set forth in the preceding paragraph, when the application corresponds to any provision of item (i) to item (iii), item (v) to item (vii), item (ix) or item (x) (in a case of application for appointment as a service provider pertaining to Management and Guidance for In-Home Medical Service for Preventive Long-Term Care provided by a Hospital, etc., or Home-Visit Nursing Service for Preventive Long-Term Care, Home-Visit Rehabilitation Service for Preventive Long-Term Care, Outpatient Rehabilitation for Preventive Long-Term Care provided by a clinic, or Short-Term Admission for Recuperation for Preventive Long-Term Care, item (ii) to item (xi)), must not provide an appointment as service provider as set forth in the main clause of Article 53, paragraph (1):
- (i) when the applicant is not a juridical person;
 - (ii) when knowledge, skill, and the number of employees of the Business Office pertaining to said application does not meet the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 115, paragraph (4), item (i) or the fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare;
 - (iii) when it is determined that the applicant cannot perform appropriate business of Preventive Long-Term Care Service in accordance with standards concerning effective methods of support for Preventive Long-Term Care Service pertaining to Designated Preventive Service of Long-Term Care and the standards concerning facilities and management of Designated Preventive Service of Long-Term Care as prescribed in Article 115, paragraph (4), item (ii);
 - (iv) when the applicant is punished by imprisonment without compulsory labor or to a more severe penalty and said execution of the penalty has not been completed or has not yet expired;
 - (v) when the applicant is punished by a fine pursuant to the provisions of this Act or another Act pertaining to health and medical care or public aid for citizens as determined by a Cabinet Order and execution of said penalty has not yet been completed or has not yet expired;
 - (vi) when an approval of the applicant has been rescinded pursuant to the provisions of Article 105-8, paragraph (1) or Article 115-29, paragraph (6) and five years have not elapsed from the date of said rescission (in a case when a person that has been rescinded for said appointment as service provider is a juridical person, including a person that is or was an Officer, etc., of said juridical person within sixty days prior to the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to said rescission and five years have not elapsed from the date of said rescission, and in a case when a person that has been rescinded said approval, is a Hospital, etc., that is not a juridical person, including a person

- that is or was a manager of said Hospital, etc., within sixty days prior to the date of said notification and five years have not elapsed from the date of said rescission);
- (vii) when the applicant who provided notification of abolishment of business pursuant to the provisions of Article 115-5 from the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to rescission of appointment as service provider pursuant to the provisions of Article 115-8, paragraph (1) or Article 115-29, paragraph (6) to the date when the appointment as service provider is rescinded or when it is determined not to rescind the appointment as service provider (except for a person that has a reasonable basis for said abolishment of business) and five years have not elapsed from the date of said notification;
 - (viii) in a case when abolishment of business pursuant to the provisions of Article 115-5 was duly provided by notification during the period pursuant to the provisions of the preceding paragraph, when the applicant who was an Officer, etc., of a juridical person pertaining to said notification (except for a juridical person that has a reasonable basis for said abolishment of business) or a manager of Hospital, etc., which is not a juridical person pertaining to said notification (except for a juridical person, within sixty days prior to the date of notification as set forth in the same item, that has a reasonable basis for said abolishment of business) and five years have not elapsed from the date of said notification;
 - (ix) when the applicant performs a wrongful or significantly unjustifiable act pertaining to In-Home Service, etc., within five years prior to an application of appointment as service provider;
 - (x) when the applicant is a juridical person and any said Officer, etc., corresponds to any provision of item (iv) to the preceding item;
 - (xi) when the applicant is a Hospital, etc., which is not a juridical person and a manager of said Provider corresponds to any provision of item (iv) to item (ix).

(Standards of the business of Designated Preventive Service of Long-Term Care)

Article 115-3 (1) A Designated Provider of Preventive Service of Long-Term Care must act in compliance with the standards concerning effective methods of support for Preventive Long-Term Care Service pertaining to Designated Preventive Service of Long-Term Care as prescribed in paragraph (2) of the following Article and standards concerning facilities and management of a business of Designated Preventive Service of Long-Term Care, offer appropriate Designated Preventive Service of Long-Term Care according to the mental and physical condition, etc., of a Person Requiring Long-Term Care, and always engage in offering said services from the viewpoint of the person

that receives Designated Preventive Service of Long-Term Care by implementing self-evaluation of the quality of the Provider's own Designated Preventive Service of Long-Term Care and other measures.

- (2) A Designated Provider of Preventive Long-Term Care Service, when an Opinion of the Certification Committee is entered on the Certificate of Insured Person that is presented by an Insured Person that intends to receive Designated Preventive Service of Long-Term Care, must engage in offering said Designated Preventive Service of Long-Term Care of said Insured Person in consideration of said Opinion of the Certification Committee.

Article 115-4 (1) A Designated Provider of Preventive Long-Term Care Service must employ in the Business Office pertaining to said appointment as service provider, the fixed minimum number of employees that engage in said Designated Preventive Service of Long-Term Care, as determined by Order of the Ministry of Health, Labour, and Welfare in accordance with the standards as determined by Order of the Ministry of Health, Labour, and Welfare.

- (2) In addition to the provisions in the preceding paragraph, standards concerning effective support methods for Preventive Long-Term Care Service pertaining to Designated Preventive Service of Long-Term Care and standards concerning facilities and management of the business of Designated Preventive Service of Long-Term Care are prescribed by the Minister of Health, Labour, and Welfare.
- (3) The Minister of Health, Labour, and Welfare, when intending to provide standards concerning effective support methods for Preventive Long-Term Care Service pertaining to Designated Preventive Service of Long-Term Care standards concerning facilities and management of a business of Designated Preventive Service of Long-Term Care as prescribed in the preceding paragraph (limited to the part concerning the handling of Designated Preventive Service of Long-Term Care), must hear the opinion of the Social Security Council in advance.
- (4) A Designated Provider of Preventive Long-Term Care Service must respect the personality of a Person Requiring Long-Term Care, act in compliance with this Act or an Order based on this Act, and faithfully perform said duty for a Person Requiring Long-Term Care.

(Notification of Change)

Article 115-5 A Designated Provider of Preventive Long-Term Care Service, when the name or location of the Business Office pertaining to said appointment as service provider or other matters as determined by Order of the Ministry of Health, Labour, and Welfare are changed, or when the business of said Designated Preventive Service of Long-Term Care is abolished,

suspended, or recommenced, must provide notification of said fact to the mayor of the Municipality within ten days pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

(Reporting)

Article 115-6 (1) A mayor of a Municipality, when it is determined to be necessary concerning payment of an allowance for Preventive Long-Term Care Service, may order a Designated Provider of Preventive Long-Term Care Service, a person that is or was a Designated Provider of Preventive Long-Term Care Service, or a person that is or was an employee of the Business Office pertaining to said appointment as service provider (hereinafter referred to as a "Person that is or was a Designated Provider of Preventive Long-Term Care Service, etc." in this paragraph) to report, submit or present record books and documents, request to said Designated Provider of Preventive Long-Term Care Service, an employee of the Business Office pertaining to said appointment as service provider, or a Person that is or was a Designated Provider of Preventive Long-Term Care Service, etc., to appear, to direct personnel to ask questions to the relevant Person, or enter the Business Office pertaining to said appointment as service provider of said Designated Provider of Preventive Long-Term Care Service in order to inspect said facility, record books and documents, or other items.

(2) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(Recommendations and Orders)

Article 115-7 (1) A prefectural governor, when it is determined that a Designated Provider of Preventive Long-Term Care Service does not meet the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 115-4, paragraph (1) or the fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same paragraph, with regard to knowledge, skill, or number of employees of the Business Office pertaining to said appointment as service provider, or does not operate an appropriate business of Designated Preventive Service of Long-Term Care in accordance with standards concerning effective support methods for Preventive Long-Term Care Service pertaining to Designated Preventive Service of Long-Term Care or standards concerning facilities and management of the business of Designated Preventive Service of Long-Term Care as prescribed in paragraph (2) of the

same Article, may specify a due date and recommend to said Designated Provider of Preventive Long-Term Care Service to comply with the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in paragraph (1) of the same Article, to employ the fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same paragraph, to comply with standards concerning effective support methods for Preventive Long-Term Care Service pertaining to Designated Preventive Service of Long-Term Care or standards concerning facilities and management of the business of Designated Preventive Service of Long-Term Care, and to comply with standards concerning facilities and management of a Designated Preventive Long-Term Care Service as prescribed in paragraph (2) of the same Article.

- (2) A prefectural governor may, in a case of providing a recommendation pursuant to the provisions of the preceding paragraph, provide public notice of the fact that said Designated Provider of Preventive Long-Term Care Service that is issued said recommendation did not act in compliance with said recommendation within the due date as set forth in the same paragraph.
- (3) A prefectural governor, when the Designated Provider of Preventive Long-Term Care Service that is issued a recommendation pursuant to the provisions of paragraph (1) does not implement the measures pertaining to said recommendation without a justifiable basis, may specify a due date and order said Designated Provider of Preventive Long-Term Care Service to implement measures pertaining to said recommendation.
- (4) A prefectural governor, when issuing an order pursuant to the provisions of the preceding paragraph, must issue public notice of said fact.
- (5) With regard to a Designated Provider of Preventive Long-Term Care Service that provides Designated Preventive Service of Long-Term Care pertaining to an Insurance Benefit, a Municipality, when it is determined that said Designated Provider of Preventive Long-Term Care Service does not operate an appropriate business of Designated Preventive Service of Long-Term Care in accordance with standards concerning effective support methods for Preventive Long-Term Care Service pertaining to Designated Preventive Service of Long-Term Care or standards concerning facilities and management of the business of Designated Preventive Service of Long-Term Care as prescribed in Article 115-4, paragraph (2), must provide notification of said fact to the prefectural governor that governs the location of the Business Office pertaining to said appointment as service provider.

(Rescission of Appointment as Service Provider)

Article 115-8 (1) A prefectural governor, in a case that corresponds to any of the following items, may rescind the appointment as service provider as set forth

in the main clause of Article 53, paragraph (1) pertaining to said Designated Provider of Preventive Long-Term Care Service or suspend the whole or a part of the effect of said appointment as service provider within the period specified by a due date:

- (i) when a Designated Provider of Preventive Long-Term Care Service corresponds to any provision of Article 115-2, paragraph (2), item (iv), item (v), item (x) or item (xi);
- (ii) when a Designated Provider of Preventive Long-Term Care Service becomes unable to meet standards as determined by Order of the Ministry of Health, Labour, and Welfare or the fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 115-4, paragraph (1), with regard to knowledge, skill and number of employees of the Business Office pertaining to said appointment as service provider;
- (iii) when a Designated Provider of Preventive Long-Term Care Service becomes unable to operate an appropriate business of Designated Preventive Service of Long-Term Care in accordance with standards concerning effective support methods for Preventive Long-Term Care Service pertaining to Designated Preventive Service of Long-Term Care or standards concerning facilities and management of the business of Designated Preventive Service of Long-Term Care as prescribed in Article 115-4, paragraph (2);
- (iv) when it is determined that an organizer of Designated Provider of Preventive Long-Term Care Service violates an obligation as prescribed in Article 115-4, paragraph (4), item (iv);
- (v) when an allowance for Preventive Long-Term Care Service is wrongly requested;
- (vi) when a Designated Provider of Preventive Long-Term Care Service is ordered to report, submit or present record books and documents pursuant to the provisions of Article 115-6, paragraph (1), but disobeys said order or submits a false report;
- (vii) when a Designated Provider of Preventive Long-Term Care Service or an employee of the location of a Business Office pertaining to said appointment as service provider is requested to appear pursuant to the provisions of Article 115-6, paragraph (1) but does not respond or does not reply to questions pursuant to the provisions of the same paragraph or submits a false reply, or refuses, interrupts, or interferes with an inspection pursuant to the provisions of the same paragraph, however, provided that this provision does not apply when an employee of the Business Office pertaining to said appointment as service provider performed said act and said Designated Provider of Preventive Long-Term Care Service was faithfully providing reasonable care and supervision in order to prevent said act of said

- employee;
- (viii) when a Designated Provider of Preventive Long-Term Care Service is appointed to provide service as set forth in the main clause of Article 53, paragraph (1) by wrongful means;
 - (ix) in addition to the cases listed in the preceding items, when a Designated Provider of Preventive Long-Term Care Service violates this Act, another Act concerning citizens' health and medical care and public aid as provided by a Cabinet Order, or an Order or disposition of a matter based on these Acts;
 - (x) in addition to the cases listed in the preceding items, when a Designated Provider of Preventive Long-Term Care Service performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc.;
 - (xi) in a case when a Designated Provider of Preventive Long-Term Care Service is a juridical person, when any said Officer, etc., performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc., within five years and the appointment as service provider is rescinded or the whole or a part of the effect of the appointment as service provider is suspended due to said act;
 - (xii) in a case when a Designated Provider of Preventive Long-Term Care Service is a Hospital, etc., which is not a juridical person, a manager of said Provider performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc., within five years and the appointment as service provider is rescinded or the whole or a part of the effect of the appointment as service provider is suspended due to said act.
- (2) With regard to a Designated Provider of Preventive Long-Term Care Service that provides Designated Preventive Service of Long-Term Care pertaining to an Insurance Benefit, a Municipality, when it determines said Designated Provider of Preventive Long-Term Care Service corresponds to any provision of the items in the preceding paragraph, provide notification of said fact to the prefectural governor that governs the location of Business Office pertaining to said appointment.

(Public Notice)

Article 115-9 A prefectural governor, in the following cases, must issue public notice of said fact:

- (i) when an appointment as service provider as set forth in the main clause of Article 53, paragraph (1) is determined;
- (ii) when there is a notification pursuant to the provisions of Article 115-5 (except for those pertaining to change of matters as determined by Order of the Ministry of Health, Labour, and Welfare in the same Article and suspension or recommencement of business as prescribed in the same Article);

(iii) when an appointment as service provider as set forth in the main clause of Article 53, paragraph (1) is rescinded pursuant to the provisions of paragraph (1) of the preceding Article or Article 115-29, paragraph (6), or the effect of the whole or a part of an appointment as service provider is suspended.

(Mutatis Mutandis Application)

Article 115-10 The provisions of Article 70-2 to Article 72 apply mutatis mutandis to appointment as service provider as set forth in the main clause of Article 53, paragraph (1). In this case, necessary technical replacement of terms is provided by a Cabinet Order.

Section 7 Designated Providers of Community-Based Preventive Service of Long-Term Care

(Appointment as Service Provider of Designated Provider of Community-Based Preventive Service of Long-Term Care)

Article 115-11 (1) An appointment as service provider as set forth in the main clause of Article 54-2, paragraph (1) is to be provided, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, by application of a person that performs a Community-Based Service for Preventive Long-Term Care Business, for each type of Community-Based Preventive Service of Long-Term Care Service and Business Office that performs a Community-Based Service of Preventive Long-Term Care Business pertaining to the type of said Community-Based Preventive Long-Term Care Service (hereinafter referred to as "Business Office" in this Section), and is to have effect with regard to payment of an allowance for Community-Based Preventive Long-Term Care Service and an exceptional allowance for Community-Based Service of Preventive Long-Term Care Service to an Insured Person by Long-Term Care Insurance provided by a Municipality, for which the mayor of the Municipality that provides said appointment as service provider, is chairperson.

(2) A mayor of a Municipality, in a case of an application as set forth in the preceding paragraph, when the application corresponds to any of the following items, may not provide appointment as service provider as set forth in the main clause of Article 54-2, paragraph (1):

- (i) when the applicant is not a juridical person;
- (ii) when knowledge, skill and number of employees of the Business Office pertaining to said application does not meet the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 115-13, paragraph (1) and the fixed minimum number of employees as

- determined by Order of the Ministry of Health, Labour, and Welfare of standards concerning employees that engage in Designated Community-Based Preventive Service of Long-Term Care as prescribed in paragraph (4) of the same Article;
- (iii) when it is determined that the applicant cannot perform appropriate Community-Based Service of Preventive Long-Term Care Business in accordance with standards concerning effective support methods for Preventive Long-Term Care Service pertaining to Designated Community-Based Preventive Service of Long-Term Care and the standards concerning facilities and management of the business of Designated Community-Based Preventive Service of Long-Term Care as prescribed in Article 115-13, paragraph (2) or paragraph (4);
 - (iv) when the Business Office pertaining to said application is located outside the area of said Municipality and the consent of the mayor of the Municipality of said location has not yet obtained;
 - (v) when an applicant is punished by a fine pursuant to the provisions of this Act, as provided by a Cabinet Order, concerning citizens' health and medical care or public aid and execution of said penalty has not yet been completed or has not yet expired;
 - (vi) when an applicant is rescinded as the appointed service provider pursuant to the provisions of Article 115-17 (except for item (ii) to item (v)) and five years have not elapsed from the date of said rescission;
 - (vii) when an applicant provides notification of abolishment of business pursuant to the provisions of Article 115-14 (except for a person that has a reasonable basis for abolishment of said business) from the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to rescission of appointment as service provider pursuant to the provisions of Article 115-17 (except for item (ii) to item (v)) to the date of said rescission or the date it is determined that said termination of appointment will not be accepted, and five years have not elapsed from the date of said notification or decline of appointment as service provider;
 - (viii) when an applicant performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc. within five years prior to an application of appointment as service provider;
 - (ix) when any Officer, etc., of the applicant corresponds to any of the following:
 - (a) a person punished by imprisonment without compulsory labor and execution of said penalty has not yet been completed or has not yet expired;
 - (b) a person that corresponds to item (v) or the preceding item;
 - (c) a person that is or was an Officer, etc. of a juridical person that

- appointment as service provider is rescinded pursuant to the provisions of Article 115-17 (except for item (ii) to item (v)) within sixty days prior to the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to said rescission and five years have not elapsed from the date of said rescission;
- (d) a person that is or was an Officer, etc., of a juridical person that provided notification of an abolishment of business pursuant to the provisions of Article 115-14 (except for a juridical person that has a reasonable basis for said abolishment of business) within the period provided by item (vii), within sixty days prior to the date of notification as set forth in the same item and five years have not elapsed from the date of said notification or decline of appointment as service provider.
- (3) A mayor of a Municipality, in a case when an application as set forth in paragraph (1) is filed and the application corresponds to any of the following items, may determine not to provide an appointment as service provider as set forth in the main clause of Article 54-2, paragraph (1):
- (i) when an applicant has been rescinded the appointment as service provider pursuant to the provisions of Article 115-17 item (ii) to item (v) and five years have not elapsed from the date of said rescission;
- (ii) when an applicant provides notification of abolishment of business pursuant to the provisions of Article 115-14 (except for a person that has a reasonable basis for said abolishment of business) from the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to rescission of appointment as service provider pursuant to the provisions of Article 115-17, item (ii) to item (v) to the date of said rescission or the date it is determined that said termination of appointment will not be accepted, and five years have not elapsed from the date of said notification or decline of appointment as service provider;
- (iii) when any Officer, etc., of an applicant corresponds to any of the following:
- (a) a person that is or was an Officer, etc., of a juridical person that appointment as service provider is rescinded pursuant to the provisions of Article 115-17 item (ii) to item (v), within sixty days prior to the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to said rescission and five years have not elapsed from the date of said rescission;
- (b) a person that is or was an Officer, etc., of a juridical person that has provides notification of abolishment of business pursuant to the provisions of Article 115-14 (except for a juridical person that has a reasonable basis for said abolishment of business) within the period provided by the preceding item, within sixty days prior to the date of notification as set forth in the same item, and five years have not elapsed from the date of

- said notification or said decline of appointment as service provider.
- (4) A mayor of a Municipality, when intending to designate an appointment as service provider as set forth in the main clause of Article 54-2, paragraph (1), must take necessary measures in advance in order to reflect opinions of Insured Persons by Long-Term Care Insurance provided by said Municipality or other relevant persons.
- (5) A mayor of a Municipality, when providing an appointment as service provider as set forth in the main clause of Article 54-2, paragraph (1), may add a provision that is determined to be necessary for ensuring appropriate operation of said business.

(Standards of a Designated Community-Based Preventive Service of Long-Term Care Business)

Article 115-12 (1) A Designated Provider of Community-Based Service for Preventive Long-Term Care must act in compliance with the standards concerning effective support methods for Prevention of Long-Term Care pertaining to a Designated Provider of Provider of Community-Based Service for Preventive Long-Term Care and standards concerning facilities and management of the business of Designated Community-Based Preventive Service of Long-Term Care as prescribed in paragraph (2) and paragraph (4) of the following Article, offer appropriate Designated Community-Based Preventive Service of Long-Term Care according to the mental and physical condition, etc., of a Person Requiring Long-Term Care, and always engage in offering said services from the viewpoint of the person that receives Designated Community-Based Preventive Service of Long-Term Care by implementing self-evaluation of the quality of the Provider's own Designated Community-Based Preventive Service of Long-Term Care and other measures.

- (2) A Designated Provider of Community-Based Service for Preventive Long-Term Care, when an Opinion of the Certification Committee is entered on the Certificate of Insured Person that is presented by an Insured Person that intends to receive Designated Community-Based Preventive Service of Long-Term Care, must engage in offering said Designated Community-Based Preventive Service of Long-Term Care of said Insured Person in consideration of said Opinion of the Certification Committee.

Article 115-13 (1) A Designated Provider of Community-Based Service for Preventive Long-Term Care must employ the fixed minimum number of employees that engage in said Designated Community-Based Preventive Service of Long-Term Care, as determined by Order of the Ministry of Health, Labour, and Welfare in accordance with the standards as determined by Order of the Ministry of Health, Labour, and Welfare, by each place of business

- pertaining to said appointment as service provider.
- (2) In addition to the provisions in the preceding paragraph, standards concerning effective support methods for Prevention of Long-Term Care pertaining to a Designated Provider of Community-Based Service for Preventive Long-Term Care and standards concerning facilities and management of the business of Designated Community-Based Preventive Service of Long-Term Care are prescribed by the Minister of Health, Labour, and Welfare.
 - (3) The Minister of Health, Labour, and Welfare, when intending to provide standards concerning effective support methods for Prevention of Long-Term Care pertaining to a Designated Provider of Community-Based Service for Preventive Long-Term Care and standards concerning facilities and management of the business of Designated Community-Based Preventive Service of Long-Term Care as prescribed in the preceding paragraph (limited to the part concerning the handling of Designated Community-Based Preventive Service of Long-Term Care), must hear the opinion of the Social Security Council in advance.
 - (4) A Municipality, notwithstanding the provisions of paragraph (1) and paragraph (2), within the scope as determined by Order of the Ministry of Health, Labour, and Welfare, in lieu of standards provided by these provisions, may provide standards concerning employees that engage in Designated Community-Based Preventive Service of Long-Term Care and standards concerning effective support methods for Prevention of Long-Term Care pertaining to a Designated Provider of Community-Based Service for Preventive Long-Term Care, and standards concerning facilities and management of the business of Designated Community-Based Preventive Service of Long-Term Care in said Municipality.
 - (5) A Municipality, when it intends to promulgate standards concerning employees that engage in Designated Community-Based Preventive Service of Long-Term Care, standards concerning effective support methods for Prevention of Long-Term Care pertaining to a Designated Provider of Community-Based Service for Preventive Long-Term Care, and standards concerning facilities and management of the business of Designated Community-Based Preventive Service of Long-Term Care in said Municipality as set forth in the preceding paragraph, must reflect opinions of Insured Persons by Long-Term Care Insurance provided by said Municipality and take necessary measures in order to promote to use knowledge of persons with relevant knowledge and experience.
 - (6) A Designated Provider of Community-Based Service for Preventive Long-Term Care must respect the personality of a Person Requiring Long-Term Care, act in compliance with this Act or an Order based on this Act, and faithfully

perform said duty for a Person Requiring Long-Term Care.

(Notification of Change)

Article 115-14 A Designated Provider of Community-Based Service for Preventive Long-Term Care Service, when the name or location of the Business Office pertaining to said appointment as service provider or other matters as determined by Order of the Ministry of Health, Labour, and Welfare are changed, or when the business of said Designated Community-Based Preventive Service of Long-Term Care is abolished, suspended, or recommenced, must provide notification of said fact to the mayor of the Municipality within ten days pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

(Reporting)

Article 115-15 (1) A mayor of a Municipality, when it is determined to be necessary concerning payment of an Allowance for Community-Based Preventive Service of Long-Term Care, may order a Designated Provider of Community-Based Service for Preventive Long-Term Care, a person that is or was a Designated Provider of Community-Based Service for Preventive Long-Term Care, or a person that is or was an employee of the Business Office pertaining to said appointment as service provider (hereinafter referred to as a "Person that is or was a Designated Provider of Community-Based Service for Preventive Long-Term Care, etc." in this paragraph) to report, submit or present record books and documents, as requested to the Designated Provider of Community-Based Service for Preventive Long-Term Care, an employee of the Business Office pertaining to said appointment as service provider or a Person that is or was a Designated Provider of Community-Based Service for Preventive Long-Term Care, etc., to appear, to direct personnel to ask questions to the relevant Person, or enter the Business Office pertaining to said appointment as service provider of said Designated Provider of Community-Based Service for Preventive Long-Term Care in order to inspect said facilities, record books and documents, or other items.

(2) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(Recommendations and Orders)

Article 115-16 (1) A mayor of a Municipality, when it is determined that a Designated Provider of Community-Based Service for Preventive Long-Term

Care does not act in compliance with the provision provided when providing said appointment as service provider pursuant to the provisions of Article 115-11, paragraph (5), does not meet the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 115-13, paragraph (1) or the fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same paragraph or standards concerning employees that engage in Designated Community-Based Preventive Service of Long-Term Care provided by paragraph (4) of the same Article, with regard to knowledge, skill, or number of employees of the Business Office pertaining to said appointment as service provider, or when it is determined that said Community-Based Preventive Long-Term Care Service does not operate an appropriate Designated Community-Based Preventive Service of Long-Term Care in accordance with standards concerning effective support methods for Prevention of Long-Term Care pertaining to a Designated Provider of Community-Based Service for Preventive Long-Term Care and standards concerning facilities and management of the business of Designated Community-Based Preventive Service of Long-Term Care as prescribed in paragraph (2) or paragraph (4) of the same Article, may specify a due date and recommend to said Designated Provider of Community-Based Service for Preventive Long-Term Care to act in compliance with the provisions provided when determining said appointment as service provider pursuant to the provisions of Article 115-11, paragraph (5), to comply with the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 115-13, paragraph (1), to employ the number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same paragraph, to comply with standards concerning employees that engage in Designated Community-Based Preventive Service of Long-Term Care as prescribed in paragraph (4) of the same Article, and to comply with standards concerning effective support methods for Prevention of Long-Term Care pertaining to a Designated Provider of Community-Based Service for Preventive Long-Term Care and standards concerning facilities and management of the business of Designated Community-Based Preventive Service of Long-Term Care as prescribed by paragraph (2) and paragraph (4) of the same Article.

(2) A mayor of a Municipality, in a case of providing a recommendation pursuant to the provisions of the preceding paragraph, may provide public notice of the fact that said Designated Provider of Community-Based Service for Preventive Long-Term Care that is issued said recommendation did not act in compliance with said recommendation within the due date as set forth in the same paragraph.

(3) A mayor of a Municipality, when the Designated Provider of Community-

Based Service for Preventive Long-Term Care that is issued a recommendation pursuant to the provisions of paragraph (1) does not implement the measures pertaining to said recommendation without a justifiable basis, may specify a due date and order said Designated Provider of Community-Based Service for Preventive Long-Term Care to implement measures pertaining to said recommendation.

- (4) A mayor of a Municipality, when issuing an order pursuant to the provisions of the preceding paragraph, must issue public notice of the said fact.

(Rescission of Appointment as Service Provider)

Article 115-17 A mayor of a Municipality, in a case that corresponds to any of the following items, may rescind the appointment as service provider as set forth in the main clause of Article 54-2, paragraph (1) pertaining to said Designated Provider of Community-Based Service for Preventive Long-Term Care or suspend the whole or a part of the effect of said appointment as service provider for a period as specified within the period specified by a due date:

- (i) when a Designated Provider of Community-Based Service for Preventive Long-Term Care corresponds to any provision of Article 115-12, paragraph (2), item (v) or item (ix);
- (ii) when a Designated Provider of Community-Based Service for Preventive Long-Term Care corresponds to any provision of Article 115-11, paragraph (3), item (iii);
- (iii) when it is determined that a Designated Provider of Community-Based Service for Preventive Long-Term Care is in violation of a provision determined when granting said appointment as service provider pursuant to the provisions of the provisions of Article 115-11, paragraph (5);
- (iv) when a Designated Provider of Community-Based Service for Preventive Long-Term Care becomes unable to meet the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 115-13, paragraph (1), the fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same paragraph, or standards concerning employees that engage in Designated Community-Based Preventive Service of Long-Term Care as prescribed in paragraph (4) of the same Article, with regard to knowledge, skill, or number of employees of the Business Office pertaining to said appointment as service provider;
- (v) when a Designated Provider of Community-Based Service for Preventive Long-Term Care becomes unable to operate an appropriate business of Designated Community-Based Preventive Service of Long-Term Care in accordance with standards concerning effective support methods for Prevention of Long-Term Care pertaining to a Designated Provider of

- Community-Based Service for Preventive Long-Term Care and standards concerning facilities and management of the business of Designated Community-Based Preventive Service of Long-Term Care as prescribed in Article 115-13, paragraph (2) or paragraph (4);
- (vi) when it is determined that a Designated Provider of Community-Based Service for Preventive Long-Term Care violates an obligation as prescribed in Article 115-13, paragraph (6);
 - (vii) when an allowance for Community-Based Preventive Long-Term Care Service is wrongly requested;
 - (viii) when a Designated Provider of Community-Based Service for Preventive Long-Term Care is ordered to report, submit or present record books and documents pursuant to the provisions of Article 115-15, paragraph (1), but disobeys said order or submits a false report;
 - (ix) when a Designated Provider of Community-Based Service for Preventive Long-Term Care or an employee of the Business Office pertaining to said appointment as service provider is requested to appear pursuant to the provisions of Article 115-15, paragraph (1), but does not respond or does not reply to questions pursuant to the provisions of the same paragraph or submits a false reply, or refuses, interrupts, or interferes with an inspection pursuant to the provisions of the same paragraph, however, provided that this provision does not apply when an employee of the Business Office pertaining to said appointment as service provider performed said act and said Designated Provider of Community-Based Service for Preventive Long-Term Care was faithfully providing reasonable care and supervision in order to prevent said act of said employee;
 - (x) when a Designated Provider of Community-Based Service for Preventive Long-Term Care is appointed to provide service as set forth in the main clause of Article 54-2, paragraph (1) by wrongful means;
 - (xi) in addition to the cases listed in the preceding items, when a Designated Provider of Community-Based Service for Preventive Long-Term Care violates this Act, another Act concerning citizens' health and medical care and public aid as provided by a Cabinet Order, or an Order or disposition of a matter based on these Acts;
 - (xii) in addition to the cases listed in the preceding items, when a Designated Provider of Community-Based Service for Preventive Long-Term Care performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc.;
 - (xiii) when any Officer, etc., of a Designated Provider of Community-Based Service for Preventive Long-Term Care performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc., within five years and the appointment as service provider is rescinded or the whole or a part of the

effect of the appointment as service provider is suspended due to said act.

(Public Notice)

Article 115-18 A mayor of a Municipality, in the following cases, must provide notification of said fact to the prefectural governor and issue public notice of said fact without delay:

- (i) when an appointment as service provider as set forth in the main clause of Article 54-2, paragraph (1) is determined;
- (ii) when there is a notification pursuant to the provisions of Article 115-14 (except for change of matters as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same Article and matters pertaining to suspension and recommencement of business provided by the same Article);
- (iii) when an appointment as service provider as set forth in the main clause of Article 54-2, paragraph (1) is rescinded, or the effect of the whole or a part of an appointment as service provider is suspended.

(Mutatis Mutandis Application)

Article 115-19 The provisions of Article 70-2 apply mutatis mutandis to appointment as service provider as set forth in the main clause of Article 54-2, paragraph (1). In this case, necessary technical replacement of terms is provided by a Cabinet Order.

Section 8 Designated Providers of Support for Prevention of Long-Term Care

(Appointment as Designated Service Provider of Preventive Support of Long-Term Care)

Article 115-20 (1) An appointment as service provider as set forth in Article 58, paragraph (1) is to be provided, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare by an application by institution personnel of a community general support center as prescribed in Article 115-39, paragraph (1) from each place of business that performs Preventive Support of Long-Term Care Business (hereinafter referred to as "Business Office" in this Section), and is to have effect with regard to payment of an Allowance for Preventive Long-Term Care Service Plan and an Exceptional Allowance for Preventive Long-Term Care Service Plan to an Insured Person by Long-Term Care Insurance provided by a Municipality, for which the mayor of the Municipality that provides said appointment as service provider, is chairperson.

(2) A mayor of a Municipality, in a case of an application as set forth in the

preceding paragraph, when it corresponds to any of the following items, must not provide appointment as service provider as set forth in the main clause of Article 58, paragraph (1):

- (i) when the applicant is not a juridical person;
- (ii) when knowledge, skill and the number of employees of the Business Office pertaining to said application does not meet the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 115-22, paragraph (1) and the fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as prescribed in the same paragraph;
- (iii) when it is determined that the applicant cannot perform appropriate business of Prevention Support for Long-Term Care in accordance with standards concerning effective support methods for Prevention of Long-Term Care pertaining to Designated Support for Prevention of Long-Term Care and standards concerning management of the business of Designated Support for Prevention of Long-Term Care as prescribed in Article 115-22, paragraph (2);
- (iv) when an applicant is punished by a fine pursuant to the provisions of this Act as provided by a Cabinet Order, concerning citizens' health and medical care and public aid and execution of said penalty has not yet been completed or has not yet expired;
- (v) when an applicant is rescinded as the appointed service provider pursuant to the provisions of Article 115-26 and five years have not elapsed from the date of said rescission;
- (vi) when an applicant provides notification of abolishment of business pursuant to the provisions of Article 115-23 (except for a person that has a reasonable basis for abolishment of said business) from the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to rescission of appointment as service provider pursuant to the provisions of Article 115-26 to the date of said rescission or the date it is determined that said termination of appointment will not be accepted, and five years have not elapsed from the date of said notification or decline of appointment as service provider;
- (vii) when an applicant performs a wrongful or significantly unjustifiable act concerning In-Home, etc. Service within five years prior to an application of appointment as service provider;
- (viii) when any Officer, etc., of the applicant corresponds to any of the following:
 - (a) a person punished by imprisonment without compulsory labor and execution of said penalty has not yet been completed or has not yet expired;

- (b) a person that corresponds to item (iv) or the preceding item;
 - (c) a person that is or was an Officer, etc., of a juridical person that appointment as service provider is rescinded pursuant to the provisions of Article 115-26, within sixty days prior to the date of notification pursuant to the provisions of Article 15 of the Administrative Procedures Act pertaining to said rescission and five years have not elapsed from the date of said rescission;
 - (d) a person that is or was an Officer, etc., of a juridical person that provided notification of an abolishment of business pursuant to the provisions of Article 115-23 (except for a juridical person that has a reasonable basis for said abolishment of business) within the period provided by item (vi), within sixty days prior to the date of notification as set forth in the same item and five years have not elapsed from the date of said notification or decline of appointment as service provider.
- (3) A mayor of a Municipality, when intending to designate an appointment as service provider as set forth in the main clause of Article 58, paragraph (1), must take necessary measures in advance in order to reflect the opinion of relevant persons and those of Insured Persons by Long-Term Care Insurance provided by said Municipality.

(Standards of the Business of Designated Support for Prevention of Long-Term Care)

- Article 115-21 (1) A Designated Provider of Support for Prevention of Long-Term Care must act in compliance with the standards concerning effective support methods for Prevention of Long-Term Care pertaining to Designated Support for Prevention of Long-Term Care and standards concerning management of the business of Designated Support for Prevention of Long-Term Care as prescribed in paragraph (2) of the following Article, offer appropriate Designated Support for Prevention of Long-Term Care according to the mental and physical condition, etc., of a Person Requiring Long-Term Care, and always engage in offering said services from the viewpoint of the person that receives Designated Support for Prevention of Long-Term Care by implementing self-evaluation of the quality of the Provider's own Designated Support for Prevention of Long-Term Care and other measures.
- (2) A Designated Provider of Support for Prevention of Long-Term Care, when an Opinion of the Certification Committee is entered on the Certificate of Insured Person that is presented by an Insured Person that intends to receive Designated Support for Prevention of Long-Term Care, must engage in offering said Designated Support for Prevention of Long-Term Care of said Insured Person in consideration of said Opinion of the Certification Committee.
- (3) A Designated Provider of Support for Prevention of Long-Term Care,

pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, may entrust a part of Designated Support for Prevention of Long-Term Care to a person as determined by Order of the Ministry of Health, Labour, and Welfare.

Article 115-22 (1) A Designated Provider of Support for Prevention of Long-Term Care must employ the fixed minimum number of employees that engage in said Designated Support for Prevention of Long-Term Care, as determined by Order of the Ministry of Health, Labour, and Welfare in accordance with the standards as determined by Order of the Ministry of Health, Labour, and Welfare, at each place of business pertaining to said appointment as service provider.

(2) In addition to the provisions in the preceding paragraph, standards concerning effective support methods for Prevention of Long-Term Care pertaining to Designated Support for Prevention of Long-Term Care and standards concerning management of the business of Designated Support for Prevention of Long-Term Care are prescribed by the Minister of Health, Labour, and Welfare.

(3) The Minister of Health, Labour, and Welfare, when intending to provide standards concerning effective support methods for Prevention of Long-Term Care pertaining to Designated Support for Prevention of Long-Term Care and standards concerning management of the business of Designated Support for Prevention of Long-Term Care as prescribed in the preceding paragraph (limited to the part concerning the handling of Designated Support for Prevention of Long-Term Care), must hear the opinion of the Social Security Council in advance.

(4) A Designated Provider of Support for Prevention of Long-Term Care must respect the personality of a Person Requiring Long-Term Care, act in compliance with this Act or an Order based on this Act, and faithfully perform said duty for a Person Requiring Long-Term Care.

(Notification of Change)

Article 115-23 A Designated Provider of Support for Prevention of Long-Term Care, when the name or location of the Business Office pertaining to said appointment as service provider or other matters as determined by Order of the Ministry of Health, Labour, and Welfare are changed, or when the business of said Designated Support for Prevention of Long-Term Care is abolished, suspended, or recommenced, must provide notification of said fact to the mayor of the Municipality within ten days pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

(Reporting)

Article 115-24 (1) A mayor of a Municipality, when it is determined to be necessary, may order a Designated Provider of Support for Prevention of Long-Term Care, a person that is or was a Designated Provider of Support for Prevention of Long-Term Care, or an employee of the Business Office pertaining to said appointment as service provider (hereinafter referred to as a "Person that is or was a Designated Support Provider for Prevention of Long-Term Care, etc." in this paragraph) to report, submit or present record books and documents, request to said Designated Provider of Support for Prevention of Long-Term Care, an employee of the Business Office pertaining to said appointment as service provider, or a Person that is or was a Designated Support Provider for Prevention of Long-Term Care, etc., to appear, to direct personnel to ask questions to the relevant Person, or enter the Business Office pertaining to said appointment as service provider of said Designated Provider of Support for Prevention of Long-Term Care in order to inspect said facility, record books and documents, or other items.

(2) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(Recommendations and Orders)

Article 115-25 (1) A mayor of a Municipality, when it is determined that a Designated Provider of Support for Prevention of Long-Term Care does not meet the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the Article 115-22, paragraph (1) or fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in the same paragraph with regard to knowledge, skill, or employee of the Business Office pertaining to said appointment as service provider, or does not operate an appropriate business of Designated Support for Prevention of Long-Term Care in accordance with standards concerning effective support methods for Prevention of Long-Term Care pertaining to Designated Support for Prevention of Long-Term Care and standards concerning management of the business of Designated Support for Prevention of Long-Term Care prescribed in paragraph (2) of the same Article, may specify a due date and recommend to said Designated Provider of Support for Prevention of Long-Term Care to comply with the standards as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in paragraph (1) of the same Article, to employ the fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set

forth in the same paragraph, to comply with standards concerning effective support methods for Prevention of Long-Term Care pertaining to Designated Support for Prevention of Long-Term Care and standards concerning management of the business of Designated Support for Prevention of Long-Term Care as prescribed in paragraph (2) of the same Article.

- (2) A mayor of a Municipality, in a case of providing a recommendation pursuant to the provisions of the preceding paragraph, may provide public notice of the fact that said Designated Provider of Support for Prevention of Long-Term Care that is issued said recommendation did not act in compliance with said recommendation within the due date as set forth in the same paragraph.
- (3) A mayor of a Municipality, when the Designated Provider of Support for Prevention of Long-Term Care that is issued a recommendation pursuant to the provisions of paragraph (1) does not implement the measures pertaining to said recommendation without a justifiable basis, may specify a due date and order said Designated Provider of Support for Prevention of Long-Term Care to implement measures pertaining to said recommendation.
- (4) A mayor of a Municipality, when issuing an order pursuant to the provisions of the preceding paragraph, must issue public notice of said fact.

(Rescission of Appointment as Service Provider)

Article 115-26 A mayor of a Municipality, in a case that corresponds to any of the following items, may rescind the appointment as service provider as set forth in Article 58, paragraph (1) pertaining to said Designated Provider of Support for Prevention of Long-Term Care or suspend the whole or a part of the effect of said appointment as service provider within the period specified by a due date:

- (i) when a Designated Provider of Support for Prevention of Long-Term Care corresponds to any provision of Article 115-20, paragraph (2), item (iv) or item (viii);
- (ii) when a Designated Provider of Support for Prevention of Long-Term Care becomes unable to meet standards as determined by Order of the Ministry of Health, Labour, and Welfare or the fixed minimum number of employees as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in Article 115-22, paragraph (1) with regard to knowledge, skill and number of employees of the Business Office pertaining to said appointment as service provider;
- (iii) when a Designated Provider of Support for Prevention of Long-Term Care becomes unable to operate an appropriate business of Designated Support for Prevention of Long-Term Care in accordance with standards concerning effective support methods for Prevention of Long-Term Care pertaining to Designated Support for Prevention of Long-Term Care and standards

- concerning management of the business of Designated Support for Prevention of Long-Term Care as prescribed in Article 115-22, paragraph (2);
- (iv) when it is determined that an organizer of a Designated Provider of Preventive Support for Long-Term Care violates an obligation as prescribed in Article 115-22, paragraph (4);
 - (v) when an Allowance for Preventive Long-Term Care Service Plan is wrongly requested;
 - (vi) when a Designated Provider of Support for Prevention of Long-Term Care is ordered to report, submit or present record books and documents pursuant to the provisions of Article 115-24, paragraph (1), but disobeys said order or submits a false report;
 - (vii) when a Designated Provider of Support for Prevention of Long-Term Care or an employee of the Business Office pertaining to said appointment as service provider is requested to appear pursuant to the provisions of Article 115-24, paragraph (1) but does not respond or does not reply to questions pursuant to the provisions of the same paragraph or submits a false reply, or refuses, interrupts, or interferes with an inspection pursuant to the provisions of the same paragraph, however, provided that this provision does not apply when an employee of the Business Office pertaining to said appointment as service provider performed said act and said Designated Provider of Support for Prevention of Long-Term Care was faithfully providing reasonable care and supervision in order to prevent said act of said employee;
 - (viii) when a Designated Provider of Support for Prevention of Long-Term Care is appointed to provide service as set forth in Article 58, paragraph (1) by wrongful means;
 - (ix) in addition to the cases listed in the preceding items, when a Designated Provider of Support for Prevention of Long-Term Care violates this Act, another Act concerning citizens' health and medical care and public aid as provided by a Cabinet Order, or an Order or disposition of a matter based on these Acts;
 - (x) in addition to the cases listed in the preceding items, when a Designated Provider of Support for Prevention of Long-Term Care performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc.;
 - (xi) when any Officer, etc., of a Designated Provider of Support for Prevention of Long-Term Care performs a wrongful or significantly unjustifiable act concerning In-Home Service, etc., within five years and the appointment as service provider is rescinded or the whole or a part of the effect of the appointment as service provider is suspended due to said act.

(Public Notice)

Article 115-27 A mayor of a Municipality, in the following cases, must issue public notice of the said fact:

- (i) when an appointment as service provider as set forth in Article 58, paragraph (1) is determined;
- (ii) when there is a notification pursuant to the provisions of Article 115-23 (except for those pertaining to change of matters as determined by Order of the Ministry of Health, Labour, and Welfare in the same Article and suspension or recommencement of business as prescribed in the same Article);
- (iii) when an appointment as service provider as set forth in Article 58, paragraph (1) is rescinded pursuant to the provisions of the preceding Article, or the effect of the whole or a part of an appointment as service provider is suspended.

(Mutatis Mutandis Application)

Article 115-28 The provisions of Article 70-2 apply mutatis mutandis to appointment as service provider as set forth in Article 58, paragraph (1). In this case, necessary technical replacement of terms is provided by a Cabinet Order;

Section 9 Publication of Long-Term Care Service Information

(Report and Public Notice of Long-Term Care Service Information)

Article 115-29 (1) An Organizer of a Designated In-Home Service Provider, Designated Community-Based Service Provider, Designated In-Home Long-Term Care Support Provider, Designated Provider of Preventive Long-Term Care Service, Designated Provider of Community-Based Service for Preventive Long-Term Care, Designated Provider of Support for Prevention of Long-Term Care, Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly, Long-Term Care Health Facility, and Designated Medical Long-Term Care Sanatorium (herein referred to as "Long-Term Care Service Provider"), when said institution personnel obtain an appointment as service provider of Designated In-Home Service Provider, Designated Community-Based Service Provider, Designated In-Home Long-Term Care Support Provider, Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly, Designated Medical Long-Term Care Sanatorium, Designated Provider of Preventive Long-Term Care Service, Designated Provider of Community-Based Service for Preventive Long-Term Care, and Designated Provider of Support for Prevention of Long-Term Care and an approval of a Long-Term Care Health Facility, and intends to commence offering Home-Visit Long-Term Care, Home-Visit Bathing Long-Term Care and other services as

determined by Order of the Ministry of Health, Labour, and Welfare, or when it is as determined by Order of the Ministry of Health, Labour, and Welfare, (herein "Long-Term Care Service") pursuant to the provisions of a Cabinet Order, must report long-term care information pertaining to Long-Term Care Service to be offered (which means contents of Long-Term Care Service and information concerning the management status of the provider or facility that offers Long-Term Care Service, those which are as determined by Order of the Ministry of Health, Labour, and Welfare as necessary to be provided public notice in order for an Insured Person Requiring Long-Term Care, etc., that uses or intends to use Long-term care to secure an opportunity to use said Long-Term Care Service appropriately and efficiently, the same applies herein) to the prefectural governor that governs the location of the Business Office or a facility which provides said Long-Term Care Service.

- (2) A prefectural governor, when a report is received pursuant to the provisions of the preceding paragraph, must investigate the Long-Term Care Service Provider of said report, regarding those items as determined by Order of the Ministry of Health, Labour, and Welfare among Long-Term Care Service information.
- (3) A prefectural governor, after an investigation pursuant to the provisions of the preceding paragraph is completed, must issue public notice of those items as determined by Order of the Ministry of Health, Labour, and Welfare among contents of the report pursuant to the provisions of paragraph (1) and the results of the investigation pursuant to the provisions of the preceding paragraph.
- (4) A prefectural governor, when a Long-Term Care Service Provider does not report pursuant to the provisions of paragraph (1) or reports falsely, or does not permit the investigation pursuant to the provisions of paragraph (2) or interrupted the investigation, may specify a due date and order said Long-Term Care Service Provider to provide said report, correct the contents of said report, or permit such investigation.
- (5) A prefectural governor, when the disposition of a matter is determined pursuant to the provisions of the preceding paragraph, pertaining to a Designated Community-based Service Provider, Designated Provider of Community-Based Service for Preventive Long-Term Care, and Designated Provider of Support for Prevention of Long-Term Care, must provide notification of such fact to the mayor of the Municipality that provided appointment as service provider to said Designated Community-Based Service Provider, Designated Provider of Community-Based Service for Preventive Long-Term Care, or Designated Provider of Support for Prevention of Long-Term Care.
- (6) A prefectural governor, when institution personnel of a Designated In-Home

Service Provider, Designated In-Home Long-Term Care Support Provider, Designated Provider of Preventive Long-Term Care Service, Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly, Long-Term Care Health Facility, or Designated Medical Long-Term Care Sanatorium do not act in compliance with an order pursuant to the provisions of paragraph (4), may rescind the appointment as service provider of said Designated In-Home Service Provider, Designated In-Home Long-Term Care Support Provider, Designated Provider of Preventive Long-Term Care Service, Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly, and Designated Medical Long-Term Care Sanatorium or an approval for a Long-Term Care Health Facility, or suspend the whole or a part of the effect of said appointment as service provider or approval within the period specified by a due date.

- (7) A prefectural governor, in a case when a Designated Community-Based Service Provider, Designated Provider of Community-Based Preventive Service for Long-Term Care, or Designated Provider of Support for Prevention of Long-Term Care does not act in compliance with an order pursuant to the provisions of paragraph (4), rescind appointment as service provider of said Designated Community-Based Service Provider, Designated Provider of Community-Based Preventive Service for Long-Term Care, or Designated Provider of Support for Prevention of Long-Term Care, or when he or she determines appropriate, suspend the whole or a part of its effect within the period specified by a due date, and must provide notification of said effect indicating said reasons to the mayor of the Municipality that provided said appointment as service provider.

(Appointment of Designated Investigative Agency)

- Article 115-30 (1) A prefectural governor may assign a person that the prefectural governor appoints (hereinafter referred to as "Designated Investigative Agency") to conduct affairs pertaining to an investigation as set forth in paragraph (2) of the preceding Article (hereinafter referred to as "Investigation Affairs").
- (2) Appointment as service provider as set forth in the preceding paragraph is to be provided by said prefectural governor in each prefecture, by application of a person that intends to obtain said appointment as service provider.
- (3) A prefecture, in a case when collection fees pertaining to Investigation Affairs based on the provisions of Article 227 of the Local Autonomy Act, may have said person that accepts the investigation as set forth in paragraph (2) in the preceding Article provided by a Designated Investigative Agency pursuant to the provisions of paragraph (1) pay said fee to said Designated Investigative Agency pursuant to the provisions of a prefectural ordinance and determine said fee as income of said Designated Investigative Agency.

(Investigator)

Article 115-31 (1) A Designated Investigative Agency, when implementing Investigation Affairs, act in compliance with the method as determined by Order of the Ministry of Health, Labour, and Welfare and assign investigator to Investigation Affairs.

(2) Investigator must be selected from those who possess expert knowledge and skill concerning Investigation Affairs and meet the requirements provided by a Cabinet Order.

(Confidentiality Obligations)

Article 115-32 (1) A Designated Investigative Agency (in a case when said person is a juridical person, said Officer; the same applies in the following paragraph), said personnel, or a person that was in these occupation must not divulge any confidential information that said person learned concerning Investigation Affairs.

(2) A Designated Investigative Agency and said personnel who engage in Investigation Affairs is deemed as personnel that engages in public service pursuant to the provisions of laws and regulations with regard to application of the Penal Code and other penal provisions.

(Maintenance of Books)

Article 115-33 A Designated Investigative Agency, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, must keep and maintain books where matters concerning Investigation Affairs and as determined by Order of the Ministry of Health, Labour, and Welfare are recorded.

(Reporting)

Article 115-34 (1) A prefectural governor, when it is determined to be necessary for ensuring fair and appropriate conduct of Investigation Affairs, may request a Designated Investigative Agency to report concerning Investigation Affairs, direct personnel to ask questions to a relevant person, or enter the Business Office of said Designated Investigative Agency in order to inspect said facilities, record books and documents, or other items.

(2) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions and inspections pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(Suspension and Abolition of Business)

Article 115-35 A Designated Investigative Agency shall not suspend or abolish the whole or a part of Investigation Affairs without obtaining approval from prefectural governor.

(Appointment of Designated Public Information Center)

Article 115-36 (1) A prefectural governor may appoint a person (hereinafter referred to as "Designated Public Information Center") the whole or a part of those Investigation Affairs, as determined by Order of the Ministry of Health, Labour, and Welfare, concerning acceptance of reports of Long-Term Care Service information and appointment as service provider as a Designated Investigative Agency (hereinafter referred to as "Public Information Business Office").

(2) Appointment as service provider as set forth in the preceding paragraph is provided in each prefectural area, by an application of a person that intends to obtain said appointment as service provider, by the governor of said prefecture.

(3) The provisions of Article 115-30, paragraph (3) and Article 115-32 to the preceding Article apply mutatis mutandis to a Designated Public Information Center. In this case, the terms "Investigation Affairs," "Designated Investigative Agency," and "personnel (including an investigator; the same applies in the same paragraph)" in these provisions are deemed to be replaced with "Public Information Business Office," "Designated Public Information Center," and "personnel" respectively, and the necessary technical replacement of terms is provided by a Cabinet Order.

(Delegation to a Cabinet Order)

Article 115-37 In addition to those matters provided in this Section, other necessary matters concerning a Designated Investigative Agency and Designated Public Information Center are provided by a Cabinet Order.

Chapter VI Community Support Projects

(Community Support Projects)

Article 115-38 (1) A Municipality is to prevent an Insured Person from being in a Condition of Need for Long-Term Care, and implement the following projects as Community Support Projects in order to support said persons to be able to live an independent daily life in each area, as much as possible, although said person becomes in a Condition of Need for Long-Term Care, etc.:

(i) a project necessary for preventing an Insured Person (limited to a Primary Insured Person) from becoming in a Condition of Need for Long-Term Care, etc., reduction of a Condition of Need for Long-Term Care, etc., or prevention of deterioration (except for business of Preventive Long-Term Care Service

- and Community-Based Preventive Long-Term Care Business);
- (ii) a project to provide necessary assistance for providing businesses listed in the preceding item and other appropriate business comprehensively and effectively, in order to prevent an Insured Person from being in a Condition of Need for Long-Term Care, etc., according to the mental and physical condition, surroundings, and other conditions of said person, and based on a said selection;
 - (iii) a project to understand the mental and physical conditions of an Insured Person, the actual living status in his or her home, and other necessary actual conditions, to provide comprehensive information concerning health and medical care, public health, social public aid service and other relevant measures, to coordinate with relevant facilities, and to provide comprehensive support in order to improve health and medical care of Insured Person and to promote public aid service;
 - (iv) a project to provide the necessary assistance for prevention of abuse of an Insured Person, a business for early detection of said abuse and other advocacy for an Insured Person;
 - (v) a project to provide comprehensive and continuous support, through review of the In-Home Service Plan and Facility Service Plan for an Insured Person, said Person's mental and physical condition, use status of services subject to Long-Term Care Benefit and periodical consultation with people possessing expert knowledge concerning health and medical care and public aid, in order for said Insured Person to live said daily life independently in the community.
- (2) A Municipality, in addition to the projects listed in the items of the preceding paragraph, may implement the following projects as Community Support Projects:
- (i) a project to appropriate allowances necessary for Long-Term Care Benefit, etc.;
 - (ii) a project necessary for supporting the guidance of long-term care method and for supporting personnel that are actually providing care to the Insured Persons Requiring Long-Term Care;
 - (iii) a project necessary for stabilization of management of Long-Term Care Insurance business and for supporting an Insured Person for an independent daily life in the community.
- (3) A Community Support Project is to be implemented by taking into consideration the current conditions of business concerning Preventive Long-Term Care Service in said Municipality, the business conditions of Long-Term Care Insurance and other conditions within the scope of amounts provided by a Cabinet Order.
- (4) A Municipality may request a fee to user of a Community Support Project pursuant to the provisions of Order of the Ministry of Health, Labour, and

Welfare.

- (5) The Minister of Health, Labour, and Welfare is to provide public notice of guidelines necessary for promoting appropriate and effective implementation of a project implemented by a Municipality pursuant to the provisions of paragraph (1), item (i).
- (6) In addition to the provisions of the items in the preceding paragraph, other necessary matters concerning implementation of a Community Support Project are prescribed by a Cabinet Order.

(Community General Support Center)

Article 115-39 (1) A community general support center aims to provide comprehensive support for improvement of health and medical care and promotion of the public of local residents through implementation of projects listed in paragraph (1), item (ii) to item (v) of the preceding paragraph (hereinafter "Comprehensive Support Project") and other projects as determined by Order of the Ministry of Health, Labour, and Welfare, and provide assistance necessary for maintaining mental and physical health and for stabilization of the lives of local residents.

- (2) A Municipality may establish a community general support center.
- (3) A person that is entrusted with the implementation of a project as set forth in paragraph (1) of the following Article, may provide notice of matters as determined by Order of the Ministry of Health, Labour, and Welfare to the mayor of the Municipality in advance and establish a community general support center pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, in order to implement a Comprehensive Support Project and other projects as determined by Order of the Ministry of Health, Labour, and Welfare as set forth in paragraph (1).
- (4) Institution personnel of a community general support center must comply with standards as determined by Order of the Ministry of Health, Labour, and Welfare as necessary for the implementation of a Comprehensive Support Project.
- (5) Institution personnel of a community general support center (in a case when the institution personnel refers to a juridical person, said Officers) or the personnel or a person that were in said occupation must not divulge any confidential information that said person learned concerning said business without justifiable reasons.
- (6) The provisions of Article 69-14 apply mutatis mutandis to a community general support center. In this case, the necessary technical replacement of terms is provided by a Cabinet Order.
- (7) In addition to the provisions as prescribed in each of the preceding paragraph, other necessary matters concerning a community general support center are

prescribed by a Cabinet Order.

(Entrustment of Implementation)

Article 115-40 (1) A Municipality may entrust implementation of a Comprehensive Support Project to the institution personnel of a Long-Term Care Support Center as prescribed in Article 20-7, paragraph (1) of the Act on Social Welfare for the Elderly and other persons as determined by Order of the Ministry of Health, Labour, and Welfare.

(2) Entrustment pursuant to the provisions of the preceding paragraph must be implemented for all Comprehensive Support Projects collectively.

(3) The provisions of paragraph (5) of the preceding Article apply mutatis mutandis to a person that accepted an entrustment as set forth in paragraph (1).

(4) A Municipality may entrust implementation of the whole or a part of project listed in Article 115-38, paragraph (1), item (i) and each item listed in paragraph (2) to the institution personnel of a Long-Term Care Support Center as prescribed in Article 20-7, paragraph (1) of the Act on Social Welfare for the Elderly and other person that said Municipality determines appropriate.

(Health Care and Public Aid Projects)

Article 115-41 A Municipality may implement, in addition to Community Support Projects, a project necessary for supporting a person that actually provides care for an Insured Person Requiring Long-Term Care, a project necessary for preventing an Insured Person from being in a Condition of Need for Long-Term Care, etc., a project of Designated In-Home Service or Designated In-Home Long-Term Care Support, a project necessary for management of a Facility Covered by Long-Term Care Insurance and other Insurance Benefits, a project necessary for the loan of funds for Services Subject to Long-Term Care Benefits, etc., that an Insured Person utilizes, and other projects.

Chapter VII Insured Long-Term Care Service Plans

(Basic Guidelines)

Article 116 (1) The Minister of Health, Labour, and Welfare is to provide basic guidelines for ensuring the efficient implementation of Insurance Benefits pertaining to Long-Term Care Projects Covered by Insurance (hereinafter referred to as "Basic Guidelines").

(2) Basic Guidelines are to provide matters as listed in the following:

(i) basic matters for ensuring a system to provide Services Subject to Long-Term Care Benefits, etc., and concerning implementation of a Community

Support Project;

- (ii) for matters that concern the Municipal Insured Long-Term Care Service Plan as set forth in paragraph (1) of the following Article, standards to be considered when determining the prospective service amounts by type of Service Covered by Long-Term Care Benefits, etc., as set forth in paragraph (2), item (i) of the same Article, and matters concerning preparation of a Prefectural Insured Long-Term Care Service Plan as set forth in Article 118, paragraph (1);
 - (iii) matters necessary for ensuring the efficient implementation of Insurance Benefits pertaining to an Insured Long-Term Care Project.
- (3) The Minister of Health, Labour, and Welfare must provide Basic Guidelines, and when changing said guidelines, must consult with the Minister of Public Management, Home Affairs, Posts and Telecommunications and other chairpersons of related administrative organizations.
- (4) The Minister of Health, Labour, and Welfare must provide Basic Guidelines and when providing said Guidelines, provide public notice of said Guidelines without delay.

(Municipal Insured Long-Term Care Service Plan)

Article 117 (1) A Municipality, for Basic Guidelines, provide a plan concerning the efficient implementation of Insurance Benefits pertaining to an Insured Long-Term Care Project that is implemented by said Municipality by specifying three years as one project term (hereinafter referred to as "Municipal Insured Long-Term Care Service Plan").

- (2) A Municipal Insured Long-Term Care Service Plan is to provide the matters listed as follows:
- (i) the total of the necessary fixed number of persons that utilize Communal Daily Long-Term Care for A Dementia Patient, Daily Life Long-Term Care for A Person Admitted to A Community-Based Specified Facility, and Admission to A Community-Based Facility for Preventive Daily Long-Term Care of the Elderly Covered by Public Aid, said prospective numbers by type of Service Covered by Long-Term Care Benefits, etc., and measures to secure said prospective numbers for each fiscal year by each area that is specified by said Municipality by comprehensively taking into consideration geographical conditions, population, transportation, other social conditions, status of facility conditions for providing Service Covered by Long-Term Care Benefits, etc., and other conditions within the area where said residents live their daily life;
 - (ii) amount of cost necessary for a Community Support Project, prospective quantities of a Community Support Project, and measures for ensuring said prospective quantities;

- (iii) matters concerning a project for ensuring cooperation among organizations that are a Designated In-Home Service Provider, Designated Community-Based Service Provider, and Designated In-Home Long-Term Care Support Provider and concerning other projects for promoting the efficient provision of Service Covered by Long-Term Care Benefits, etc., (limited to those pertaining to Long-Term Care Benefits);
 - (iv) matters concerning a project for ensuring cooperation among organizations that are a Designated Provider of Preventive Long-Term Care Service, Designated Provider of Community-Based Service for Preventive Long-Term Care, and Designated Provider of Support for Prevention of Long-Term Care and other projects for promoting the efficient provision of Service Covered by Long-Term Care Benefits, etc., (limited to those pertaining to Prevention Benefits) and efficient implementation of a Community Support Project;
 - (v) matters that a Municipality determines are necessary for promoting efficient implementation of Insurance Benefits pertaining to an Insured Long-Term Care Project.
- (3) A Municipal Insured Long-Term Care Service Plan must be prepared by taking into consideration the number of Insured Persons Requiring Long-Term Care, etc., in the area of said Municipality, the intentions of a Person Requiring Long-Term Care concerning use of the Service Covered by Long-Term Care Benefits, etc., and other conditions.
 - (4) A Municipal Insured Long-Term Care Service Plan must be prepared in conjunction with a Municipal Welfare Plan for the Elderly as prescribed in Article 20-8, paragraph (1) of the Act on Social Welfare for the Elderly and a Municipal Health Plan for the Elderly as prescribed in Article 46-18, paragraph (1) of the Health and Medical Services Act for the Aged (Act No. 80 of 1982).
 - (5) A Municipal Insured Long-Term Care Service Plan must maintain harmony and balance with a Municipal Community Welfare Plan as prescribed in Article 107 of the Social Welfare Act and plans pursuant to the provisions of other Acts, and those that provide matters concerning health, medical care, or welfare of an Insured Person Requiring Long-Term Care, etc.
 - (6) A Municipality, when providing or changing a Municipal Insured Long-Term Care Service Plan, is to undertake the necessary measures in advance in order to reflect the opinions of Insured Persons.
 - (7) A Municipality, when providing or changing a Municipal Insured Long-Term Care Service Plan, must hear opinions of the prefecture in advance.
 - (8) A Municipality, when providing or changing a Municipal Insured Long-Term Care Service Plan, must submit said Plan to the prefectural governor without delay.

(Prefectural Insured Long-Term Care Service Plan)

- Article 118 (1) A prefecture, with regard to Basic Guidelines, is to provide a plan concerning efficient implementation of Insurance Benefits pertaining to an Insured Long-Term Care Project by specifying three years as one term (hereinafter referred to as "Prefectural Insured Long-Term Care Service Plan").
- (2) A Prefectural Insured Long-Term Care Service Plan is to provide the matters listed as follows:
- (i) the total necessary capacity of persons to utilize Daily Life Care of A Patient Admitted to A Specialized Long-Term Care Specified Facility, Daily Life Long-Term Care for A Person Admitted to A Community-Based Specified Facility, and Admission to A Community-Based Facility for Preventive Daily Long-Term Care of the Elderly Covered by Public Aid in each fiscal year by each area provided by said prefecture, the total necessary capacity of persons that may be admitted to a facility by type of Facility Covered by Long-Term Care Insurance (with regard to a Designated Medical Long-Term Care Sanatorium, the total necessary capacity of persons for admission to a facility pertaining to Sanatorium Ward, etc., of said Designated Medical Long-Term Care Sanatorium) and prospective quantity of other Service Covered by Long-Term Care Benefits, etc.;
 - (ii) matters concerning a project to promote improvement of the living environment at a Facility Covered by Long-Term Care Insurance and other facilities that are to provide Service Covered by Long-Term Care Benefits, etc.;
 - (iii) matters concerning publication of Long-Term Care Service information;
 - (iv) matters concerning a Long-Term Care Support Specialist and other Service Covered by Long-Term Care Benefits, etc., ensuring adequate personnel qualified to engage in Community Support Projects, and business contributing to the improvement of quality;
 - (v) matters concerning a project ensuring cooperation among organizations that are a Facility Covered by Long-Term Care Insurance and other projects for promoting the efficient provision of Service Covered by Long-Term Care Benefits, etc.;
 - (vi) other matters that a prefecture determines necessary for supporting efficient implementation of Insurance Benefits pertaining to Long-Term Care Projects Covered by Insurance.
- (3) A Prefectural Insured Long-Term Care Service Plan, in addition to matters listed in each item of the preceding paragraph, may provide the total necessary capacity of persons who utilize Daily Life Activities of A Long-Term Care Patient Admitted to A Combined Specified Facility in each fiscal year by area specified by said prefecture pursuant to the provisions of item (i) of the same paragraph;

- (4) A Prefectural Insured Long-Term Care Service Plan must be prepared in conjunction with a Prefectural Welfare Plan for Elderly as prescribed in Article 20-9, paragraph (1) of the Act on Social Welfare for the Elderly and Prefectural Health Plan for Elderly as prescribed in Article 46-19, paragraph (1) of Health and Medical Services Act for the Aged.
- (5) A Prefectural Insured Long-Term Care Service Plan must maintain a harmonious balance with a medical care plan as prescribed in Article 30-4, paragraph (1) of the Medical Care Act, a Prefectural Community Welfare Support Plan as prescribed in Article 108 of Social Welfare Act and plan pursuant to the provisions of other Acts and those provides matters concerning health, medical care, and welfare of an Insured Person Requiring Long-Term Care, etc.
- (6) A prefecture, when providing or changing a Prefectural Insured Long-Term Care Service Plan, submit said plan to the Minister of Health, Labour, and Welfare without delay.

(Advice of a Prefectural Governor)

Article 119 (1) A prefectural governor may provide necessary advice to a Municipality regarding technical matters for preparation of a Municipal Insured Long-Term Care Service Plan.

(2) The Minister of Health, Labour, and Welfare may provide necessary advice to a prefecture regarding technical matters for preparation of a Prefectural Insured Long-Term Care Service Plan.

(Assistance of the National Government)

Article 120 The national government, when a Municipality or a prefecture intends to implement projects as prescribed in a Municipal Insured Long-Term Care Service Plan or a Prefectural Insured Long-Term Care Service Plan, must endeavor to provide necessary information, advice, and other assistance for the efficient implementation of said projects.

Chapter VIII Expenses

Section 1 Imposition of Expenses

(Costs Imposed upon the National Government)

Article 121 (1) The national government, pursuant to the provisions of a Cabinet Order, is subject to defray the costs incurred by a Municipality for the amount equivalent to the percentage as prescribed in each of the following items for the amount of expenses necessary for Long-Term Care Benefits and Prevention Benefits, according to the categories of allowance listed in said items:

(i) costs necessary for Long-Term Care Benefits (except for those listed in the

- following item) and Prevention Benefits (except for those listed in the same item): 20 percent of the necessary costs;
- (ii) costs necessary for Long-Term Care Benefits (limited to those pertaining to a Facility Covered by Long-Term Care Insurance and Daily Life Long-Term Care for A Person Admitted to A Community-Based Specified Facility) and Prevention Benefits (limited to those pertaining to Daily Preventive Long-Term Care Admitted to A Specified Facility): 15 percent of the necessary costs.
- (2) With regard to application of the provisions of the preceding paragraph to a Municipality that provides Order based on the provisions of Article 43, paragraph (3), Article 44, paragraph (6), Article 45, paragraph (6), Article 55, paragraph (3), Article 56, paragraph (6), or Article 57, paragraph (6), measures pursuant to the provisions of said ordinance are not implemented to those amount of costs necessary for Long-Term Care Benefits and Prevention Benefits as prescribed in the same paragraph, and said amount of costs are equivalent to the amount of expenses necessary for said Long-Term Care Benefit and Prevention Benefit, which are calculated pursuant to the provisions of a Cabinet Order;

(Adjusting Subsidies)

- Article 122 (1) The national government provides Adjusting Subsidies to a Municipality pursuant to the provisions of a Cabinet Order, in order to adjust the finances of Long-Term Care Insurance by taking into consideration the distribution by age group of Primary Insured Persons, distribution of income of Primary Insured Persons, etc.;
- (2) The total amount of Adjusting Subsidies pursuant to the provisions of the preceding paragraph is to be the amount equivalent to 5 percent of the total amount of costs necessary for Long-Term Care Benefits and Prevention Benefits as prescribed in paragraph (1) of the preceding paragraph for each Municipality (in a case when the provisions of paragraph (2) of the same Article apply, the amount calculated by applying the provisions of the same paragraph; the same applies in the following paragraph).
- (3) The total amount of Adjusting Subsidies to be granted as a portion of each fiscal year is to be the amount equivalent to 5 percent of the total prospective amount of costs necessary for Long-Term Care Benefits and Prevention Benefits as prescribed in paragraph (1) of the preceding paragraph in each Municipality in said fiscal year, plus the amount of Adjusting Subsidies for the fiscal year prior to the year previous to said fiscal year that have not yet been provided, or the amount equivalent to 5 percent of said total prospective amount, minus an amount that is the portion provided that exceeded the amount to be provided in prior fiscal years of the year previous to said fiscal

year.

Article 122-2 (1) The national government, pursuant to the provisions of a Cabinet Order, provides an amount equivalent to 25 percent of costs necessary for a Community Support Project (limited to projects listed in Article 115-38, paragraph (1), item (i); hereinafter referred to as "Long-Term Care Prevention Project") to a Municipality.

(2) The national government, pursuant to the provisions of a Cabinet Order, grants an amount equivalent to 50 percent of the amount (hereinafter referred to as "Economic Assistance to A Comprehensive Support Business, etc.") that is obtained by multiplying the percentage that is the result of the sum of the cost payment percentage of the Secondary Insured Person group as set forth in Article 125, paragraph (1) and 50 percent, by the amount of expenses necessary for a Community Support Project (except for Long-Term Care Prevention Project) to a Municipality.

(Cost Impositions upon a Prefecture)

Article 123 (1) A prefecture, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, is subject to defray to a Municipality the amount equivalent to the portion as prescribed in each of the following items for the amount of expenses necessary for Long-Term Care Benefits and Prevention Benefits, according to the categories of costs listed in each said item:

(i) costs necessary for Long-Term Care Benefits (except for those listed in the following item) and Prevention Benefits (except for those listed in the same item): 12.5 percent of the necessary costs;

(ii) costs necessary for Long-Term Care Benefits (limited to those pertaining to a Facility Covered by Long-Term Care Insurance and Living Care for the Elderly Admitted to a Special Facility for Preventive Long-Term Care Service) and Prevention Benefits (limited to those pertaining to Daily Preventive Long-Term Care Admitted to A Specified Facility): 17.5 percent of the necessary costs.

(2) The provisions of Article 121, paragraph (2) apply mutatis mutandis to the amount of expenses necessary for Long-Term Care Benefits and Prevention Benefits as prescribed in the preceding paragraph.

(3) A prefecture, pursuant to the provisions of a Cabinet Order, provides an amount equivalent to 12.5 percent of the costs necessary for a Long-Term Care Prevention Project to a Municipality;

(4) A prefecture, pursuant to the provisions of a Cabinet Order, subsidize an amount equivalent to 25 percent of Economic Assistance to A Comprehensive Support Business, etc., to a Municipality.

(Costs Imposed on the General Fund of a Municipality)

- Article 124 (1) A Municipality, pursuant to the provisions of a Cabinet Order, bears an amount equivalent to 12.5 percent of the amount of expenses necessary for Long-Term Care Benefits and Prevention Benefits by said general fund.
- (2) The provisions of Article 21, paragraph (2) apply mutatis mutandis to the amount of expenses necessary for Long-Term Care Benefits and Prevention Benefits as prescribed in the preceding paragraph.
- (3) A Municipality, pursuant to the provisions of a Cabinet Order, bears the cost of the amount equivalent to 12.5 percent of the amount of expenses necessary for Long-Term Care Prevention Project by said general fund.
- (4) A Municipality, pursuant to the provisions of a Cabinet Order, bears the cost of the amount equivalent to 25 percent of Economic Assistance to A Comprehensive Support Business, etc., by the general fund.

(Grant for Long-Term Care Benefit Expenses)

- Article 125 (1) With regard to the amount (hereinafter referred to as "Amount Subject to Medical Insurance Premium Payment" in this Chapter) that is obtained by multiplying the payment percentage of the Secondary Insured Person group to the amount of expense necessary for Long-Term Care Benefits and Prevention Benefits among the expenses that are imposed upon a special account pertaining to Municipal Long-Term Care Insurance, pursuant to the provisions of a Cabinet Order, a Grant for Long-Term Care Benefit Expenses that is provided to a Municipality by the Social Insurance Medical Fee Payment Fund (hereinafter referred to as "Payment Fund") pursuant to the provisions of the Social Insurance Medical Fee Payment Fund Act (Act No. 129 of 1948) is to be allocated to said amount.
- (2) The payment proportion of a Secondary Insured Person group as prescribed in the preceding paragraph is to be established based on the percentage obtained by multiplying 50 percent to the percentage of the total prospective number of Secondary Insured Persons pertaining to all Municipalities to the total prospective number of Insured Persons pertaining to all Municipalities and is to be specified by a Cabinet Order by taking into consideration the changes of said proportion every three years.
- (3) The provisions of Article 121, paragraph (2) apply mutatis mutandis to the amount of expenses necessary for Long-Term Care Benefits and Prevention Benefits as prescribed in paragraph (1).
- (4) The payment that is collected by the Payment Fund pursuant to the provisions of Article 150, paragraph (1) is to be allocated to the Grant for Long-Term Care Benefit Expenses as set forth in paragraph (1).

(Grants for Supporting Community Support Projects)

Article 126 (1) With regard to the amount that is obtained by multiplying the payment proportion of the Secondary Insured Person group as set forth in paragraph (1) of the preceding Article to the amount of expenses necessary for a Long-Term Care Prevention Project among the expenses that are imposed on a special account pertaining to Municipal Long-Term Care Insurance (hereinafter referred to as "Amount Subject to Medical Insurance Premium Payment for Long-Term Care Prevention Project" in this Chapter), pursuant to the provisions of a Cabinet Order, the Grants for Supporting Community Support Projects that the Payment Fund provides to a Municipality, are allocated to said amount.

(2) Payments that are collected by the Payment Fund pursuant to the provisions of Article 150, paragraph (1) is to be allocated to Grants for Supporting Community Support Projects as set forth in the preceding paragraph.

(Assistance by National Government)

Article 127 The national government, in addition to those items as prescribed in Article 121, Article 122, and Article 122-2, may assist with a portion of the expenses necessary for an Insured Long-Term Care Project within the budget.

(Assistance by a Prefecture)

Article 128 A prefecture, in addition to those items as prescribed in Article 123, may assist with a portion of the expenses necessary for an Insured Long-Term Care Project.

(Insurance Premiums)

Article 129 (1) A Municipality must collect insurance premiums in order to allocate these amounts to the disbursements necessary for an Insured Long-Term Care Project (including the disbursements necessary for payment of a Fiscal Stability Fund contribution).

(2) Insurance premiums as prescribed in the preceding paragraph are imposed upon a Primary Insured Person with the amount of an insurance premium calculated by the rate of an insurance premium that is calculated pursuant to the provisions of Order in accordance with the standards provided by a Cabinet Order.

(3) The rate of an insurance premium as set forth in the preceding paragraph is to be determined in order to be able to maintain fiscal balance of revenue and expenses approximated through three years in consideration of the estimated amount of disbursements necessary for Insurance Benefits calculated based on the prospective volume, etc., of the Service Covered by Long-Term Care

Benefits, etc., as prescribed in a Municipal Insured Long-Term Care Service Plan, the estimated amount of disbursements necessary for payment of a Fiscal Stability Fund contribution, the approximate amount of disbursements necessary for repayment of borrowings from a prefecture pursuant to the provisions of Article 147, paragraph (1), item (ii), and estimated amount of disbursements necessary for Community Support Projects and Health Care and Welfare Projects, the distribution of income of the Primary Insured Person group and said prospective amount, and the amount of national treasury impositions, etc.

(4) A Municipality, notwithstanding the provisions of paragraph (1), does not collect an insurance premium from a Secondary Insured Person.

(Base Date for Assessment)

Article 130 The base date for assessment of an insurance premium is to be the first date of said fiscal year.

(Insurance Premium Collection Method)

Article 131 With regard to the collection of an insurance premium as set forth in Article 129, except for a case when the insurance premium is collected by a method of special collection (which means having a person (hereinafter referred to as "Pension Insurer") that pays an Old Age Basic Pension pursuant to the provisions of the National Pension Act (Act No. 141 of 1959), other benefits for a pension with the reason of payment, such as old age, retirement, disability, or death that are provided by a Cabinet Order and based on the same Act, Employees Pension Insurance Act (Act No. 115 of 1954), National Public Service Mutual Aid Association Act, Local Public Service Mutual Aid Association Act, and Private School Personnel Mutual Aid Association Act, and other benefits as a pension with the reason of payment, such as old age, retirement, disability, or death that are similar to those benefits as a pension and are provided by a Cabinet Order (hereinafter referred to as "Old Age, etc., Pension Benefit"), collect insurance premiums and pay to the government said insurance premiums to be collected; the same applies herein) pursuant to the provisions of Article 135, the insurance premium must be by a method of ordinary collection (which means that a Municipality collects an insurance premium by providing notification of the payment pursuant to the provisions of Article 231 of the Local Autonomy Act to a Primary Insured Person that is subject to an insurance premium, the householder of said family where said Primary Insured Person resides, or the spouse of said Primary Insured Person (including a person that has not submitted a notification of marriage, but is under virtually the same circumstances in a marital relationship); the same applies herein).

(Payment Obligation of an Insurance Premium Pertaining to General Collection)

- Article 132 (1) The Primary Insured Person, when a Municipality intends to collect an insurance premium of said person by the method of general collection, must pay said insurance premium.
- (2) A household, when a Municipality intends to collect an insurance premium of a Primary Insured Person who resides with said family by the method of general collection, is subject to the obligation of payment of said insurance premium jointly and severally.
- (3) A spouse, when a Municipality intends to collect an insurance premium of the other spouse who is a Primary Insured Person by the method of general collection, is subject to the obligation of payment of said insurance premium jointly and severally.

(Due Date of an Insurance Premium Pertaining to General Collection)

Article 133 The due date of an insurance premium collected by the method of general collection is specified by Order of said Municipality.

(Notification of a Pension Insurer to a Municipality)

- Article 134 (1) A Pension Insurer, by the due date as determined by Order of the Ministry of Health, Labour, and Welfare every year, must provide notice of the name, domicile and other matters, as determined by Order of the Ministry of Health, Labour, and Welfare, of a person that has received an Old Age, etc., Pension Benefit from said Pension Insurer as of April 1 of said year and is the age of 65 years or older (except for those persons listed in the following) to the Municipality where said person is domiciled as of the same date (in a case when said person is a Primary Insured Person of Long-Term Care Insurance provided by another Municipality pursuant to the provisions of Article 13, paragraph (1) or paragraph (2), notification of said fact is to be provided to said other Municipality; the same applies from the following item to item (vi) (except for item (iii)):
- (i) a person for whom the total amount of said Old Age, etc., Pension Benefit to be received during the period from June 1 of said year to May 31 of the following year is less than the amount as of April 1 of said year as determined by a Cabinet Order;
- (ii) a person who has pledged the right to receive said Old Age, etc., Pension Benefit as collateral pursuant to the provisions specified separately by the Act or other special circumstances as determined by Order of the Ministry of Health, Labour, and Welfare.
- (2) A Pension Insurer must provide notice of the name, domicile and other

circumstances as determined by Order of the Ministry of Health, Labour, and Welfare of a person that is defined by any of the following items from April 2 to June 1 of said year (including a person who is defined by item (i) during the period from March 1 to April 1 of said year that has not yet received the payment of an Old Age, etc., Pension Benefit from said Pension Insurer as of April 1 of said year, and excluding a person whose prospective amount of pension benefit that is calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare based on the total amount of said Old Age, etc., Pension Benefit to be received during the period from August 1 of said year to May 31 of the following year is less than the amount determined by a Cabinet Order as of June 1 of said year, and a person that corresponds to item (ii) of the preceding paragraph) by the due date as determined by Order of the Ministry of Health, Labour, and Welfare every year to the Municipality where said person is domiciled as of June 1 of said year:

- (i) a person that has acquired the right to receive payment of said Old Age, etc., Pension Benefit from said Pension Insurer based on a ruling of the right to receive an Old Age, etc., Pension Benefit and is the age of 65 years or older;
 - (ii) a person that has become the age of 65 years among those who receive payment of an Old Age, etc., Pension Benefit from said Pension Insurer (limited to a person who has the right to receive said Old Age, etc., Pension Benefit continuously after the age of 65 years);
 - (iii) a person that submitted a notification of change of domicile to outside the area of a Municipality to said Pension Insurer and is the age of 65 years or older among those who receive an Old Age, etc., Pension Benefit from said Pension Insurer.
- (3) A Pension Insurer, by the date specified by Order of the Ministry of Health, Labour, and Welfare must provide notice every year of the name, domicile, and other matters as determined by Order of the Ministry of Health, Labour, and Welfare of a person (except for a person whose prospective amount of pension benefit is calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare based on total amount of said Old Age, etc., Pension Benefit to be received during the period October 1 of said year to May 31 of the following year that is less than the amount specified by a Cabinet Order as of August 1 of said year and a person that corresponds to paragraph (1), item (ii)) who corresponds to any items in the preceding paragraph during the period from June 2 to August 1 of said year to the Municipality where said person is domiciled as of August 1 of said year;
- (4) A Pension Insurer, by the date specified by Order of the Ministry of Health, Labour, and Welfare must provide notice every year of the name, domicile, and other matters as determined by Order of the Ministry of Health, Labour, and Welfare of a person (except for a person whose prospective amount of pension

benefit that is calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare based on the total amount of said Old Age, etc., Pension Benefit to be received during the period from December 1 of said year to May 31 of the following year is less than the amount provided by a Cabinet Order as of October 1 of said year, and a person that corresponds to paragraph (1), item (ii)) who corresponds to any provision of the items of paragraph (2) during the period from August 2 to October 1 of said year to the Municipality where said person is domiciled as of October 1 of said year.

(5) A Pension Insurer, by the date specified by Order of the Ministry of Health, Labour, and Welfare must provide notice every year of the name, domicile, and other matters as determined by Order of the Ministry of Health, Labour, and Welfare of a person (except for a person whose prospective amount of pension benefit that is calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare based on the total amount of said Old Age, etc., Pension Benefit to be received during the period from February 1 to May 31 of said year is less than the amount provided by a Cabinet Order as of December 1 of the previous year of said year, and a person that corresponds to paragraph (1), item (ii)) who corresponds to any provision of the items of paragraph (2) during the period from October 2 to December 1 of the previous year of said year to the Municipality where said person is domiciled as of December 1 of the previous year of said year.

(6) A Pension Insurer, by the date specified by Order of the Ministry of Health, Labour, and Welfare must provide notice of every year of the name, domicile, and other matters as determined by Order of the Ministry of Health, Labour, and Welfare of a person (except for a person whose prospective amount of pension benefit that is calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare based on the total amount of said Old Age, etc., Pension Benefit to be received during the period from April 1 to May 31 of said year is less than the amount determined by a Cabinet Order as of February 1 of said year, and a person that corresponds to paragraph (1), item (ii)) who corresponds to any items of paragraph (2) during the period from December 2 of the previous year of said year to February 1 of said year to the Municipality where said person is domiciled as of February 1 of said year.

(7) A Pension Insurer (except for the secretary of a Social Insurance Agency or a Local Public Service Mutual Aid Association (including the National Federation of Mutual Aid Associations for Municipal Personnel; the same applies in the following paragraphs, Article 136, paragraph (3) and paragraph (6), and Article 137, paragraph (2))), in a case when a notification is issued pursuant to the provisions of the preceding paragraph, may obtain the consent of the secretary of said Social Insurance Agency and issue all of said notifications that are issued by said Pension Insurer, via the secretary of said

Social Insurance Agency.

- (8) A Local Public Service Mutual Aid Association, in a case when a notification is issued pursuant to the provisions of paragraph (1) to paragraph (6), is to issue said notification via the Pension Fund Association for Local Government Officials.
- (9) The secretary of said Social Insurance Agency, when providing consent as set forth in paragraph (7), must issue a public notice of the Pension Insurer pertaining to said consent (hereinafter referred to as "Specified Pension Insurer" in Article 136).

(Special Collection of Insurance Premiums)

Article 135 (1) A Municipality, in a case when notification is issued pursuant to the provisions of paragraph (1) of the preceding Article, is to collect all of an insurance premium (in a case as determined by Order of the Ministry of Health, Labour, and Welfare, a portion of said insurance premium) of said fiscal year that is imposed upon a Primary Insured Person pertaining to said notification (except a person for whom it is determined significantly difficult to pay the insurance premium by the method of special collection due to disaster or other special circumstances; the same applies in the following paragraph and paragraph (3)) by the method of special collection, however, provided that an insurance premium may not be collected by the method of special collection in a Municipality that is determined inappropriate to implement special collection due to a limited number of Primary Insured Persons pertaining to said notification or other special circumstances.

- (2) A Municipality (except for a Municipality as prescribed in the proviso of the preceding paragraph; the same applies in the following paragraph), in a case when notification is issued pursuant to the provisions of paragraph (2) or paragraph (3) of the preceding Article, may collect a portion of an insurance premium of said fiscal year that is imposed upon a Primary Insured Person pertaining to said notification by the method of special collection.
- (3) In a case when notification is issued pursuant to the provisions of paragraph (2) or paragraph (3) of the preceding Article (except for a case when a portion of an insurance premium of said fiscal year which is imposed upon a Primary Insured Person pertaining to said notification is collected by the method of special collection pursuant to the provisions of the preceding paragraph) or when a notification is issued pursuant to the provisions of paragraph (4) to paragraph (6) of the same Article, a Municipality, when an Old Age, etc., Pension Benefit pertaining to said notification is paid to the Primary Insured Person pertaining to said notification during the period from the first day until September 30 of the following fiscal year, is to collect the prospective amount of an insurance premium that is divided by the number of payments (in a case

when there are special reasons to determine said amount is inappropriate, it is to be the amount specified by a Municipality by taking into consideration the status of income and other circumstances) for the amount of said insurance premium pertaining to said payments by the method of special collection, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

- (4) The prospective amount of an insurance premium amount which is divided by the number of payments as set forth in the preceding paragraph, with respect to said Primary Insured Person, is the amount that is to be the amount obtained by dividing the amount which is calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare based on said insurance premium amount of said fiscal year by the number of payments of said Old Age, etc., Pension Benefit during the period from the first day to September 30 of the year following of said fiscal year (with regard to a Primary Insured Person pertaining to a notification pursuant to the provisions of paragraph (5) of the preceding Article, the date is to be June 1 of the same fiscal year, and with regard to a Primary Insured Person pertaining to the notification pursuant to the provisions of paragraph (6) of the same Article, the date is to be August 1 of the same fiscal year).
- (5) A Municipality, in a case when it intends to collect an insurance premium by the method of special collection pursuant to the provisions of the main clause of paragraph (1), paragraph (2), or paragraph (3), with regard to a Primary Insured Person as prescribed in the main clause of paragraph (1), paragraph (2), or paragraph (3) (hereinafter referred to as "Insured Person Subject to Special Collection"), must direct said Pension Insurer pertaining to said Insured Person Subject to Special Collection (hereinafter referred to as a "Person Under Obligation of Special Collection") to collect said insurance premium.
- (6) A Municipality, in a case when there are two or more Old Age, etc., Pension Benefit plans pertaining to a notification pursuant to the provisions of paragraph (1) to paragraph (6) of the preceding Article (hereinafter referred to as "Pension Payment Subject to Special Collection") for the same Insured Person Subject to Special Collection, is to direct an agent to collect the insurance premium for each Pension Payment Subject to Special Collection, pursuant to a Cabinet Order.

(Notification of Amount of Special Collection)

Article 136 (1) In a case when notification is issued pursuant to the provisions of Article 134, paragraph (1), a Municipality, when it intends to collect an insurance premium by the method of special collection pursuant to the provisions of paragraph (1), paragraph (5), and paragraph (6) of the preceding

Article (limited to the part pertaining to paragraph (1) of the same Article), must notify the fact of collection of an insurance premium pertaining to an Insured Person Subject to Special Collection, the insurance premium amount divided by the number of payments pertaining to said Insured Person Subject to Special Collection, and other matters as determined by Order of the Ministry of Health, Labour, and Welfare to said Person Under Obligation of Special Collection or to said Insured Person Subject to Special Collection.

- (2) The amount of an insurance premium divided by the number of payments as set forth in the preceding paragraph, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, is to be the amount obtained by dividing the amount that is obtained by deducting from the total insurance premium amount to be collected during the period from April 1 to September 30 of said year pursuant to the provisions of paragraph (3) of the preceding Article, and Article 140, paragraph (1) and paragraph (2) the insurance premium amount to be collected by the method of special collection from said Insured Person Subject to Special Collection (hereinafter referred to as "Insurance Premium Amount Subject to Special Collection"), by the number of payments of said Insurance Premium Amount Subject to Special Collection during the period from October 1 of said year to March 31 of the year following said year.
- (3) A notification issued to a Person Under Obligation of Special Collection pursuant to the provisions of paragraph (1) (except for a notification pertaining to the secretary of a Social Insurance Agency, a Specified Pension Insurer, or a Local Public Service Mutual Aid Association) must be issued by August 31 of the year that includes the first day of said fiscal year.
- (4) A notification issued to a Person Under Obligation of Special Collection pursuant to the provisions of paragraph (1) (limited to a notification pertaining to the secretary of a Social Insurance Agency) must be issued by July 31 of the year that includes the first day of said fiscal year.
- (5) A notification to a Person Under Obligation of Special Collection pursuant to the provisions of paragraph (1) (limited to notifications pertaining to a Specified Pension Insurer) must be issued by the secretary of a Social Insurance Agency by July 31 of the year that includes the first day of said fiscal year.
- (6) A notification to a Person Under Obligation of Special Collection pursuant to the provisions of paragraph (1) (limited to those pertaining to a Local Public Service Mutual Aid Association) must be issued by the Pension Fund Association for Local Government Officials by July 31 of the year that includes the first day of said fiscal year.

(Obligation of Payment of an Insurance Premium Amount Collected by the

Method of Special Collection)

- Article 137 (1) A Person Under Obligation of Special Collection, in a case when the Person receives a notification pursuant to the provisions of paragraph (1) of the preceding Article, is to be under an obligation pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, to pay the insurance premium amount divided by the number of payments as prescribed in the same paragraph when the Person pays an Insurance Premium Amount Subject to Special Collection during the period from October 1 of said year to March 31 of the year following said year, and to pay said amount to said Municipality by the 10th day of the month following the month that includes said day of collection.
- (2) A Local Public Service Mutual Aid Association, in a case of paying an insurance premium to a Municipality pursuant to the provisions of the preceding paragraph, is to pay the insurance premium via the Pension Fund Association for Local Government Officials.
- (3) A Person Under Obligation of Special Collection, in a case when paying to a Municipality pursuant to the provisions of paragraph (1) the amount equivalent to the insurance premium amount that has not been collected from an Insured Person Subject to Special Collection, upon the payment of a Pension Payment Subject to Special Collection, may deduct the equivalent amount to said insurance premium amount that has not been collected from said Pension Payment Subject to Special Collection to be paid to said Insured Person Subject to Special Collection after a Person Under Obligation of Special Collection has completed said payment.
- (4) A Person Under Obligation of Special Collection, in a case when said Insured Person Subject to Special Collection pertaining to an insurance premium that said Person Under Obligation of Special Collection should collect pursuant to the provisions of Article 135 has reasonable cause not to collect said Pension Payment Subject to Special Collection from said Person Under Obligation of Special Collection and in other cases as determined by Order of the Ministry of Health, Labour, and Welfare, will have no obligation to collect and pay the insurance premium amount that should be paid, after the month following the month that includes the day that said reasonable cause is first valid.
- (5) In a case as prescribed in the preceding paragraph, a Person Under Obligation of Special Collection, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, must provide notification of the name of said Insured Person Subject to Special Collection that has become unable to receive said Pension Payment Subject to Special Collection or other person as prescribed in Order of the Ministry of Health, Labour, and Welfare, and of the result of an insurance premium collection pertaining to said Person Under Obligation of Special Collection and other necessary matters to the

Municipality that said insurance premium amount pertaining to special collection is due to be paid.

(6) The provisions of Article 134, paragraph (7) to paragraph (9) apply mutatis mutandis to a notification pursuant to the provisions of the preceding paragraph.

(7) A Person Under Obligation of Special Collection, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, is to provide notice of the insurance premium amount divided by the number of payments that is to be collected pursuant to the provisions of paragraph (1) to an Insured Person Subject to Special Collection.

(Notification to Persons under Duty of Special Collection by a Municipality in the Case of Loss of Status of Insured Person)

Article 138 (1) A Municipality, in a case when an Insured Person Subject to Special Collection pertaining to said notification has lost status as an Insured Person after notification of an insurance premium amount divided by the number of payments to a Person Under Obligation of Special Collection pursuant to the provisions of Article 136, paragraph (1) or other cases as determined by Order of the Ministry of Health, Labour, and Welfare, must provide notification of said fact, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, to said Person Under Obligation of Special Collection and said Insured Person Subject to Special Collection.

(2) The provisions of Article 136, paragraph (4) to paragraph (6) apply mutatis mutandis to a notification to a Person Under Obligation of Special Collection pursuant to the provisions of the preceding paragraph. In this case, necessary technical replacement of the terms of these provisions shall be provided by a Cabinet Order.

(3) A Person Under Obligation of Special Collection, in a case when said Person received a notification pursuant to the provisions of paragraph (1), has no obligation to collect and pay an Insurance Premium Amount Subject to Special Collection after the date of said notification. In this case, a Person Under Obligation of Special Collection must provide notice of the result of an insurance premium collection pertaining to an Insured Person Subject to Special Collection pertaining to said notification and other necessary matters, immediately to the Municipality which issued said notification.

(4) The provisions of Article 134, paragraph (7) to paragraph (9) apply mutatis mutandis to a notification pursuant to the provisions of the preceding paragraph.

(Transfer to Insurance Premium of an Amount Subject to Collection)

Article 139 (1) A Municipality, in a case when an insurance premium has not

been collected by the method of special collection as the result of a Primary Insured Person that is not receiving a Pension Payment Subject to Special Collection, etc., must collect the insurance premium amount equivalent to the amount that has become uncollected by the method of special collection, by a general collection on each due date, when there are due dates as set forth in Article 133 that will occur after the date that the insurance premium has become uncollected by the method of special collection, or collect said amount immediately when there is no other due date after the said date.

- (2) In a case when the total amount of an insurance premium of a Primary Insured Person that was paid by a Person Under Obligation of Special Collection to said Municipality exceeds the amount of said insurance premium of said Primary Insured Person that should be collected by the method of special collection, (including a case there is no amount of said insurance premium to be collected by the method of special collection), a Municipality must refund the amount of said insurance premium pertaining to said payment in excess or collected in error (when said amount of said insurance premium pertaining to a payment in excess or in error is caused by the death of said Primary Insured Person, the amount is to be obtained by deducting the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare from the amount of said insurance premium pertaining to said payment in excess or in error; hereinafter referred to as "Amount Paid in Excess or in Error" in the following paragraph) to said Primary Insured Person.
- (3) A Municipality, in a case when an Amount Paid in Excess or in Error should be refunded pursuant to the provisions of the preceding paragraph, when there is an unpaid amount of insurance premium pertaining to said Primary Insured Person or other levy pursuant to the provisions of this Act, notwithstanding the provisions of the same paragraph, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, may allocate said Amount Paid in Excess or in Error to said insurance premium.

(Provisional Collection)

Article 140 (1) A Municipality, with regard to a Primary Insured Person that for whom was collected the amount of an insurance premium divided by the number of payments as prescribed in Article 136, paragraph (1) upon the payment of a Pension Payment Subject to Special Collection during the period from October 1 of the year that includes the first day of the year previous to said fiscal year until March 31 of the year following said fiscal year, when an Old Age, etc., Pension Benefit pertaining to said collection of said insurance premium amount divided by the number of payments will be paid during the period from the first day of said fiscal year until May 31 of the year that includes the said first day, is to collect the amount equivalent to said amount

of said insurance premium divided by the number of payments, as the amount of insurance premium pertaining to said payment, by the method of special collection pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

- (2) A Municipality, with regard to a Primary Insured Person as prescribed in the preceding paragraph, when an Old Age, etc., Pension Benefit as prescribed in the same paragraph is paid during the period from June 1 to September 30 of the year including the said first day of said fiscal year, is to collect as the insurance premium amount pertaining to each payment, the amount equivalent to the amount of said insurance premium pertaining to said Primary Insured Person divided by the number of payments as prescribed in the same paragraph (in a case of special circumstances in which it is determined inappropriate to pay said amount, the amount is to be the amount specified by said Municipality by taking into consideration the income status and other circumstances) pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, by the method of special collection.
- (3) The provisions of Article 136 to the preceding Article (except for Article 136, paragraph (2)) apply mutatis mutandis to a special collection pursuant to the provisions of the preceding two paragraphs. In this case, the necessary technical replacement of the terms of these provisions is provided by a Cabinet Order.
- (4) With regard to a special collection pursuant to the provisions of paragraph (1), it is to be deemed that there was a notification pursuant to the provisions of Article 136, as applied mutatis mutandis to the preceding paragraph, and with regard to a special collection pursuant to the provisions of paragraph (2), in a case when the notification pursuant to the provisions of the same Article as applied mutatis mutandis to the preceding paragraph is not issued by the due date, it is to be deemed that there was a notification, pursuant to the provisions of the same Article that prescribe that the amount equivalent to the amount of said insurance premium divided by the number of payments as prescribed in paragraph (2) is to be collected by the method of special collection as the insurance premium amount pertaining to each payment of an Old Age, etc., Pension Benefit as prescribed in paragraph (1).

(Notification to a Person under Obligation of Special Collection pertaining to an Exception of Insured Person that is Staying at or in Residence of a Facility Subject to Domicile Exception)

Article 141 (1) A Municipality, when an Insured Person Subject to Special Collection of Long-Term Care Insurance provided by said Municipality corresponds to an Insured Person to which are applicable Article 13, paragraph (1) or paragraph (2), is to provide notice of said fact immediately to said Person

Under Obligation of Special Collection pertaining to said Insured Person
Subject to Special Collection.

(2) The provisions of Article 136, paragraph (4) to paragraph (6) apply mutatis mutandis to a notification to a Person Under Obligation of Special Collection pursuant to the provisions of the preceding paragraph. In this case, the necessary technical replacement of the terms of these provisions is provided by a Cabinet Order.

(Delegation to a Cabinet Order)

Article 141-2 In a case of issuance of the notification pursuant to the provisions of Article 134, paragraph (2) to paragraph (6), when a Municipality intends to collect an insurance premium by the method of special collection pursuant to the provisions of Article 135, paragraph (2) to paragraph (6), notification of the amount to be collected by said special collection, the obligation of payment of an insurance premium amount which is collected by the method of said special collection, and other procedures are determined by a Cabinet Order.

(Reduction and Exception of an Insurance Premium)

Article 142 A Municipality, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, may reduce an insurance premium or suspend said collection for a person in special circumstances.

(Mutatis Mutandis Application of the Local Tax Act)

Article 143 With regard to an insurance premium and other levies pursuant to the provisions of this Act (except for a payment as prescribed in Article 150, paragraph (1) and a delinquent charge as prescribed in Article 157, paragraph (1)), provisions of Article 9, Article 13-2, Article 20, Article 20-2, and Article 20-4 of the Local Tax Act apply.

(Disposition of Delinquency)

Article 144 An Insurance Premium and other levies as prescribed in this Act that a Municipality collects are to be revenue as prescribed in Article 231-3, paragraph (3) of the Local Autonomy Act.

(Entrustment of Receipt of an Insurance Premium)

Article 144-2 A Municipality, with regard to the affairs of receipt of an insurance premium that is collected by the method of general collection, may entrust said collection to a private person, pursuant to the provisions of a Cabinet Order, limited to a case when it is determined to contribute to secure the income and to promote the convenience of said Primary Insured Person.

(Register of Insurance Premium Payments)

Article 145 A Municipality is to maintain a register of insurance premium payments and record the name, domicile, payment status of said insurance premium of a Primary Insured Person, and other matters as prescribed by Order of the Ministry of Health, Labour, and Welfare pertaining to said register.

(Delegation to Ordinance)

Article 146 In addition to the provisions as prescribed in this Section, matters concerning imposition and collection, etc., of an insurance premium (except for those matters concerning special collection) are specified by Order in accordance with standards determined by a Cabinet Order, and the necessary matters concerning special collection are specified by a Cabinet Order or ordinance in accordance with standards determined by a Cabinet Order.

Section 2 Fiscal Stability Funds

(Fiscal Stability Funds)

Article 147 (1) A Municipality is to establish a Fiscal Stability Fund in order to allocate necessary funding to a project contributing to the stabilization of the finances of Long-Term Care Insurance as listed in the following:

- (i) the amount of deficiency when the amount of insurance premiums actually received are an amount that is less than the expected insurance premiums, and for the deficit remaining when revenue subject to a fund project is an amount that is less than the disbursements subject to said fund project, pursuant to the provisions of a Cabinet Order, to allocate to a Municipality the amount which is calculated pursuant to the provisions of a Cabinet Order by taking into consideration the receipt status of insurance premiums of said Municipality and other Municipalities based on the amount equivalent to 50 percent of the amount listed in sub-item (a) (when the amount listed in sub-item (a) exceeds the amount listed in sub-item (b), the amount is to be the amount listed in sub-item (b)):
 - (a) the amount of insurance premiums actually received that is forecast to be less than the amount of expected insurance premiums;
 - (b) the amount of revenue subject to a fund project that is forecast to be deficient with regard to the disbursements subject to said fund project;
- (ii) to lend to a Municipality with regard to the total amount of revenue subject to a fund project and grants to a fund project that is forecast to be deficient with regard to the disbursements subject to said fund project, pursuant to the provisions of a Cabinet Order, an amount within the amount which is calculated pursuant to the provisions of a Cabinet Order, by taking into

consideration the receipt status of insurance premiums of said Municipality and other Municipalities based on said amounts of deficiency.

- (2) Terms used in the preceding paragraph that are listed in the following items are to be defined pursuant to the provisions of each said item:
- (i) expected insurance premiums: the amount which is calculated, pursuant to the provisions of a Cabinet Order, to be allocated for the amount of funding necessary to provide for Long-Term Care Benefits and Prevention Benefits, the amount of funding necessary for Community Support Projects, the amount of funding necessary for payment of Fiscal Stability Fund contributions, and the amount of funding necessary for repayment of borrowings from a prefecture pursuant to the provisions of paragraph (2) of the preceding paragraph (hereinafter referred to as "Borrowings for Fund Project" in this paragraph and in the following Article), from among the total amount of insurance premiums which are expected to be received by a Municipality as determined during the term of a Municipal Insured Long-Term Care Service Plan (hereinafter referred to as "Plan Term") specified by said Municipality;
 - (ii) insurance premiums actually received: the amount which is calculated pursuant to the provisions of a Cabinet Order to be allocated for the amount of funding necessary to provide for Long-Term Care Benefits and Prevention Benefits, the amount of funding necessary for Community Support Projects, the amount of funding necessary for payment of Fiscal Stability Fund contributions, and the amount of funding necessary for repayment of Borrowings for Fund Project from among the total amount of insurance premiums actually received during said Plan Term of the Municipality;
 - (iii) revenue subject to a fund project: the amount which is calculated pursuant to the provisions of a Cabinet Order to be allocated for the amount of funding necessary to provide for Long-Term Care Benefits and Prevention Benefits, the amount of funding necessary for Community Support Projects, the amount of funding necessary for payment of Fiscal Stability Fund contributions, and the amount of funding necessary for repayment of Borrowings for Fund Project from among the total amount which is received (excluding the amount of grants to a fund project and the amount of Borrowings for Fund Project as set forth in item (v)) during said Plan Term of a special account concerning Long-Term Care Insurance of the Municipality,;
 - (iv) disbursements subject to fund project: the amount which is calculated pursuant to the provisions of a Cabinet Order as the total of the amount of disbursements necessary to provide Long-Term Care Benefits and Prevention Benefits, the amount of disbursements necessary for Community Support Projects, the amount of disbursements necessary for payment of Fiscal

Stability Funds contributions, and the amount of disbursements necessary for repayment of Borrowings for Fund Project, of said Municipality during said Plan Term;

- (v) grants to a fund project: the amount that said Municipality receives during said Plan Term pursuant to the provisions of item (i) of the preceding paragraph.
- (3) A prefecture is to collect a Fiscal Stability Fund contribution from a Municipality in order to allocate said contribution to said Fiscal Stability Fund, pursuant to the provisions of a Cabinet Order.
- (4) A Municipality is subject to the obligation to pay a Fiscal Stability Fund contribution pursuant to the provisions of the preceding paragraph.
- (5) A prefecture must transfer the amount equivalent to three times the total amount of Fiscal Stability Fund contribution collected from a Municipality pursuant to the provisions of paragraph (3) to a Fiscal Stability Fund, pursuant to the provisions of a Cabinet Order.
- (6) The national government, pursuant to the provisions of a Cabinet Order, defray an amount equivalent to one-third (1/3) of the amount which a prefecture transfers pursuant to the provisions of the preceding paragraph.
- (7) All revenue received by a Fiscal Stability Fund must be allocated to said Fiscal Stability Fund disbursements.
- (8) The provisions of Article 121, paragraph (2) apply mutatis mutandis to the amount of disbursements necessary to provide for Long-Term Care Benefits and Prevention Benefits as prescribed in paragraph (2), item (i) and the amount of disbursements required to provide for Long-Term Care Benefits and Prevention Benefits as prescribed in item (ii) to item (iv) of the same paragraph.

(Municipal Mutual Fiscal Stabilization Project)

Article 148 (1) A Municipality, in order to promote fiscal stabilization of Long-Term Care Insurance, with regard to financial resources for the disbursements necessary to provide for Long-Term Care Benefits and Prevention Benefits (with regard to the disbursements necessary for said Long-Term Care Benefits and Prevention Benefits pertaining to a Municipality that provides Order based on Article 43, paragraph (3), Article 44, paragraph (6), Article 45, paragraph (6), Article 55, paragraph (3), Article 56, paragraph (6), Article 57, paragraph (6), are to be the disbursements necessary for said Long-Term Care Benefits and Prevention Benefits calculated pursuant to the provisions of a Cabinet Order, as a Municipality may not undertake measures promulgated by said ordinance; the same applies in the following paragraph), the disbursements necessary for Community Support Projects, the disbursements necessary for payment of Fiscal Stability Funds contribution, and the expense

necessary for repayment of Borrowings for Fund Project among those disbursements to be imposed by a special account concerning said Long-Term Care Insurance, pursuant to the provisions of a Cabinet Order, in cooperation with other Municipalities based on an adjustment rate of insurance premiums, may conduct a project to provide adjustments mutually among Municipalities (hereinafter referred to as "Municipal Mutual Fiscal Stabilization Project" in this Article and the following Article).

(2) The adjustment rate of insurance premiums as set forth in the preceding paragraph, if each Municipality that participates in said Municipal Mutual Fiscal Stabilization Project (hereinafter referred to as "Specified Municipality" in this Article and paragraph (2) of the following Article) imposes upon each Primary Insured Person an insurance premium according to the amount of insurance premium that is calculated by using the rate of adjustment of insurance premiums, is to be the total amount of insurance premiums received during the project implementation period (which means a period that is deemed to be three years that is provided by a Specified Municipality pursuant to the provisions of the constitution referred to in the following paragraph as one period to implement said Municipal Mutual Fiscal Stabilization Project; the same applies hereinafter in this paragraph and paragraph (4)) for each said Specified Municipality to be able to maintain a balance of the total amount of the disbursements necessary to provide for Long-Term Care Benefits and Prevention Benefits (except with regard to the disbursements necessary for said Long-Term Care Benefits and Prevention Benefits, the amount defrayed or granted to a general fund or Payment Fund by the national government, a prefecture, or Municipality, pursuant to the provisions of Article 121, paragraph (1), Article 122, paragraph (1), Article 123, paragraph (1), Article 124, paragraph (1) and Article 125, paragraph (1)), the disbursements necessary for Community Support Projects (except with regard to the disbursements necessary for said Community Support Projects, the amount defrayed or granted to the general fund or Payment Fund by the national government, a prefecture, or Municipality, pursuant to the provisions of Article 122-2, Article 123, paragraph (3) and paragraph (4), Article 124, paragraph (3) and paragraph (4), and Article 126, paragraph (1)), the disbursements necessary for payment of a Fiscal Stability Fund contribution, and the disbursements necessary for repayment of Borrowings for Fund Project during said project implementation period in said Municipality, and be determined by said Specified Municipality in accordance with the standards provided by a Cabinet Order.

(3) A Municipality, when it intends to implement a Municipal Mutual Fiscal Stabilization Project, must prescribe a constitution by deliberations held per a resolution of said municipal council and provide notification of said fact to the

prefectural governor.

- (4) The constitution as set forth in the preceding paragraph must establish provisions for the matters listed in the following:
 - (i) Specified Municipality;
 - (ii) adjustment rate of insurance premiums;
 - (iii) Project Implementation Period;
 - (iv) method of imposition and grant of financial resources pertaining to said Municipal Mutual Fiscal Stabilization Project;
 - (v) in addition to the matters listed in each of the preceding items in this paragraph, other necessary matters for implementation of said Municipal Mutual Fiscal Stabilization Project.
- (5) The provisions as set forth in paragraph (3) apply mutatis mutandis to a change of said constitution as set forth in the same paragraph or when rescinding said Municipal Mutual Fiscal Stabilization Project.
- (6) In a case when a Specified Municipality, pursuant to the provisions of Article 129, paragraph (2), and provisions of paragraph (3) of the same Article, applies a rate of insurance premium provided by said ordinance, the phrase "approximate amount of the disbursements necessary for repayment" in the same paragraph is to be deemed to be replaced with "approximate amount of the disbursements necessary for repayment, the prospective amount of disbursements imposed by said Municipal Mutual Fiscal Stabilization Project as prescribed in Article 148, paragraph (1)," and the phrase "approximated through three years in consideration of..., and the amount of national treasury impositions, etc." is to be deemed to be replaced with "approximated during the Project Implementation Period as prescribed in Article 148, paragraph (2) in consideration of..., and the amount of national treasury impositions, etc., and prospective amount, etc., granted by said Municipal Mutual Fiscal Stabilization Project as prescribed in the same paragraph."
- (7) In a case when applying the provisions of paragraph (2) of the preceding Article to a Specified Municipality, the phrase "and the amount of disbursements necessary for repayment of borrowings from a prefecture pursuant to the provisions of paragraph (2) of the preceding paragraph (hereinafter referred to as "Borrowings for Fund Project")" in item (i) of the same paragraph is deemed to be replaced with "the amount of disbursements necessary for repayment of borrowings from a prefecture pursuant to the provisions of paragraph (2) of the preceding paragraph (hereinafter referred to as "Borrowings for Fund Project"), and the expense to be imposed by a Municipal Insured Long-Term Care Service Plan (which means a Municipal Insured Long-Term Care Service Plan as prescribed in paragraph (1) of the following Article; hereinafter the same applies)," the phrase "and the amount of disbursements required for repayment of Borrowings for Fund Project" in

item (ii) of the same paragraph is deemed to be replaced with "the amount of disbursements required for repayment of Borrowings for Fund Project, and the expense imposed by a Municipal Insured Long-Term Care Service Plan," the phrase "revenue (except for the amount of grants for a fund project and Borrowings for Fund Project as set forth in item (v))" in item (iii) of the same Article is deemed to be replaced with "revenue (including the amount granted by said Municipal Mutual Fiscal Stabilization Project, but except for the amount of grants to a fund project and Borrowings for Fund Project as set forth in item (v))," the phrase "and the amount of disbursements necessary for repayment of Borrowings for Fund Project" is deemed to be replaced with "..., the amount of disbursements required for repayment of Borrowings for Fund Project and the amount imposed by said Municipal Mutual Fiscal Stabilization Project," the phrase "and the amount of disbursements necessary for repayment of Borrowings for Fund Project" in item (iv) of the same paragraph shall be deemed to be replaced with "the amount of disbursements required for repayment of Borrowings for Fund Project and the amount imposed by said Municipal Mutual Fiscal Stabilization Project."

- (8) A Specified Municipality, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, may entrust a portion of affairs concerning imposition and grant of funds among a Municipal Mutual Fiscal Stabilization Project to a not-for-profit juridical person in which said Municipality is a contributing participant or a member and which is defined by requirements as prescribed in Order of the Ministry of Health, Labour, and Welfare;

Article 149 (1) A prefecture, according to the request of a Municipality which intends to implement a Municipal Mutual Fiscal Stabilization Project, is to conduct the necessary coordination among said Municipalities.

- (2) A prefecture, according to the request of a Specified Municipality, may provide necessary advice or information such as indicating standards for an adjustment percentage of insurance premiums pertaining to said Municipal Mutual Fiscal Stabilization Project.

Section 3 Levies for Medical Insurers

(Obligation of Collection of Payment and Obligation of Payment)

Article 150 (1) The Payment Fund, in order to allocate to the costs, expenses, and disbursements necessary for operation as prescribed in Article 160, paragraph (1), collects Long-Term Care Benefit Expense and supporting payments of a Community Support Project (hereinafter referred to as "Levy") from a medical care insurer for each fiscal year (which means from April 1 to March 31 of the following year, in each year; hereinafter the same applies in

this Section and the following Chapter).

- (2) A medical care insurer, in order to allocate to said Levy, pursuant to the provisions of each Act related to medical insurance or the Local Tax Act, is to be subject to an obligation to collect insurance premiums, installments premium, or taxes for National Health Insurance and to pay said Levy.

(Amount of Levy)

- Article 151 (1) The amount of Levy to be collected from each medical insurer pursuant to the provisions of paragraph (1) of the preceding Article is to be the amount of estimated Levy in said fiscal year, however, provided that when the amount of estimated Levy of the year prior to the first preceding fiscal year exceeds the fixed Levy of the year prior to the first preceding fiscal year, the amount is to be the amount obtained by deducting the total amount of said exceeding amount and the Adjustment amount pertaining to said exceeding amount from the amount of estimated Levy of said year, and when the amount of estimated Levy of the year prior to the first preceding fiscal year is deficient with regard to the amount of fixed Levy of the year prior to the first preceding fiscal year, the amount is to be the amount obtained by adding the amount of estimated Levy of said year to the total amount of said amount of deficit and the Adjustment amount pertaining to said amount of deficit.
- (2) The Adjustment amount as set forth in the proviso of the preceding paragraph is to be the amount calculated for each medical insurer by taking into consideration the interest that is generated from the deficit or surplus amount of the amounts of estimated Levy and fixed Levy pertaining to all medical insurers in the year prior to the first preceding fiscal year and other circumstances, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

(Estimated Levy)

- Article 152 The amount of estimated Levy as set forth in paragraph (1) of the preceding Article is to be the amount obtained by multiplying the prospective number of Secondary Insured Persons pertaining to all said medical insurers in said fiscal year that is calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, by the amount obtained as a result of dividing the total prospective amount of the Amount Subject to Medical Insurance Premium Payment and Amount Subject to Medical Insurance Premium Payment for Long-Term Care Prevention Project in all Municipalities in said fiscal year by the total prospective number of Secondary Insured Persons pertaining to all medical insurers in said fiscal year that is calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

(Fixed Levy)

Article 153 The mount of fixed Levy as set forth in the proviso of Article 151, paragraph (1), is to be the amount obtained by multiplying the number of Secondary Insured Persons pertaining to said medical insurer in the year prior to the first preceding fiscal year that is calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, by the amount obtained as a result of dividing the total amount of the Amount Subject to Medical Insurance Premium Payment and Amount Subject to Medical Insurance Premium Payment for Long-Term Care Prevention Project in all Municipalities in the year prior to the first preceding fiscal year, by the total number of Secondary Insured Persons pertaining to all medical insurers the year prior to the first preceding fiscal year that is calculated pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

(Exception of Amount of Levy in the Case of a Merger, Split, or Dissolution of a Medical Insurer)

Article 154 Exceptions to the calculation of the amount of Levy pertaining to a medical insurer that is incorporated by merger or split, a medical insurer remaining after a merger or split, or a medical insurer that has succeeded to the rights and obligations of a dissolved medical insurer, are determined by a Cabinet Order.

(Determination and Notification of Amount of Levy)

Article 155 (1) The Payment Fund must determine the amount of Levy to be paid by each medical insurer for each fiscal year, and notify each said medical insurer of the amount of Levy to be paid by said medical insurer, the method of Levy, the due date of the Levy, and other necessary matters.

(2) When the amount of Levy is required to change after an amount is determined for the Levy pursuant to the provisions of the preceding paragraph, the Payment Fund must change the amount of Levy to be paid by each said medical insurer and notify each said medical insurer of the new amount of Levy, as necessary.

(3) The Payment Fund, in a case when the amount of Levy paid by medical insurers is deficit with regard to the amount of Levy after a change pursuant to the provisions of the preceding paragraph, must notify the method of Levy, the due date of Levy, and other necessary matters for said amount of deficit together with the notification pursuant to the provisions of the same paragraph. In a case when said paid amount exceeds the revised amount of Levy after a change pursuant to the provisions of the same paragraph, when there is unpaid Levy and other levies of the Payment Fund pursuant to the provisions of this

Act, said excess amount shall be allocated to the unpaid Levy, and if there is still an excess amount remaining, the amount must be reimbursed, and in the case that there are no unpaid levies, said excess amount must be reimbursed.

(Demand for Levy and Disposition to Delinquency)

- Article 156 (1) The Payment Fund, when a medical insurer does not pay the Levy by the due date of said Levy, must specify the due date and present a demand for said Levy to said medical insurer.
- (2) The Payment Fund, when presenting a demand pursuant to the provisions of the preceding paragraph, must deliver a demand note. In this case, the due date to be specified by the demand note must be a date more than ten days after the date of issuance of said demand note.
- (3) The Payment Fund, when a medical insurer that is presented a demand for Levy pursuant to the provisions of paragraph (1) does not pay the full amount of the Levy pertaining to said demand note or the delinquent charge pursuant to the provisions of the following Article by said specified due date, is to demand said collection from the Minister of Health, Labour, and Welfare or the prefectural governor, pursuant to the provisions of a Cabinet Order.
- (4) The Minister of Health, Labour, and Welfare or the prefectural governor, when receiving a demand for collection pursuant to the provisions of the preceding paragraph, may dispose of the demand as governed by the disposition of a matter with regard to a failure to pay a national tax.

(Delinquent Charge)

- Article 157 (1) When payment of the Levy is demanded pursuant to the provisions of paragraph (1) of the preceding Article, the Payment Fund collects a delinquent charge that is calculated by using the percentage of 14.5 percent per annum of the amount of Levy pertaining to said demand for the number of days from the date following the due date of said Levy until the date prior to the date of an attachment of property, however, provided that this provision does not apply when the amount of Levy pertaining to said demand is less than 1,000 yen.
- (2) In a case of the preceding paragraph, when a portion of the amount of Levy is paid, the amount of Levy that is the principal amount for the calculation of the delinquent charge pertaining to the period after the date of said payment is to be the amount remaining after deducting the amount of said payment from the amount of said Levy.
- (3) In calculations of the delinquent charge, when the amount of Levy as set forth in the preceding two paragraphs contains a fractional portion that is less than 1,000 yen, said fractional portion is rounded down to the nearest 1,000 yen increment.

- (4) When the amount of delinquent charge calculated pursuant to the provisions of the preceding three paragraphs contains a fractional portion that is less than 100 yen, said fractional portion is rounded down to the nearest 100 yen increment.
- (5) A delinquent charge are not collected when the case corresponds to any of the following items, however, provided that in a case as set forth in item (iii), said execution of judgment is suspended or limited to the portion of the amount corresponding to the suspension period:
- (i) when the Levy is paid in full by the due date specified in said demand note;
 - (ii) when the amount of delinquent charge is less than 100 yen;
 - (iii) when the disposition of the matter of said delinquency pertaining to Levy is discontinued or suspended;
 - (iv) when it is determined that there are compelling reasons for not paying the Levy.

(Grace Period of Levy)

- Article 158 (1) The Payment Fund, when it is determined that payment is significantly difficult for a medical insurer to pay the Levy due to compelling reasons, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, may suspend a portion of said Levy by specifying a period within one year from the due date of said Levy based on the application of said medical insurer, after obtaining the approval of the Minister of Health, Labour, and Welfare,.
- (2) The Payment Fund, when issuing a suspension pursuant to the provisions of the preceding paragraph, must provide notification of said fact, the amount of Levy pertaining the suspension, the grace period, and other necessary matters to said medical insurer.
- (3) The Payment Fund, when issuing a suspension pursuant to the provisions of paragraph (1), may not present additional demands for payment of said Levy pertaining to said suspension pursuant to the provisions of Article 156, paragraph (1), and may not present a demand for collection pursuant to the provisions of paragraph (3) of the same Article.

(Notification)

- Article 159 (1) A Municipality, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, must notify the Payment Fund of the Amount Subject to Medical Insurance Premium Payment in each fiscal year and other matters as determined by Order of the Ministry of Health, Labour, and Welfare.
- (2) A Municipality may entrust the affairs of said notification pursuant to the provisions of the preceding paragraph to the Association.

Chapter IX Business Related to Insured Long-Term Care for Social Insurance Medical Fee Payment Funds

(Operation of the Payment Fund)

Article 160 (1) The Payment Fund is to conduct operations listed in the following items in order to accomplish the purposes as prescribed in Article 1 in addition to operations as prescribed in Article 15 of the Social Insurance Medical Fee Payment Fund Act:

- (i) to collect a Levy from a medical insurer;
- (ii) to grant the Long-Term Care Benefit Expense as set forth in Article 125, paragraph (1) to a Municipality;
- (iii) to provide supporting grants for Community Support Projects as set forth in Article 126, paragraph (1) to a Municipality;
- (iv) to conduct operations incidental to the operations listed in the preceding three items.

(2) Operations as prescribed in the preceding paragraph are referred to as business related to insured long-term care.

(Entrustment of Operations)

Article 161 The Payment Fund, after obtaining the approval of the Minister of Health, Labour, and Welfare, may entrust a portion of the business related to insured long-term care to an organization to which a medical insurer belongs and to those organizations specified by the Minister of Health, Labour, and Welfare.

(Statement of Operating Procedures)

Article 162 (1) The Payment Fund, with respect to business related to insured long-term care, must prepare a statement of operating procedures and obtain the approval of the Minister of Health, Labour, and Welfare prior to commencement of said operations; the same applies when changing said statement.

(2) Matters to be included in the statement of operating procedures as set forth in the preceding paragraph are determined by Order of the Ministry of Health, Labour, and Welfare.

(Reports)

Article 163 The Payment Fund may request a medical insurer to submit a report every fiscal year of the number of medical insurance memberships (limited to those persons of the age of 40 years or more and less than the age of 65 years) and other matters as determined by Order of the Ministry of Health, Labour,

and Welfare, and when it is determined to be necessary for operations listed in Article 160, paragraph (1), item (i), may request the submission of documents and other items.

(Separate Accounting)

Article 164 The Payment Fund, with regard to the accounting procedures pertaining to business related to insured long-term care, must separate said business from the accounting pertaining to other operations and conduct said procedures by creating a special account and accounts.

(Approval of Budgets)

Article 165 The Payment Fund must prepare a budget, business plan, and fund plan for every fiscal year concerning business related to insured long-term care and obtain the approval of the Minister of Health, Labour, and Welfare prior to beginning of said fiscal year; the same apply when amending these items.

(Financial Statements)

Article 166 (1) The Payment Fund, with respect to business related to insured long-term care, must prepare an inventory of property, Statement of Financial Position, and Statement of Operating Results (hereinafter referred to as "Financial Statements" in this Article) for every fiscal year, and submit said Financial Statements to the Minister of Health, Labour, and Welfare within three months after the end of said fiscal year, and obtain the approval of said Minister.

(2) The Payment Fund, when submitting Financial Statements to the Minister of Health, Labour, and Welfare pursuant to the provisions of the preceding paragraph, must attach a business report of said fiscal year, financial results that are prepared in accordance with categories of the budget, Financial Statements, and a statement of opinion of an auditor concerning the financial results, pursuant to the provisions of Order of the Minister of Health, Labour, and Welfare.

(3) The Payment Fund, when it obtains the approval of the Minister of Health, Labour, and Welfare pursuant to the provisions of paragraph (1), must provide public notice of the Financial Statements or a summary of the Financial Statements published in an official gazette without delay, and maintain said Financial Statements and supporting detailed statements, and the business report, financial results, and statement of the auditor as set forth in the preceding paragraph at each Business Office, and offer them for public perusal for the period as determined by Order of the Ministry of Health, Labour, and Welfare.

(Disposition of Surplus and Deficit)

- Article 167 (1) The Payment Fund, with respect to business related to insured long-term care, in the event that a surplus is recorded according the calculation of surplus and deficit for every fiscal year, must apply said surplus to offset any remaining deficit carried forward from the previous fiscal year, and, if there still remains a surplus, settle said surplus as a reserve fund.
- (2) The Payment Fund, with respect to the business related to insured long-term care, in the event that a deficit is incurred according to the calculation of surplus and deficit for every fiscal year, must settle said deficit by reducing the reserve fund pursuant to the provisions of the preceding paragraph, and, if there still remains a deficit, settle said deficit as an item to be carried forward to the following fiscal year.
- (3) The Payment Fund may allocate said reserve fund pursuant to the provisions of paragraph (1) to the expenses necessary for operations listed in Article 160, paragraph (1), item (ii) and item (iii), within the amount as prescribed by a budget.

(Debt and Bonds)

- Article 168 (1) The Payment Fund, with respect to business related to insured long-term care, may borrow long-term debt, short-term debt, or issue bonds, after obtaining the approval of the Minister of Health, Labour, and Welfare.
- (2) Long-term debt and bonds pursuant to the provisions of the preceding paragraph must be repaid within two years.
- (3) Short-term debt pursuant to the provisions of paragraph (1) must be repaid within said fiscal year, however, provided that when said short-term debt fails to be repaid due to a lack of funds, only said lack of funds portion may be refinanced, after obtaining the approval of the Minister of Health, Labour, and Welfare.
- (4) Short-term debt that is refinanced pursuant to the proviso of the preceding paragraph must be repaid within one year.
- (5) The Payment Fund, in a case when issuing bonds pursuant to the provisions of paragraph (1), may issue said bonds subject to a bond discount.
- (6) A creditor holding bonds pursuant to the provisions of paragraph (1) has the right to receive payment of the creditor's own claim in preference to that of other creditors with regard to the property of the Payment Fund.
- (7) The order of statutory lien as set forth in the preceding paragraph is to be in the first subordinate position of priority to a general statutory lien pursuant to the provisions of the Civil Code (Act No. 89 of 1896).
- (8) The Payment Fund may entrust the whole or a portion of affairs concerning issuance of bonds pursuant to the provisions of paragraph (1) to banks and trust companies after obtaining the approval of the Minister of Health, Labour,

and Welfare.

- (9) The provisions of Article 705, paragraph (1) and paragraph (2), and Article 709 of the Companies Act (Act No. 86 of 2005) apply mutatis mutandis to banks and trust companies that are entrusted pursuant to the provisions of the preceding paragraph.
- (10) In addition to those items as prescribed in paragraph (1), paragraph (2), and paragraph (5) through paragraph (9), other necessary matters concerning bonds pursuant to the provisions of paragraph (1) are provided by a Cabinet Order.

(Government Guarantee)

Article 169 The national government, notwithstanding the provisions of Article 3 of the Act Concerning Restrictions on Financial Assistance by the Government to Corporations (Act No. 24 of 1946), when it determines necessary for efficient payments by the Payment Fund of the grants for Long-Term Care Benefits pursuant to the provisions of Article 125, paragraph (1) and supporting grants for Community Support Projects pursuant to the provisions of Article 126, paragraph (1), may provide guarantees within the scope of the period that is determined to be necessary with regard to liabilities pertaining to long-term debt, short-term debt, or bonds of the Payment Fund pursuant to the provisions of the preceding paragraph.

(Investment of Surplus Funds)

Article 170 The Payment Fund must not invest surplus funds in the course of business pertaining to business related to insured long-term care, except by the following methods:

- (i) retention of national government bonds, local government bonds and other securities specified by the Minister of Health, Labour, and Welfare;
- (ii) as deposits in banks or other financial institutions specified by the Minister of Health, Labour, and Welfare, or as postal deposits;
- (iii) as a money trust in financial institutions (which means financial institutions that obtain approval as set forth in Article 1, paragraph (1) of the Act Concerning Additional Operations of Trust Business by Financial Institutions, etc., (Act No. 43 of 1943)) that operate trust business.

(Consultation)

Article 170-2 The Minister of Health, Labour, and Welfare must consult with the Minister of Finance in advance, in the following cases:

- (i) when intending to provide an approval as set forth in Article 168, paragraph (1), paragraph (3), or paragraph (8);
- (ii) when intending to provide an appointment as set forth in paragraph (1) or

paragraph (2) of the preceding Article.

(Delegation to Order of the Ministry of Health, Labour, and Welfare)

Article 171 In addition to those matters provided in this Chapter, the necessary matters concerning finance and accounting of the Payment Fund pertaining to business related to insured long-term care are determined by Order of the Ministry of Health, Labour, and Welfare.

(Collection of Reports)

Article 172 (1) The Minister of Health, Labour, and Welfare or a prefectural governor, with regard to a person that is entrusted by the Payment Fund or pursuant to the provisions of Article 161 (hereinafter referred to as "Trustee" in this paragraph and Article 207, paragraph (2)), when he or she determines it necessary with respect to business related to insured long-term care, may collect a report concerning the status of said operations or property, or direct personnel to inspect said condition in practice, however, provided that with regard to a Trustee, this provision applies as within the business of said Trustee business.

(2) The provisions of Article 24, paragraph (3) apply mutatis mutandis to an inspection pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(3) A prefectural governor, with regard to the Payment Fund, when it is determined necessary with respect to business related to insured long-term care to conduct the disposition of a matter pursuant to the provisions of Article 29 of the Social Insurance Medical Fee Payment Fund Act, or when it is determined necessary to execute an action for the president, the chairperson or a director, or an inspector of the Payment Fund or business related to insured long-term care, pursuant to the provisions of Article 11, paragraph (2) or paragraph (3) of the same Act, must provide notification of said fact to the Minister of Health, Labour, and Welfare and provide the reasons thereof.

(Exception of Application of the Social Insurance Medical Fee Payment Fund Act)

Article 173 Business related to insured long-term care, with regard to application of the provisions of Article 32, paragraph (2) of the Social Insurance Medical Fee Payment Fund Act, be deemed as operations as prescribed in Article 15 of the same Act.

(Application for Examination)

Article 174 A person that is dissatisfied with the action executed by the

Payment Fund based on this Act may submit an application for examination pursuant to the provisions of the Administrative Appeal Act (Act No. 160 of 1962) to the Minister of Health, Labour, and Welfare.

Article 175 [Article repealed, deleted]

Chapter X Business Related to a Long-Term Care Insurance Project from the Federation of National Health Insurance Associations

(Operation of an Association)

Article 176 (1) An Association conducts the following business in addition to the business pursuant to the provisions of the National Health Insurance Act:

- (i) pursuant to the provisions of Article 41, paragraph (10) (including a case applied mutatis mutandis pursuant to Article 42-2, paragraph (9), Article 46, paragraph (7), Article 48, paragraph (7), Article 51-2, paragraph (8), Article 53, paragraph (7), Article 54-2, paragraph (9), Article 58, paragraph (7) and Article 61-2, paragraph (8)), examination and payment concerning a demand of Allowance for In-Home Long-Term Care Service, Allowance for Community-Based Long-Term Care Service, Allowance for In-Home Long-Term Care Service Plan, Allowance for Long-Term Care Facility Service, Allowance for Long-Term Care Service to A Person Admitted to A Specified Facility, Allowance for Preventive Long-Term Care Service, Allowance for Community-Based Preventive Long-Term Care Service, Allowance for Preventive Service Plan for Long-Term Care, and Allowance for Preventive Long-Term Care Service to a Person Admitted to a Specified Facility that are entrusted by a Municipality;
- (ii) investigation of the improvement of quality of Designated In-Home Service, Designated Community-Based Service, Designated In-Home Long-Term Care Support, Designated Facility Service, etc., Designated Preventive Long-Term Care Service, Designated Community-Based Preventive Long-Term Care Service, and Designated Support for Prevention of Long-Term Care, and the necessary instruction and advice to a Designated In-Home Service Provider, Designated Community-Based Service Provider, Designated In-Home Long-Term Care Support Provider, Long-Term Care Insurance Facility, Designated Provider of Preventive Long-Term Care Service, Designated Provider of Community-Based Preventive Service of Long-Term Care, and Designated Provider of Support for Prevention of Long-Term Care.

(2) An Association, in addition to those operations listed in each item of the preceding paragraph, may conduct the businesses listed in the following items, in order to contribute to efficient operation of an Insured Long-Term Care Project:

- (i) affairs of collection or payment of compensation for damages to a third party that is conducted based on the entrustment of a Municipality pursuant to the provisions of Article 21, paragraph (3);
- (ii) operation of the business of Designated In-Home Service, Designated Community-Based Service, Designated In-Home Long-Term Care Support, Designated Preventive Service of Long-Term Care, Designated Community-Based Preventive Long-Term Care Service, and a Long-Term Care Insurance Facility;
- (iii) in addition to the operations listed in the preceding two paragraphs, business that contributes to the efficient operation of an Insured Long-Term Care Project.

(Exception of Voting Rights)

Article 177 With regard to business that an Association conducts pursuant to the provisions of the preceding Article (hereinafter referred to as "Business Relevant to A Long-Term Care Insurance Project"), notwithstanding the provisions of Article 29 of the National Health Insurance Act as applied mutatis mutandis pursuant to Article 86 of the same Act, a special provision concerning voting rights may be provided by the constitution.

(Separate Accounting)

Article 178 An Association, with regard to accounting procedures pertaining to Business Related to A Long-Term Care Insurance Project, must separate said records from other accounting records.

Chapter XI Examination Committee for Long-Term Care Benefit Expense

(Examination Committee for Benefit Expense)

Article 179 In order to conduct the examination of invoices for Long-Term Care Benefit Expense based on the entrustment pursuant to the provisions of Article 41, paragraph (10) (including a case applied mutatis mutandis pursuant to Article 42-2, paragraph (9), Article 46, paragraph (7), Article 48, paragraph (7), Article 51-2, paragraph (8), Article 53, paragraph (7), Article 54-2, paragraph (9), Article 58, paragraph (7) and Article 61-2, paragraph (8)), an examination committee for Long-Term Care Benefit Expense (hereinafter referred to as "Examination Committee for Long-Term Care Benefit Expense") is to be established by an Association.

(Organization of Examination Committee for Benefit Expense)

Article 180 (1) An Examination Committee for Benefit Expense is to be comprised of groups of committee members, with each group having the same

number of committee members, to represent the following: committee members that represent Municipalities; committee members that represent the public interest; and committee members that represent persons that are in charge of Service Covered by Long-Term Care Benefits, etc., (which means a person in charge of Designated In-Home Service, Designated Community-Based Service, Designated In-Home Long-Term Care Support, Designated Facility Service, etc., Designated Preventive Service of Long-Term Care, Designated Community-Based Preventive Long-Term Care Service, or Designated Support for Prevention of Long-Term Care; the same applies in paragraph (3) and paragraph (1) of the following Article) respectively, as prescribed by the constitution.

- (2) Committee members are commissioned by an Association.
- (3) The commission as set forth in the preceding paragraph, with regard to committee members who represent persons in charge of services subject to Long-Term Care Benefit, etc., and committee members who represent Municipalities, must be conducted by the nomination of concerned organizations, respectively.

(Authority of Examination Committee for Benefit Expense)

Article 181 (1) An Examination Committee for Benefit Expense, when it is determined necessary for the examination of invoices for Long-Term Care Benefit Expense, after obtaining the approval of the prefectural governor, may request to report, submit or present record books and documents to said Designated In-Home Service Provider, Designated In-Home Long-Term Care Support Provider, Designated Provider of Preventive Long-Term Care Service, or Long-Term Care Insurance Facility, or issue a request to appear or explain to an organizer, manager, or said chairperson or director of said Designated In-Home Service Provider, Designated In-Home Long-Term Care Support Provider, Designated Provider of Preventive Long-Term Care Service, or Long-Term Care Insurance Facility, or the location of a Business Office pertaining to the business of said Designated In-Home Service, the business of Designated In-Home Long-Term Care Support, the business of Designated Preventive Long-Term Care Service, or a person in charge of Service Covered by Long-Term Care Benefits, etc., of a Long-Term Care Insurance Facility.

- (2) An Association must pay the travel expenses, a daily allowance, and accommodation charges of a person that appears before an Examination Committee for Benefit Expense pursuant to the provisions of the preceding paragraph, however, provided that this provision does not apply to those who appear pursuant to a request for appearance due to a defective or misleading entry of an invoice for Long-Term Care Benefit Expense, or the record books and documents that are submitted by said Designated In-Home Service

Provider, Designated In-Home Long-Term Care Support Provider, Designated Provider of Preventive Long-Term Care Service, or Long-Term Care Insurance Facility.

- (3) The provisions of the preceding two paragraphs apply mutatis mutandis to a Designated Community-Based Service Provider, Designated Provider of Community-Based Preventive Service of Long-Term Care, or Designated Provider of Support for Prevention of Long-Term Care, and the business of Designated Community-Based Service, the business of Community-Based Preventive Long-Term Care Service, and the business of Designated Support for Prevention of Long-Term Care. In this case, the term "prefectural governor" in paragraph (1) is deemed to be replaced with "mayor of the Municipality."

(Delegation to Order of Ministry of Health, Labour, and Welfare)

Article 182 In addition to those matters as provided in this Chapter, necessary matters for an Examination Committee for Benefit Expense are determined by Order of the Ministry of Health, Labour, and Welfare.

Chapter XII Application for Examination

(Application for Examination)

- Article 183 (1) A person that is dissatisfied with the action executed concerning an Insurance Benefit (including the action pertaining to a request for issuance of a Certificate of Insured Person and action concerning a Certification of Needed Long-Term Care or Needed Support Certification) or an action concerning an insurance premium and other levies pursuant to the provisions of this Act (except for a Fiscal Stability Fund contribution, payment and delinquent charge as prescribed in Article 157, paragraph (1)), may apply to a Certification Committee for Long-Term Care Insurance for an examination.
- (2) An application for examination as set forth in the preceding paragraph is deemed as a judicial request with respect to interruption of a prescription.

(Establishment of Certification Committee for Long-Term Care Insurance)

Article 184 A Certification Committee for Long-Term Care Insurance (hereinafter referred to as "Certification Committee for Insurance") is to be organized in each prefecture.

(Organization)

- Article 185 (1) A Certification Committee for Insurance is to be comprised of groups of committee members as listed in each of following items and said fixed number is the number provided by said each item:
- (i) committee members who represent Insured Persons: three;

- (ii) committee members who represent Municipalities: three;
 - (iii) committee members who represent the public interest: a fixed number determined by ordinance in accordance with the standards provided by a Cabinet Order.
- (2) A committee member is appointed by the prefectural governor.
- (3) A committee member is part-time.

(Terms of Committee Members)

- Article 186 (1) The term of a committee member is to be three years, however, provided that the term of a member filling a vacancy is for the duration of the remaining term of said predecessor.
- (2) A committee member may be reappointed.

(Chairperson)

- Article 187 (1) A Certification Committee for Insurance is to have one chairperson that is elected by the committee members, from among the committee members representing the public interest.
- (2) In the event that a chairperson becomes unable to serve, a member that has been elected in accordance with the provisions as set forth in the preceding paragraph performs the duties of the chairperson.

(Expert Investigator)

- Article 188 (1) Expert investigators may be appointed to a Certification Committee for Insurance in order for said expert to investigate special matters concerning a case of an application for examination of action executed concerning a Certification of Needed Long-Term Care or a Certification of Needed Support.
- (2) Expert investigators shall be appointed by a prefectural governor from among persons with relevant knowledge and experience concerning the health, medical care, or public aid of an Insured Person Requiring Long-Term Care, etc.
- (3) Expert investigators are part-time.

(Council)

- Article 189 (1) A Certification Committee for Insurance is a council consisting of two (2) members, and selected for appointment to said Certification Committee for Insurance from among the chairperson, all the members representing Insured Persons and members representing Municipalities, and from among the members representing the public interest except for the chairperson, and administers the cases of application for examination (except for those cases requiring action concerning Certification of Needed Long-Term Care or Certification of Needed Support).

- (2) A case of an application for examination regarding an action concerning Certification of Needed Long-Term Care or Certification of Needed Support is to be administered by a council consisting of three members selected for appointment to the Certification Committee for Insurance from among members representing the public interest.

Article 190 (1) A council as set forth in paragraph (1) of the preceding Article may not conduct a meeting nor make any decisions without the attendance of a majority of members including one or more member representing Insured Persons, a member representing Municipalities, and a member representing the public interest respectively, and a council as set forth in paragraph (2) may not conduct a meeting nor make any decisions without the attendance of all members that comprise said council.

- (2) A decision of a council as set forth in paragraph (1) of the preceding Article is determined by a majority of the members present, and in case of a tie vote, matters are decided by the chairperson.

- (3) A decision of a council as set forth in paragraph (2) of the preceding Article is decided by a majority of the members who constitute said council.

(Jurisdictional Certification Committee for Insurance)

Article 191 (1) An application for examination must be conducted by a Certification Committee for Insurance of the prefecture that includes the area of the Municipality that executed the action for said matter.

- (2) In a case that a Certification Committee for Insurance lacks jurisdiction in the matters of an application for examination, the Committee must immediately transfer said case to the competent Certification Committee for Insurance and provide notification of said fact to said applicant of said examination.

- (3) When a case is transferred, it is deemed that said application for examination was submitted originally to the Certification Committee for Insurance that accepts said transfer.

(Term and Method of Application for Examination)

Article 192 An application for examination must be requested with a document or orally within sixty days from the day following the date when the applicant learns that the action regarding a matter was executed, however, provided that this provision does not apply to a case when there is prima facie evidence to prove that said application for examination was not submitted within said period due to justifiable cause.

(Notification to Municipality)

Article 193 A Certification Committee for Insurance, when accepting an application for examination, must notify the Municipality that executed the original action and other interested persons.

(Disposition for Proceedings)

Article 194 (1) A Certification Committee for Insurance, when it determines necessary to conduct proceedings, may request reports or opinions of the person requesting said examination or other relevant person, order to appear and conduct hearings, or direct a physician or other person appointed by said Certification Committee for Insurance (referred to as "Physician, etc." in the following paragraph) to conduct a diagnosis or other investigations.

(2) A prefecture must pay the travel expenses, a daily allowance, and accommodation charges, or pay remuneration, pursuant to the provisions of a Cabinet Order, to said relevant person that appears before said Certification Committee for Insurance pursuant to the provisions of the preceding paragraph or Physician, etc., that conducted said diagnosis or other investigation.

(Delegation to a Cabinet Order)

Article 195 In addition to those items as prescribed in this Chapter or in the Administrative Appeal Act, other necessary matters and procedures of an application for examination and a Certification Committee for Insurance are determined by a Cabinet Order.

(Relationship between Application for Examination and Litigation)

Article 196 An action of rescission or disposition of a matter as prescribed in Article 183, paragraph (1) may not be filed until a ruling with regard to the application for examination pertaining to said disposition of a matter has been determined.

Chapter XIII Miscellaneous Provisions

(Collection of Reports)

Article 197 (1) The Minister of Health, Labour, and Welfare or the prefectural governor may, when it is determined necessary for an evaluation concerning the effect of Insurance Benefits or other matter, request a Municipality to submit a report concerning the performance of said project.

(2) The Minister of Health, Labour, and Welfare may request a prefectural governor or the mayor of a Municipality, when it is determined to be necessary with respect to the affairs to be conducted pursuant to the provisions of Chapter V by said prefectural governor or mayor of said Municipality, to

submit a report, or may provide advice or recommendation.

- (3) The Minister of Health, Labour, and Welfare or a prefectural governor, as pertaining to a medical insurer, when he or she determines the necessity for a calculation of an amount of payment, may collect reports concerning said operation, or direct personnel to investigate said conditions in practice.
- (4) The provisions of Article 24, paragraph (3) apply mutatis mutandis to an inspection pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

Article 197-2 A mayor of a Municipality, pursuant to the provisions of a Cabinet Order, must report the performance of said business to the Minister of Health, Labour, and Welfare.

(Supervision of Association)

Article 198 In a case when the provisions of Article 106 and Article 108 of the National Health Insurance Act apply to an Association, the term "business" in these provisions is deemed to be replaced with "business (including Business Relevant to A Long-Term Care Insurance Project that is as prescribed in Article 177 of the Long-Term Care Insurance Act (Act No.123 of 1997))."

(Order of Statutory Lien)

Article 199 An order of a statutory lien related to an insurance premium or other levy pursuant to the provisions of this Act has priority subordinate to national tax and local tax.

(Prescription)

- Article 200 (1) The right to collect an insurance premium, payment, and other levies pursuant to the provisions of this Act, to receive said refund, or to receive an Insurance Benefit is extinguished by prescription, due to the statute to limitations after two years have elapsed from the date of issuance.
- (2) A demand for an insurance premium and other levies pursuant to the provisions of this Act, notwithstanding the provisions of Article 153 of Civil Code, have the effect of interruption of a prescription.

(Calculation of Periods)

Article 201 With regard to the calculation of periods as prescribed by this Act or an Order based on this Act, said calculation applies mutatis mutandis to the provisions concerning said periods as set forth in Civil Code.

(Investigation Concerning an Insured Person)

- Article 202 (1) A Municipality, when it determines it necessary with respect to qualification of an Insured Person, an Insurance Benefit, or an insurance premium, may order an Insured Person, the spouse of a Primary Insured Person, the householder of said family where said Primary Insured Person resides, or other person who belongs or belonged to said family, to submit or present documents and other items, or direct personnel to make inquiries.
- (2) The provisions of Article 24, paragraph (3) apply mutatis mutandis to questions pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (4) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(Provision of Data)

Article 203 A Municipality, when it determines it necessary with regard to an Insurance Benefit or an insurance premium, with respect to the property or income condition of said Insured Person, the spouse of said Primary Insured Person, the householder of said family where said Primary Insured Person resides, or other person who belong to said family, or with regard to the payment status of an Old Age, etc., Pension Benefit to an Insured Person, may request the submission of necessary documents or to submit other materials of a post office or other public agency, or the employer of said pension insurer, or request the submission of a report from a bank, trust company, and other institutions, or said employer of said Insured Person, or other relevant person.

(Execution of Affairs by the Minister of Health, Labour, and Welfare in an Emergency)

- Article 203-2 (1) Affairs that belong to the authority of a prefectural governor or mayor of a Municipality pursuant to the provisions of Article 100, paragraph(1), in a case when the Minister of Health, Labour, and Welfare determines that there is an urgent need for protection of the safety of a person's life or the physical condition of the body of a person who may be admitted to a Long-Term Care Health Facility, are to be executed by the Minister of Health, Labour, and Welfare, or a prefectural governor or mayor of a Municipality. In this case, the provisions concerning a prefectural governor in the provisions of this Act (limited to those pertaining to said Affairs) apply to the Minister of Health, Labour, and Welfare as provisions concerning the Minister of Health, Labour, and Welfare.
- (2) In a case as set forth in the preceding paragraph, when the Minister of Health, Labour, and Welfare, or a prefectural governor or mayor of a Municipality execute said Affairs, said Affairs are to be performed under mutual and close cooperation.

(Classification of Affairs)

Article 203-3 Affairs that are executed by a prefecture pursuant to the provisions of Article 156, paragraph (4), Article 172, paragraph (1), and paragraph (3), and Article 197, paragraph (3), item (i) are to be legally delegated affairs, as prescribed in Article 2, paragraph (9), item (i) of the Local Autonomy Act.

(Delegation of Authority)

Article 203-4 (1) The authority of the Minister of Health, Labour, and Welfare as provided in this Act, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, may be delegated to the chief of the relevant Regional Bureau of Health and Welfare.

(2) The authority that is delegated to the chief of said Regional Bureau of Health and Welfare pursuant to the provisions of the preceding paragraph, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, may be delegated to a branch manager of said Regional Bureau of Health and Welfare

(Operative Provisions)

Article 204 Excluding the special provisions as provided in this Act, the procedures for execution of this Act and other detailed regulations necessary with regard to execution are determined by Order of the Ministry of Health, Labour, and Welfare.

Chapter XIV Penalty Provisions

Article 205 (1) When a Certification Committee, Prefectural Certification Committee of Needed Long-Term Care, or Examination Committee for Benefit Expense, or member of a Certification Committee for Insurance, professional investigator of a Certification Committee for Insurance, Association, Officer, or personnel of a juridical person which is entrusted with affairs by an Association concerning an examination or payment as prescribed in Article 41, paragraph (9), Article 42-2, paragraph (8), Article 46, paragraph (6), Article 48, paragraph (6), Article 51-2, paragraph (7), Article 53, paragraph (6), Article 54-2, paragraph (8), Article 58, paragraph (6), or Article 61-2, paragraph (7), pursuant to the provisions of Article 41, paragraph (11) (including a case applied *mutatis mutandis* pursuant to Article 42-2, paragraph (9), Article 46, paragraph (7), Article 48, paragraph (7), Article 51-2, paragraph (8), Article 53, paragraph (7), Article 54-2, paragraph (9), Article 58, paragraph (7), and Article 61-2, paragraph (8)), or a person that held said occupation divulges, without justifiable cause, any business confidential information or personal

confidential information of a Designated In-Home Service Provider, Designated Community-Based Service Provider, Designated In-Home Long-Term Care Support Provider, an organizer of a Long-Term Care Insurance Facility, Designated Provider of Preventive Long-Term Care Service, Designated Provider of Community-Based Preventive Service of Long-Term Care, Designated Provider of Support for Prevention of Long-Term Care or a person that provided In-Home Service, etc., that said person has come to learn, is imprisoned with compulsory labor for less than one year or fined an amount not to exceed one million yen.

- (2) Any person that violates the provisions of Article 24-2, paragraph (3), Article 28, paragraph (7) (including a case applied mutatis mutandis pursuant to Article 29, paragraph (2), Article 30, paragraph (2), Article 31, paragraph (2), Article 33, paragraph (4), Article 33-2, paragraph (2), Article 33-3, paragraph (2) and Article 34, paragraph (2)), Article 69-17, paragraph (1), Article 69-28, paragraph (1), Article 69-37, Article 115-32, paragraph (1) (including a case applied mutatis mutandis pursuant to Article 115-36, paragraph (3)) or Article 115-39, paragraph (5) (including a case applied mutatis mutandis pursuant to Article 115-40, paragraph (3)), is imprisoned with compulsory labor for less than one year or fined an amount not to exceed one million yen.

Article 205-2 Any person that violates an order pursuant to the provisions of Article 69-24, paragraph (2) is imprisoned with compulsory labor for less than one year or fined an amount not to exceed one million yen.

Article 206 In a case that corresponds to any item of the following, a person that committed said violation is imprisoned with compulsory labor for less than six months or fined an amount not to exceed 500,000 yen:

- (i) when a person advertises matters other than those listed in each item of Article 98, paragraph (1), advertised falsely with regard to the matter listed in each item of the same Article, or the method of advertisement of matters listed in item (iii) of the same Article violates the provisions pursuant to item (ii) of the same Article;
- (ii) when a person violates an order based on the provisions of Article 101 or Article 102

Article 206-2 In a case defined by any item of the following, a person that committed said violation is fined an amount not to exceed 500,000 yen:

- (i) when a person fails to prepare a record book, fails to enter an entry in said book, or entered a false entry in said book, or fails to maintain said book in violation of the provisions of Article 69-20 or Article 115-33 (including a case applied mutatis mutandis pursuant to Article 115-36, paragraph (3));

- (ii) when a person fails to report pursuant to the provisions of Article 69-22, paragraph (1) or paragraph (2), Article 69-30, paragraph (1) (including a case applied mutatis mutandis pursuant to Article 69-33, paragraph (2)) or Article 115-34, paragraph (1) (including a case applied mutatis mutandis pursuant to Article 115-36, paragraph (3)) or submits a false report, or fails to reply to questions pursuant to these provisions or replies falsely, or refuses, interrupts, or evades an inspection pursuant to these provisions;
- (iii) when a person abolishes all Examination Question Preparation Affairs without obtaining the approval pursuant to the provisions of Article 69-23, paragraph (1), abolishes all Investigation Affairs without obtaining the approval pursuant to the provisions of Article 115-35, or abolishes all Public Information affairs without obtaining the approval pursuant to the provisions of Article 115-35 as applied mutatis mutandis pursuant to Article 115-36, paragraph (3).

Article 207 (1) When corresponding to any one item of the following, an Officer, liquidator, or personnel of a health insurance society, national health insurance society, mutual aid association, or the Promotion and Mutual Aid Corporation for Private Schools of Japan is fined an amount not to exceed 300,000 yen:

- (i) when a person fails to report or submit a document or other item pursuant to the provisions of Article 163, or reports falsely or submits a document with a false entry;
 - (ii) when a person fails to report pursuant to the provisions of Article 197, paragraph (3), or submits a false report, or refuses, interrupts, or evades an inspection pursuant to the provisions of the same paragraph.
- (2) In a case when a person fails to report pursuant to the provisions of Article 172, paragraph (1) or submits a false report, or refuses, interrupts, or evades an inspection pursuant to the provisions of the same paragraph, the Payment Fund, Officer, or personnel of a Trustee that commits said violation is fined an amount not to exceed 200,000 yen.

Article 208 When a person that receives Long-Term Care Benefit, etc., fails to report pursuant to the provisions of Article 24, paragraph (2) or submits a false report, or refuses, interrupts, or evades an inspection pursuant to the provisions of the same paragraph, said person shall be fined an amount not to exceed 300,000 yen.

Article 209 When corresponding to any item of the following, a person that commits said violation is fined an amount not to exceed 300,000 yen:

- (i) when a person violates the provisions of Article 95;

- (ii) when a person fails to submit a report or does not submit record books and documents, submits a false report or submits or presents false record books or documents, pursuant to the provisions of Article 42, paragraph (3), Article 42-3, paragraph (3), Article 45, paragraph (8), Article 47, paragraph (3), Article 49, paragraph (3), Article 54, paragraph (3), Article 54-3, paragraph (3), Article 57, paragraph (8), Article 59, paragraph (3), Article 76, paragraph (1), Article 78-6, paragraph (1), Article 83, paragraph (1), Article 90, paragraph (1), Article 100, paragraph (1), Article 112, paragraph (1), Article 115-6, paragraph (1), Article 115-15, paragraph (1), or Article 115-24, paragraph (1), or fails to reply or submits a false reply to questions pursuant to these provisions or refuses, interrupts, or evades an inspection pursuant to these provisions;
- (iii) when a person violates the provisions of Article 8-2, paragraph (2) and paragraph (9) of the Medical Care Act as applied mutatis mutandis pursuant to Article 105 of this Act.

Article 210 A person that fails to appear, fails to submit a statement, fails to submit a report or submits a false statement or report, or fails to perform a diagnosis or other investigation in violation of the actions pursuant to the provisions of Article 194, paragraph (1), is fined an amount not to exceed 200,000 yen, however, provided that this provision does not apply to an applicant of procedures of an examination conducted by a Certification Committee for Insurance, a Municipality which is notified pursuant to the provisions of Article 193, or other interested person.

Article 211 When a representative person of a juridical person, or an agent of a juridical person or an individual, employee, or other worker commits a violation as set forth in Article 205-2 to Article 206-2, or Article 209 with regard to the business of said juridical person or an individual, not only the offender is punished, but also said juridical person or said individual is punished by the fine as prescribed in the respective Articles.

Article 211-2 When a person fails to keep Financial Statements, etc., fails to enter the matters to be entered in Financial Statements, etc., or submits a false entry in violation of the provisions of Article 69-19, paragraph (1), or refuses a demand pursuant to the provisions of any item of paragraph (2) without justifiable cause, said person is punished by a fine of an amount not to exceed 200,000 yen.

Article 212 When a person corresponds to one respective item of the following, an Officer of the Payment Fund that commits said violation is punished by a

fine in an amount not to exceed 200,000 yen:

- (i) in a case when said person is required to obtain the authorization or approval of the Minister of Health, Labour, and Welfare pursuant to the provisions of this Act, when said person fails to obtain said authorization or approval;
- (ii) when a person invests surplus funds of a business in violation of the provisions of Article 170.

Article 213 (1) When a person that provides In-Home Service, etc., or a person that employs said person fails to report or submit a report pursuant to the provisions of Article 24, paragraph (1) or submits a false report, or fails to reply or submits a false reply to the questions of said personnel pursuant to the provisions of the same paragraph, said person is punished by a non-penal fine in an amount not to exceed 100,000 yen.

(2) A person that violates the provisions of Article 69-7, paragraph (6) or paragraph (7) is punished by a non-penal fine in an amount not to exceed 100,000 yen.

Article 214 (1) A Municipality, when a Primary Insured Person fails to provide a notification pursuant to the provisions of the main clause of Article 12, paragraph (1) (except for a case when the householder of said family of said Primary Insured Person resides, fails to provide a notification pursuant to the provisions of paragraph (2) of the same Article) or provides a false notification, may enact a provision to punish said offender by a non-penal fine in an amount not to exceed 100,000 yen.

(2) A Municipality may enact by ordinance a provision to punish by a non-penal fine in an amount not to exceed 100,000 yen a person that fails to respond to a request to submit a Certificate of Insured Person pursuant to the provisions of the second sentence of Article 30, paragraph (1), second sentence of Article 31, paragraph (1), Article 33-3, paragraph (1), second sentence of Article 34, paragraph (1), second sentence of Article 35, paragraph (6), Article 66, paragraph (1) or paragraph (2), or Article 68, paragraph (1).

(3) A Municipality, when an Insured Person, the spouse of said Primary Insured Person, the householder of said family where said Primary Insured Person resides, or other person that belongs or belonged to said family fails to act in compliance with an order to submit or present documents or other items pursuant to the provisions of Article 202, paragraph (1) or fails to reply or submits a false reply to the questions asked by said personnel, may enact by ordinance a provision to punish said person by non-penal fine in an amount not to exceed 100,000 yen.

(4) A Municipality may enact by ordinance a provision to a person that was

exempted from the collection of an insurance premium and other levies pursuant to the provisions of this Act (except for the payment and the delinquent charge as prescribed in Article 157, paragraph (1)) to punish said person by non-penal fine in an amount not to exceed the amount equivalent to five times the amount that was exempted from said collection.

- (5) The provisions of Article 255-3 of the Local Autonomy Act apply *mutatis mutandis* to actions of non-penal fines pursuant to the provisions of the respective preceding paragraphs.

Article 215 An Association, pursuant to the provisions of a constitution, may collect a fine for default in an amount not to exceed 100,000 yen with respect to the use of said facility (limited to Business Relevant to A Long-Term Care Insurance Project).