

# Outline of the Act Partially Amending the Act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities and Other Acts

## Purpose of These Amendments

The amendments take measures such as (1) enhancing systems to support persons and children with disabilities in their lives in the community; (2) facilitating support for the diverse employment needs of persons with disabilities and improvements in the quality of their employment; (3) developing support systems tailored to the wants and needs of persons with mental disorders; (4) enhancing proper medical care for patients with intractable diseases and children with specified chronic pediatric diseases, and strengthening support for their lives under medical treatment; and (5) providing for databases concerning welfare services for persons with disabilities and related services, designated intractable diseases, and specified chronic pediatric diseases; in order to make it possible for persons and children with disabilities to live how they want by enhancing support for community life and employment.

## Outline of These Amendments

### **1. Enhancing systems to support persons and children with disabilities in their lives in the community [Comprehensive Support for Persons with Disabilities Act, Mental Health and Welfare Act].**

(1) Upon amendment, it will be clearly established by law that the content of the support involved in communal living assistance (i.e., group home services) includes things such as support for persons who want to live alone and post-discharge advice.

(2) Municipalities will have the obligation to endeavor to make arrangements for establishing the main consultation support centers that perform a central role in providing consultation supports at the area, and the community-life support centers that are responsible for things such as handling urgent situations and facilitating people's transition from facilities to the community to live life with peace of mind.

(3) The revision makes it so that not only persons with mental disorders, but also persons facing mental health issues that the prefectures and municipalities implement. The amendments also clarify that the purpose of this is to comprehensively ensure proper support that is tailored to these persons' physical and mental conditions.

### **2. Facilitating support for the diverse employment needs of persons with disabilities and improvements in the quality of their employment [Comprehensive Support for Persons with Disabilities Act, Facilitating Employment for Persons with Disabilities Act]**

(1) A *job selection support service* will be created that makes use of job assessments (an approach through which, in cooperation with persons with disabilities who want to use employment services, their employment needs are assessed, their abilities and suitability are evaluated, and things that will need to be considered after they start working are sorted out), and the public employment security office (Hello Work) will implement vocational guidance and other services based on the results of these assessments for persons to whom that support is provided.

(2) In order to expand employment opportunities for persons with severe physical disabilities, severe intellectual disabilities, and mental disorders who regularly work 10 or more but fewer than 20 hours per week and who fall outside the scope of employers' duty to employ persons with disabilities, it will become possible to include these categories of workers in the calculation of the actual employment rate.

(3) The way of paying monetary adjustments for the employment of persons with disabilities and other monies will be revised, and subsidies for workplace retention and other efforts that enterprises implement will be strengthened.

### **3. Developing support systems tailored to the wants and needs of persons with mental disorders [Mental Health and Welfare Act]**

(1) It is made possible to provide appropriate medical care, such as by also allowing persons to be hospitalized with consent from the mayor of the municipality if a family member does not expressly indicate whether or not they consent to this. These amendments also provide for deciding the period of hospitalization for involuntary inpatient under medical care and protection, and for confirming that these persons meet the requirements for hospitalization at regular intervals.

(2) The amendments establish a *system of services by visiting support-staff for psychiatric inpatients* centered on persons hospitalized based on the consent of the mayor of the municipality, in which support staff will listen carefully to their experiences and feelings and provide them with the necessary information, if they wish. Additionally, the reason for taking involuntary hospitalization measures will be added as part of the content of the notification that is given to them.

(3) It will be prescribed that psychiatric hospitals must have their workers undergo training, spread awareness to the workers, and implement other activities in order to facilitate efforts to prevent abuse. Additionally, the amendments arrange for a system for reporting abuse by workers to the prefectural government if it is discovered.

### **4. Enhancing proper medical care for patients with intractable diseases and children with specified chronic pediatric diseases, and strengthening support for their lives under medical treatment [Intractable Diseases Act, Child Welfare Act]**

(1) The timing for when patients with intractable diseases and children with specified chronic pediatric diseases become eligible for medical-expense subsidies will be moved up from the date of application to the date when the patient is diagnosed as having a serious illness.

(2) In addition to providing for the issuance of *registered patients' certificates* to help facilitate both the smooth use of various types of support for life under medical treatment and data registration, the amendments provide for advancing coordination between Intractable Disease Consultation Support Center and welfare and employment support providers, and provide for other such enhancement of services that support patients with intractable diseases in living life under medical treatment and services that support children with specified chronic pediatric diseases in becoming independent.

### **5. Providing for databases concerning welfare services for persons with disabilities and related services, designated intractable diseases, and specified chronic pediatric diseases [Comprehensive Support for Persons with Disabilities Act, Child Welfare Act, Intractable Diseases Act]**

The amendment prescribes a third-party provider mechanism for the disability database, intractable disease database, and chronic pediatric diseases database, in order to help improve the quality of welfare services for persons with disabilities and related services and the quality of life under treatment for patients with intractable diseases and others.

### **6. Other amendments [Comprehensive Support for Persons with Disabilities Act, Child Welfare Act]**

(1) A mechanism will be established for the mayor of the municipality to offer an opinion at the time the prefectural governor designates a welfare service provider for persons with disabilities, in order to make service provider designations consistent with municipal welfare plans for persons with disabilities.

(2) In response to the decentralization proposal, facilities covered by long-term care insurance will be added as facilities that are subject to the special residency exception.

Further, the needed provisions are established in connection with the provisions that needed to be prepared at the time of the 2018 amendment of the Comprehensive Support for Persons with Disabilities Act, such as Article 18, paragraph (2) of the Supplementary Provisions of that Act.

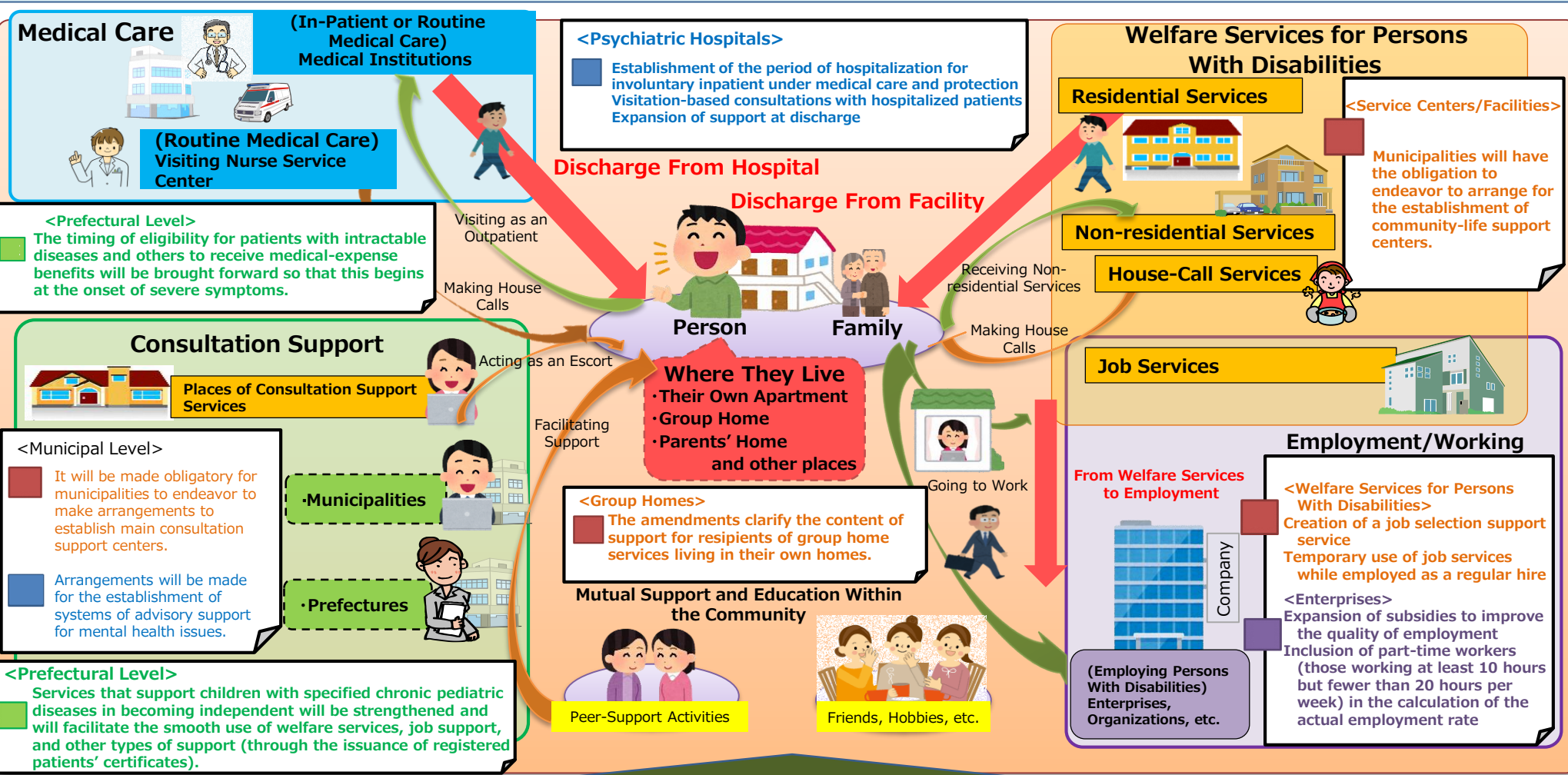
## Effective Date

April 1, 2024 (However, the effective date for some parts of the provisions referred to under heading 2.(1) and heading 5. above is the day prescribed by Cabinet Order, within three years after the date of promulgation; the effective date for some parts of the provisions referred to under heading 3.(2), heading 5., and heading 6.(2) is April 1, 2023; and the effective date for some parts of the provisions referred to under heading 4.(1) and (2) is October 1, 2023.)

# Japan's vision for a community-centered society that people with disabilities and patients with intractable diseases can continue to live in with peace of mind

Japan's goal is to construct systems that will enable persons with disabilities and patients with intractable diseases to live their lives with peace of mind and on their own terms, while feeling a sense of purpose and having a role to play in their communities and workplaces, and while receiving support in terms of medical care, welfare, employment, and other areas. To this end, the following measures will be advanced, and related services will be provided in line with the wishes of the individual.

- **Enhancing support to enable people to transition from institutions and hospitals into the community and to live life on their own terms and in their own homes** (Comprehensive Support for Persons with Disabilities Act, Mental Health and Welfare Act, Intractable Diseases Act/Child Welfare Act)
- **Providing support through coordination between welfare and employment services, improving the quality of employment for persons with disabilities** (Comprehensive Support for Persons with Disabilities Act, Facilitating Employment for Persons with Disabilities Act)
- **Developing databases to strengthen research and studies and ensure and improve the quality of services** (Intractable Diseases Act/Child Welfare Act, Comprehensive Support for Persons with Disabilities Act)



# 1-(1) Advancing support for recipients of group home services to continue and actualize the lives they want in the community

## Current Situation/Issues

- In group homes, caregivers are available to give recipients advice, to help them with bathing, elimination, and meals, and to offer other support for everyday life, in a communal residence setting.
- Recent years have seen an increase in the number of recipients of group home services. Although some wish to continue living there, others would prefer to live alone in their own apartments or explore other living arrangements, and would be able to do so if they had support in their day-to-day lives.

## Content of the Revisions

- In light of the call for group homes to provide support for recipients to live on their own while confirming what they want in terms of life in the community and going over related issues with them, **the Act on Comprehensive Support for Persons with Disabilities will make it clear that support for recipients of group home services who want to live on their own and advisory and other support for people to settle into life on their own after they move out of group homes is a part of the support that group homes provide.**

\*Those seeking continued support within a group-home setting will be able to use group home services just the same as before.

## What These Revisions Look Like

### Existing Support Services



- ☆ Caregivers are there to give recipients advice; to assist them with bathing, elimination, and meals; and to provide other support for everyday life, mainly at night time, in a communal residence setting.
- ☆ Group home staff communicate and coordinate with recipients' places of employment, day services, and others, and assist with activities they do in their spare time and other aspects of their social lives.



### If a Recipient Wants to Live on Their Own

**Residents seeking to** transition to independent daily lives in their own homes will be able to seek advice from group home staff and use other such services in connection with their transition to life on their own and getting used to life after their transition.



### Support (example)

While still a resident: Service providers will provide support for household chores such as cooking and cleaning for people living on their own, accompaniment on outings such as shopping trips, support for managing money and medications, and support for securing housing.

After moving out: Service providers will continue to allow former residents to seek advice from group home staff and use other such services for a fixed period.

Total Offices: 11,526 Total Recipients: 158,167

Office and recipient numbers are from Federations of National Health Insurance Organizations' April 2022 Performance Results for Services Provided.

# 1-(2) Arranging for Community Support Systems for Persons With Disabilities and Persons Facing Mental Health Issues

## 1-(3)

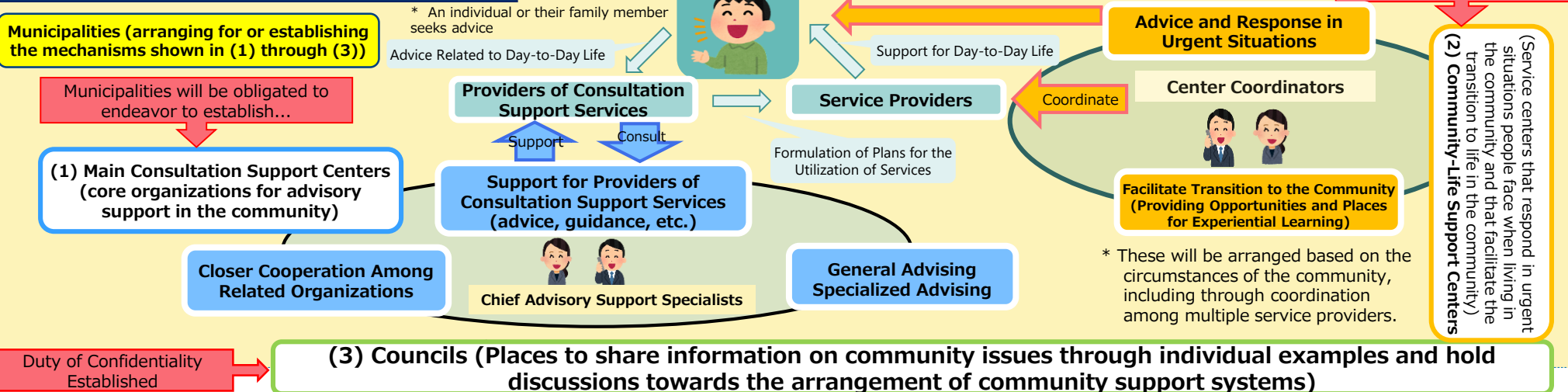
### Current Situation/Issues

- Since 2012, the law has positioned main consultation support centers as facilities whose aim is to provide comprehensive consultation support services, but only about half of municipalities have established one.
- In anticipation of issues such increased severity of disability and aging among persons with disabilities, and looking ahead to the time after the parents of persons with disabilities have passed away, in 2017, the government began promoting the establishment of community-life support centers to handle response in urgent situations and further people's transitions from institutions to the community. However, only around 50% of municipalities have made arrangements for them to be established.
- \* Centers established as of April 2021 (1,741 municipalities) Community-Life Support Centers: 921 municipalities (53%), Main Consultation Support Centers: 873 municipalities (50%)
- At the municipal level, issues related to mental health have become visible across fields such as childcare, nursing care, and support for the needy. In addition, mental health issues are becoming more complex and diverse, and responding to them can sometimes prove difficult.
- \* Suicide, reclusiveness, abuse, etc.

### Content of the Revisions

- **The revisions will help strengthen the role and function of main consultation support centers as central institutions for consultation support at the area, and will give municipalities the obligation to endeavor to establish them.**
- **The revisions will position community-life support centers within the Comprehensive Support for Persons with Disabilities Act and will give municipalities the obligation to endeavor to arrange for them to be established.**
- **The Comprehensive Support for Persons with Disabilities Act will make it clear that information on individual cases involving persons with disabilities will be shared at local councils, and the revision establishes a duty of confidentiality for council participants and gives related organizations the duty to endeavor to provide information to the councils.**
- **The revision makes it so that not only persons with mental disorders, but also persons facing mental health issues\* can be covered by the advisory support for mental health that the municipalities implement. The revision also clarifies that the purpose of this is to comprehensively ensure proper support that is tailored to these persons' physical and mental conditions. The revisions also add "providing advisory assistance for mental health issues to persons facing them" to the duties of mental-health social workers.**
- \* It is planned for the specifics to be provided by Order of the Ministry of Health, Labour and Welfare.

### What Arranging for Systems to Support Individuals and Their Families Will Look Like



# 2-(1) Systematizing Support Using the Job Assessments Approach

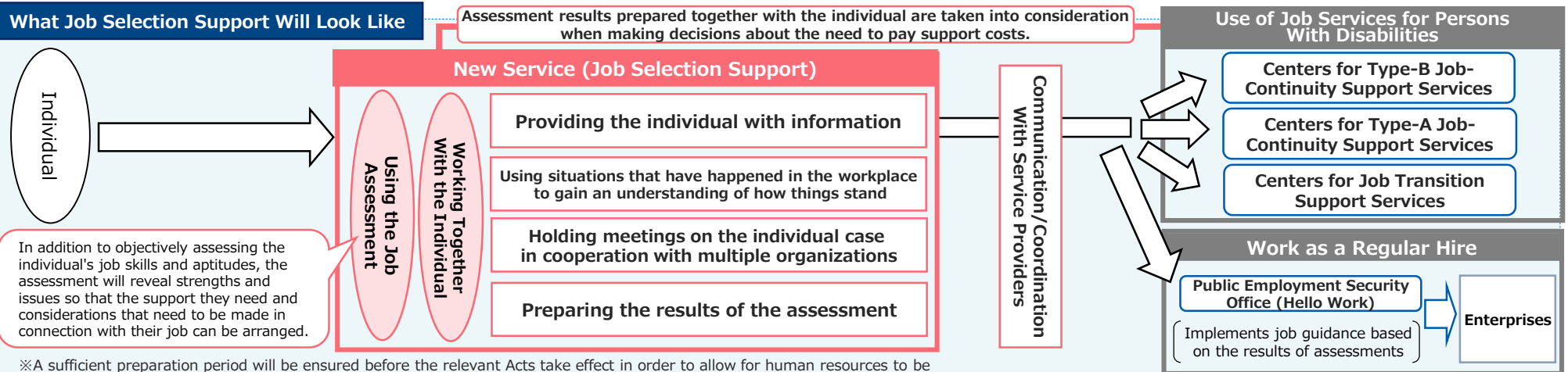
## Current Situation/Issues

- To date, job support has been promoted based on employment policies and welfare policies for persons with disabilities. \*Private companies employ about 600,000 people and job services for persons with disabilities employ about 400,000 people.
- Individuals' job skills and aptitudes are assessed when they first start to use job services for persons with disabilities, but this does not lead to choices about working styles and workplaces that are based on those skills and aptitudes, and quality is not always ensured.
- As the needs and socioeconomic conditions of people with disabilities who wish to work become more diverse, we are called to provide more nuanced support that is attuned to the wishes and abilities of each individual in order to create a society that makes it easy for people with disabilities to work.

## Content of the Revisions

- Creation of a Job Selection Support Service (as illustrated by the figure below)
  - **The revisions create a new service (job selection support) in which the job assessment approach will be used to support individuals in making choices that match their wishes, job skills, and aptitudes**, in order to help persons with disabilities make better choices about where they will work and what their work style will be. (Comprehensive Support for Persons with Disabilities Act)
  - **The public employment security office (Hello Work) is to provide vocational guidance to recipients of job selection support based on the results of their assessments.** (Facilitating Employment for Persons with Disabilities Act)
- Temporary use of job services for persons with disabilities while employed
  - **It will be enshrined in the law that, even if a person with a disability is employed as a regular hire**, in situations such as when they will be stepping up their working hours in stages upon first starting to work at a company or when they are looking to return to work after a leave of absence(\*), **they will be permitted to temporarily use job services for persons with disabilities.** (Comprehensive Support for Persons with Disabilities Act) (\*) as prescribed by Ministerial Order
- Strengthened Coordination Between Welfare and Employment Services
  - **In order to further advance support for people transitioning and settling in to employment as a regular hire, the law will explicitly provide for work/life support centers for persons with disabilities as places that coordinate between municipalities and providers of welfare services for persons with disabilities.** (Comprehensive Support for Persons with Disabilities Act)

## What Job Selection Support Will Look Like



※A sufficient preparation period will be ensured before the relevant Acts take effect in order to allow for human resources to be secured and systems to be arranged. In addition, this service's target population will be expanded in stages.

## 2-(2) Including Part-Time Workers (Those Who Regularly Work 10 or More But Fewer Than 20 Hours per Week) in the Calculation of the Actual Employment Rate

### Current Situation/Issues

- Based on the purpose of the Facilitating Employment for Persons with Disabilities Act, which is to facilitate the vocational independence of persons with disabilities, **the obligation to employ persons with disabilities that that Act imposes** on employers applies to **workers who regularly work 20 hours or more per week**.
- However, a certain number of people in every disability category—because the characteristics of their disabilities make it difficult for them to work long hours or for other reasons—would like to work for fewer than 20 hours a week; this number is particularly high among persons with mental disorders. In light of this, there is a need to help expand employment opportunities for people would be able to work if it were possible for them to do so for less than 20 hours per week.

### Content of the Revisions

- The revisions provide for special handling to be applied for persons with mental disorders, severe physical disabilities, and severe intellectual disabilities whose regular working hours are particularly short** (which is planned to be specified by Ministerial Notice as 10 hours or more but less than 20 hours), **which will allow their employers to include them in the calculation of the employment rate**.
- Additionally, since this revision directly helps expand job opportunities for those who find it difficult to work 20 hours or more per week on a regular basis, the special benefit (\*) will be discontinued.

\* The benefit of 7,000 yen/month per person (5,000 yen/month per person, for 100 or fewer employees) that employers are paid in accordance with the number of persons with disabilities they employ who work 10 hours or more but less than 20 hours per week

### Calculation Under the Employment Rate System (Red outline shows planned measures)

#### <Scope of Persons With Disabilities to Be Covered>

Persons with mental disorders, severe physical disabilities, and severe intellectual disabilities whose regular working hours are particularly short (which is planned to be specified by Ministerial Notice as 10 hours or more but less than 20 hours)

#### <Calculation>\*Planned to be specified by Ministerial Order

One employee counts as 0.5 of an employee

Regular Weekly Working Hours	30+ hours	20 – 29 hours	10 – 19 hours
Persons With Physical Disabilities	1	0.5	–
Severe Disabilities	2	1	0.5
Persons With Intellectual Disabilities	1	0.5	–
Severe Disabilities	2	1	0.5
Persons With Mental Disorders	1	0.5 ※	0.5

\* Measures for using a count base of 1 instead of 0.5 if certain requirements are met are in place until the end of FY2022, and these are planned to be extended upon amendment of the relevant Ministerial Order.

# 2-(3) Revising Monetary Adjustments for the Employment of Persons with Disabilities, Strengthening Subsidies

## Current Situation/Issues

- Based on the principle of social solidarity, all employers have a joint responsibility to provide persons with disabilities with opportunities for employment. Also based on this principle, a payment system with joint contributions by employers has been established to adjust for the financial burden associated with hiring persons with disabilities and to provide assistance to employers who employ them.
- As a result of progress in employers' efforts (the increase in the actual employment rate), most expenditures are for adjustments and incentives which are assessed based on the number of persons with disabilities employed, and expenditures for subsidies to support improvements in the quality of employment are limited.

## Content of the Revisions

- The following revisions will be implemented so that limited financial resources can be used effectively, the quality of employment can be improved, and support for employers' efforts to help persons with disabilities settle into their workplaces can be enhanced.
  - ✓ **Adjustment of the amount paid as monetary adjustments and incentives for any employees with disabilities** that an employer employs in excess of a certain number
  - ✓ **Creation of subsidies** to support the efforts of employers (advisory assistance support related to the series of workforce management processes that are needed to help with hiring and job continuity; job continuity support for persons with disabilities who have difficulty adapting to the workplace due to aging).

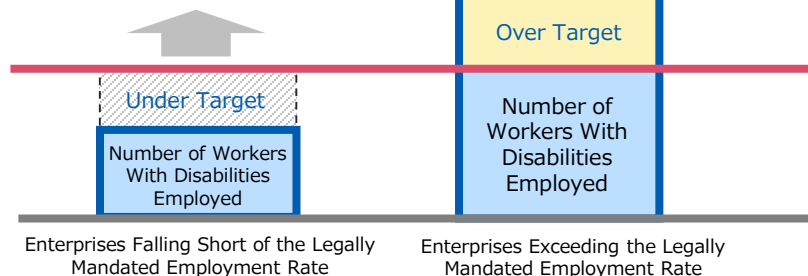
### <Outline of Levy System> \* Amounts represent main results from FY 2020

**Enterprises Falling Short of the Mandated Rate (with more than 100 employees) 35.3 billion yen**

#### Collection of Levies

[50,000 yen/month for each person short of the mandated number]

Legally Mandated Number of Workers With Disabilities



### How Monetary Adjustments and Other Monies Are Paid (parts in red are planned measures)

**Enterprises Exceeding the Mandated Rate (more than 100 employees) 19.9 billion yen**

#### Payment of Monetary Adjustments

[27,000 yen/month for each person over the mandated number]

Beyond a certain number (\*), the per-person payment for exceeding the mandated number of workers with disabilities will decrease.

**Enterprises Exceeding the Mandated Rate (100 or fewer employees) 5.3 billion yen**

#### Payment of Incentives

[21,000 yen/month for each person over the mandated number] (levies are not collected)

\* 10 workers for monetary adjustments; 35 workers for incentives (The number of workers subject to this and the per-person payment are planned to be specified by Cabinet/Ministerial Order.)

**All Enterprises 400 million yen**

#### Payment of Subsidies

(expenses for maintaining facilities; other costs)

Creation and enhancement of subsidies

\*Additionally, the following revisions will be implemented in connection with the Act to Facilitate the Employment of Persons with Disabilities.

- **Employers' responsibility to improve the quality of employment will be clarified** (in addition to the responsibility to provide appropriate employment opportunities and implement proper workforce management, the revision will add the responsibility for measures to help workers develop and improve their vocational abilities).
- **As a link to ensuring more job opportunities:**
  - the requirements for registering with the **Support System for Home-Based Workers With Disabilities** (a system that pays special monetary adjustments to enterprises that place orders with home-based workers with disabilities, in proportion to the amount of work ordered) **will be eased** (e.g., lowering the number of persons with disabilities working at home required for organization registration from 10 to 5).
  - **limited liability partnerships will be added as entities covered by the special exception that allows the actual employment rates of multiple small and medium-sized enterprises to be aggregated using the business cooperatives scheme.**

# 3-(1) Revising the System for Involuntary Hospitalization for Medical Care and Protection

## Current Situation/Issues

- In providing medical care to persons with mental disorders, it is essential to respect the wishes of the individual, refraining from inpatient treatment whenever possible. But for psychiatric disorders that are characterized by the deterioration of the patient's ability to make decisions due to worsening symptoms, it is important to have recourse to inpatient treatment even if the individual's consent cannot be obtained; in these instances, there is a system for involuntary hospitalization for medical care and protection.

## Content of the Revisions

- **These revisions make it possible** to provide appropriate medical care, **such as by also allowing involuntary hospitalization for medical care and protection with consent from the mayor of the municipality if the family does not expressly indicate whether or not they consent to this.** Also, in order to further advance efforts to advocate for the rights of hospitalized persons in pursuit of inpatient treatment that everyone can trust, **these revisions provide for deciding the period of involuntary hospitalization for medical care and protection, and for confirming that these involuntary inpatients under medical care and protection meet the requirements for hospitalization at regular intervals.**

## What Involuntary Hospitalization for Medical Care and Protection Will Look Like After the Amendments (Shown here are procedures that the amendments concern)

- The revision adds "family members" as recipients of the notice(\*3).
- "Reason for admission" is added to the information given in the notice(\*3)

The period of hospitalization(\*6) is decided, and whether the person meets the requirements for hospitalization (medical status, capacity to consent, etc.) is confirmed at each interval of time(\*7).

Further advancement of efforts to advocate for the rights of persons who have been hospitalized(\*8)

### <Requirements for Involuntary Hospitalization >

#### Medical Examination

- Inpatient treatment is needed, but the person is not in a condition to provide consent.
- A designated mental health physician(\*1) makes this decision.

#### Consent by a Family Member(\*2)

- Consent by the mayor of the municipality is substituted if the person has no family.

### <Admission Procedures>

#### Written Notice Given to the Person

- (The person is notified of the following)
- That they will be hospitalized
  - Information about requesting to be discharged

### < Procedures after admission >

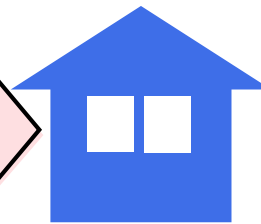
- The hospital submits a admission notification to the prefecture.
- The psychiatric review board reviews the admission notification(\*3).

### <Support Towards Discharge>

- An advisor is assigned to provide discharge support(\*4).
- The patient is referred to welfare organizations in the community (\*4, 5).
- A Discharge Support Board is empaneled.

Direct Interaction

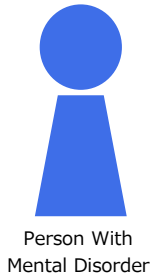
## Discharge



Also, the mayor of the municipality decides whether to consent to commitment if the family does not give any indication as to whether they consent.

(e.g.) If the family has been living far away and has had little contact with the person for over 20 years, it would be difficult for them to consider the interests of the person when deciding whether or not to consent to commitment.

Services by visiting support-staff for psychiatric inpatients will be provided if the patient wishes. (Prefectural Services)



\*1 The revisions extend the length of time an application can be filed for designation as a designated mental health physician from 1 year to 3 years after completion of the required training course for designation.

\*2 If there has been domestic violence, the abuser will be excluded from the scope of what constitutes "family".

\*3 This will also apply to decisions for involuntary hospitalization for persons with threat of bodily harm to themselves or others.

\*4 This will also apply for involuntary hospitalization for persons with threat of bodily harm to themselves or others.

\*5 What is currently a "duty to endeavor" to make these referrals will become an obligation to make them.

\*6 It is planned for this to be specified by Order of the Ministry of Health, Labour and Welfare

\*7 If it is confirmed that the person meets the hospitalization requirements, the hospitalization period is renewed. As such, the revisions create Renewal Notification to be used in place of the Periodic Medical Status Reports given to involuntary inpatients under medical care and protection. Further, the revisions provide that if the psychiatric hospital's administrator notifies the family of the necessary information concerning the renewal of the hospitalization period and receives no indication of non-consent from them even after a certain amount of time has passed, it may be deemed that they the family has consented.

\*8 The revisions establish review provisions (Supplementary Provisions) which provide that the Government of Japan is to review the modalities of the systems for involuntary hospitalization while taking into consideration things such as the characteristics of mental disorders and also while listening to the opinions of persons with mental disorders and others on the implementation of the Convention on the Rights of Persons with Disabilities, and to consider taking any necessary measures.



# 3-(2) Establishing a System of Visiting Support-staff for Psychiatric Inpatients

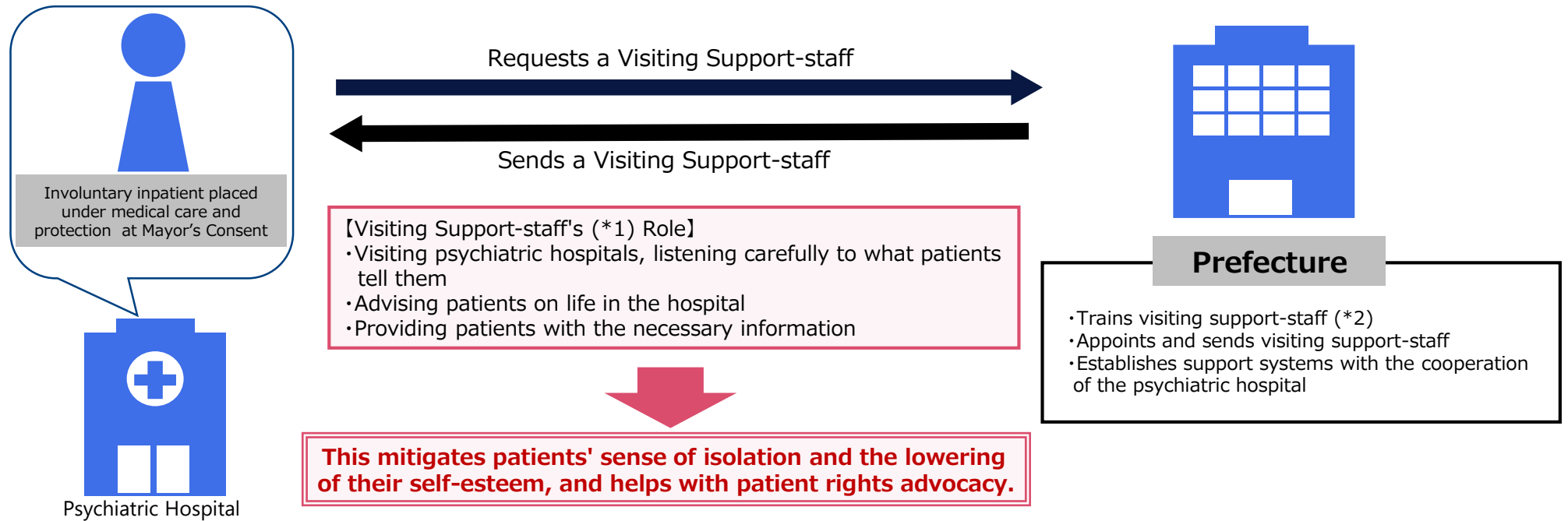
## Current Situation/Issues

- In psychiatric hospitals, it is important to ensure direct interaction with the outside world to prevent feelings of isolation among patients. In the case of involuntary hospitalization for medical care and protection and other forms of involuntary hospitalization, it is easy for patients who are not in communication with their families to lose all direct interaction with people outside the medical institution.

## Content of the Revisions

- It is necessary to ensure opportunities for direct interaction with the outside world for involuntary inpatients under medical care and protection from the mayor of the municipality, and also to help with advocacy for these patients' rights. In order to do this, **the revisions establish a system of visiting support-staff for psychiatric inpatients through which, if the patient wishes, a visiting support-staff will visit the psychiatric hospital and listen carefully to what the patient tells them, as well as providing the patient with the necessary information.** \*These are positioned as services that the prefectures implement voluntarily.

## What Services by Visiting Support-staff for Psychiatric Inpatients Will Look Like



\*1 Visiting support-staff are called upon to help patients maintain their dignity and to put themselves in the patient's shoes and perform their duties faithfully, and the amended Act provides that they have a duty of confidentiality.

\*2 The specific content of the training is provided for by ministerial order. For example, the system and current status of mental health and welfare advocacy for the rights of persons with disabilities undergoing psychiatric treatment are envisioned.

\* "Advocacy for the rights of persons with mental disorders" and related topics are added to the provisions prescribing the purpose of the Mental Health and Welfare Act. 9

# 3-(3) Further Advancement of Efforts to Prevent Abuse in Psychiatric Hospitals

## Current Situation/Issues

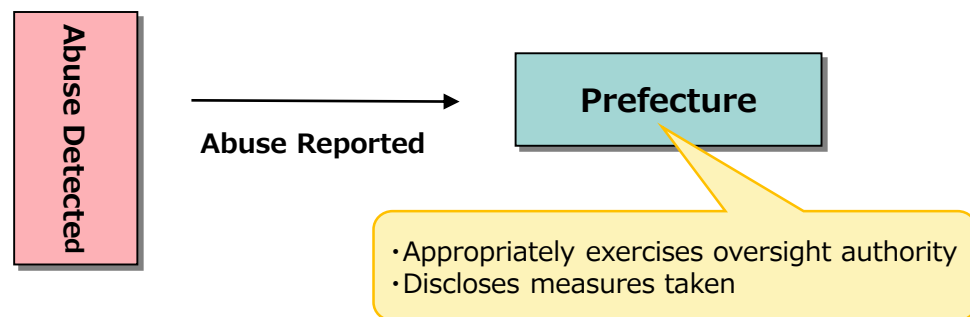
- It is necessary to **advance organization-wide efforts** to prevent abuse in psychiatric hospitals, **under the leadership of hospital administrators.**
- Through the prefectures, the government has been raising awareness of specific examples of psychiatric hospitals' efforts to prevent abuse, including staff training and the creation of manuals; and has been advancing the development of an **organizational culture** aimed at preventing abuse, detecting it at the early stages, and preventing it from reoccurring. In addition, the government has been helping strengthen supervision and guidance by the prefectures by, for example, allowing on-site guidance without prior notice if there are strong suspicions of abuse.

## Content of the Revisions

○The revisions will establish provisions with the following content, **in order to further advance organization-wide efforts** to prevent abuse in psychiatric hospitals **under the leadership of hospital administrators.**

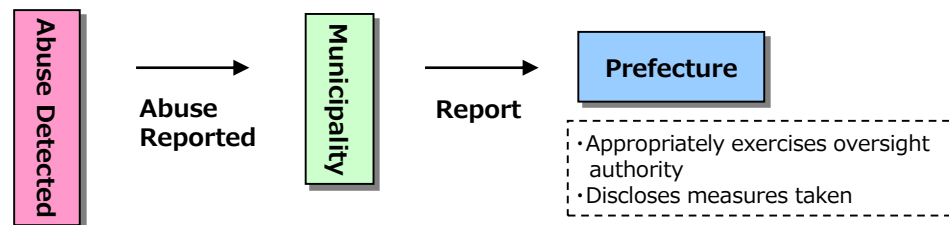
- (1) As a part of psychiatric hospitals' response to patient abuse, **psychiatric hospitals' administrators will be required to implement abuse-prevention and related measures such as staff training and the establishment of systems for advising patients.**
- (2) **Anyone coming across a patient who they think has been abused by a staff member at a psychiatric hospital will be required to report this promptly to the prefecture\***.  
Additionally, **it will be made clear that psychiatric hospitals' staff members are not to be subject to termination or other disadvantageous treatment on the grounds of having provided information to the prefecture.**
- (3) **The prefecture will be made to disclose the extent of abuse perpetrated by psychiatric hospitals' staff members every fiscal year.**
- (4) **The national government will be made to conduct studies and research concerning abuse perpetrated by members of staff at psychiatric hospitals.**

## Reporting Framework



\* The Act on Preventing Abuse of Persons With Disabilities prescribes a framework for reporting any abuse of persons with disabilities that occurs in welfare facilities for persons with disabilities to the municipality.

These measures are positioned as a framework to help develop an **organizational culture** that will make it easy to report relatively minor abuse at the early stages before it becomes a more serious problem, and to contribute to advocacy for the rights and interests of persons with disabilities.



# 4-(1) Arranging a Framework to Enable the Smooth Receipt of Medical-Expense Benefits If Symptoms Become Severe

## Current Situation/Issues

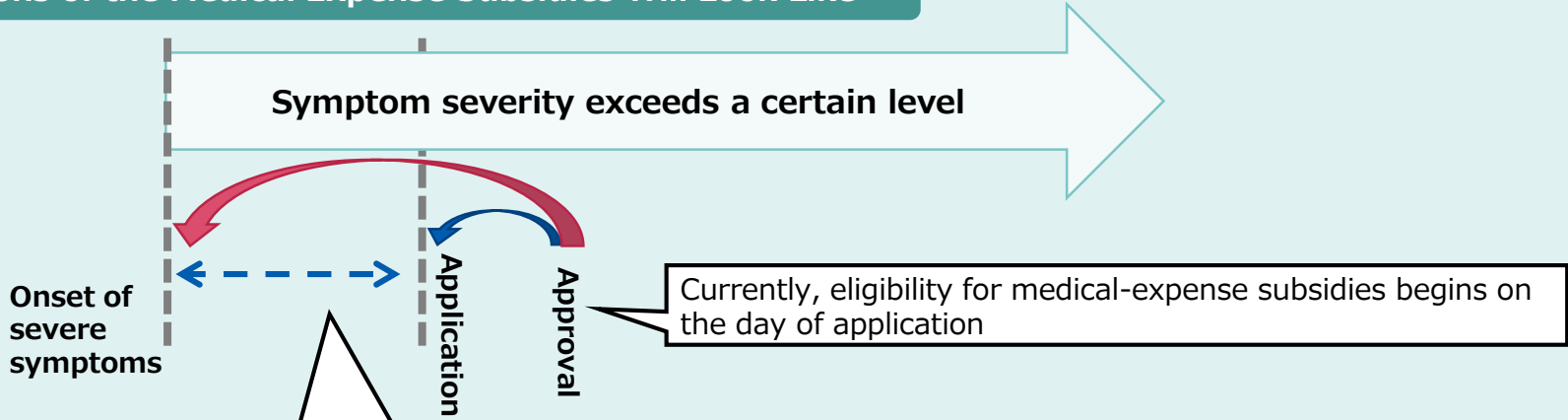
- Currently, the timing at which eligibility for medical-expense subsidies for intractable diseases and chronic pediatric diseases begins is the day of application.
- A person needs to have a medical certificate to apply for medical-expense subsidies, but these certificates take a certain amount of time to prepare; this means that it also takes time after a diagnosis is made before the person is in a position to file an application.

## Content of the Revisions

- The timing at which eligibility for medical-expense subsidies start will be ***the date that the patient is diagnosed as meeting the severity classification (onset of severe symptoms)***.
- However, ***the period of retroactive eligibility will generally be up to one month before the date of application, with a maximum of three months if the person required hospitalization or other urgent treatment.***

\* For persons eligible for coverage of high cost treatment for mild symptoms, covered medical expenses will be those incurred on and after the day following the day on which they meet the criteria for coverage of high cost treatment for mild symptoms.

## What the Revisions of the Medical Expense Subsidies Will Look Like



Eligibility for medical-expense subsidies begins at the onset of severe symptoms (generally, up to one month before the date of application, extended to a maximum of three months if the person required hospitalization or other urgent treatment)

\* The period of retroactive eligibility is planned to be prescribed by Cabinet Order.

# 4-(2) Strengthening Support for Life Under Medical Treatment for Patients With Intractable Diseases and Others (1)

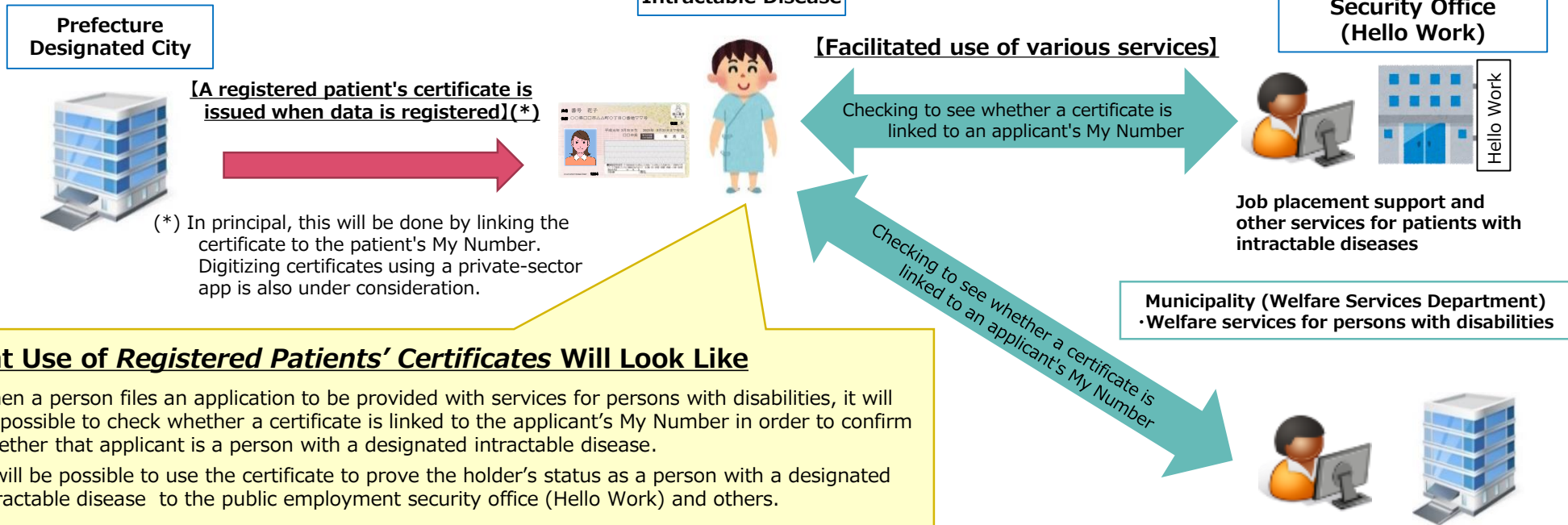
## Current Situation / Issues

- Patients with designated intractable diseases are eligible to use a variety of welfare services for persons with disabilities and related services, but since they do not always realize this, use of these services needs to be facilitated.

## Content of the Revisions

- **The revisions establish a program** for the prefecture or other entity to confirm that a patient has a designated intractable disease at the time the patient's data is registered, and **to issue a registered patient's certificate so that persons with disabilities can smoothly use welfare, labor, and other services**. Once this has been done, **it will be standard policy** for a municipality or other entity that handles applications related to those services for persons with disabilities to confirm the relevant information by **checking to see if a certificate is linked to an applicant's My Number**.
- **The information associated with registered patients' certificates** is expected to help facilitate the registration of data into the relevant databases, as well.

## What Use of Registered Patients' Certificates Will Look Like



## What Use of Registered Patients' Certificates Will Look Like

- ✓ When a person files an application to be provided with services for persons with disabilities, it will be possible to check whether a certificate is linked to the applicant's My Number in order to confirm whether that applicant is a person with a designated intractable disease.
  - ✓ It will be possible to use the certificate to prove the holder's status as a person with a designated intractable disease to the public employment security office (Hello Work) and others.
- \* In addition to the above, it is envisaged that local governments will provide information on various support services in the community when issuing registered patients' certificates.

# 4-(2) Strengthening Support for Life Under Medical Treatment for Patients With Intractable Diseases and Others (2)

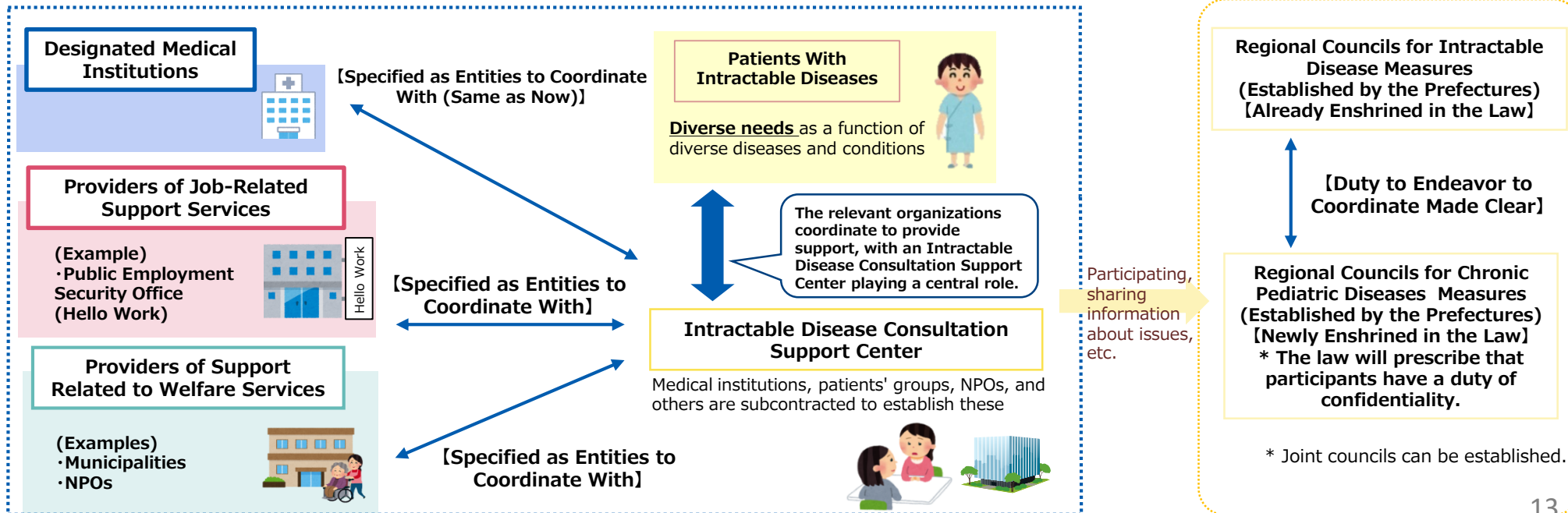
## Current Situation/Issues

- ◆ Because the needs of patients with intractable diseases and children with specified chronic pediatric diseases are diverse, it is important to help further strengthen the relationship between related parties in the community in areas such as welfare services and job support, in order to achieve an appropriate response.
- ◆ In addition to further facilitating support for children with specified chronic pediatric diseases as they move towards adulthood, it is necessary to strengthen coordination between this type of support and the various types of support available after they reach adulthood.

## Content of the Revisions

- ◆ **It will be specified that** an Intractable Disease Consultation Support Center is to coordinate with **entities involved in welfare services and job support.**
- ◆ **Regional councils for chronic pediatric diseases will be enshrined in the law** in the same way as councils for intractable diseases, and **a duty will be established for regional councils of intractable diseases and chronic pediatric diseases to endeavor to coordinate with one another.**

## What Community Support Systems (for Patients With Intractable Diseases) Will Look Like After the Revisions



# 4-(2) Strengthening of Services That Support Children With Specified Chronic Pediatric Diseases in Becoming Independent

## Current Situation/Issues

- It has become an issue that the voluntary implementation rate is low for prefecture-run services to support children with specified chronic pediatric diseases in becoming independent.
- \* Support services for life under medical treatment: 13.7%, services to support mutual exchange 31.3%, job-placement support services: 9.9%, caregiver-support services: 2.3%, other services: 16.8% (as of FY 2021)

## Content of the Revisions

- The revisions will **add a duty to endeavor to implement *Fact-Finding Projects*** to assess the actual circumstances of the region's children with specified chronic pediatric diseases and their guardians, analyze issues, and promote the implementation and use of voluntarily implemented services.
- **Prefectures will be obligated to endeavor to implement what are currently voluntarily implemented services.**

## What Support for Children With Specified Chronic Pediatric Diseases in Becoming Independent Will Look Like After the Revisions

### Necessary Services

#### Advisory Support Services



Assessment of Individual Needs/Advisory Support

- Advisory support from independence-support staff
- Peer counseling

Services implemented in line with the need for support

### [Prefectures will be obligated to endeavor to implement...]

<b>Fact-finding projects</b>	<b><u>Regional needs-assessments, issue-based analysis [newly added]</u></b>
Support services for life under medical treatment	Respite care
Services to support mutual exchange	Peer exchange, workshops, etc.
Job-placement support services	Job shadowing, job-related support services, etc.
Caregiver-support services	Outpatient accompaniment support, sibling care support, etc.
Other services	Academic support, physical education support, etc.

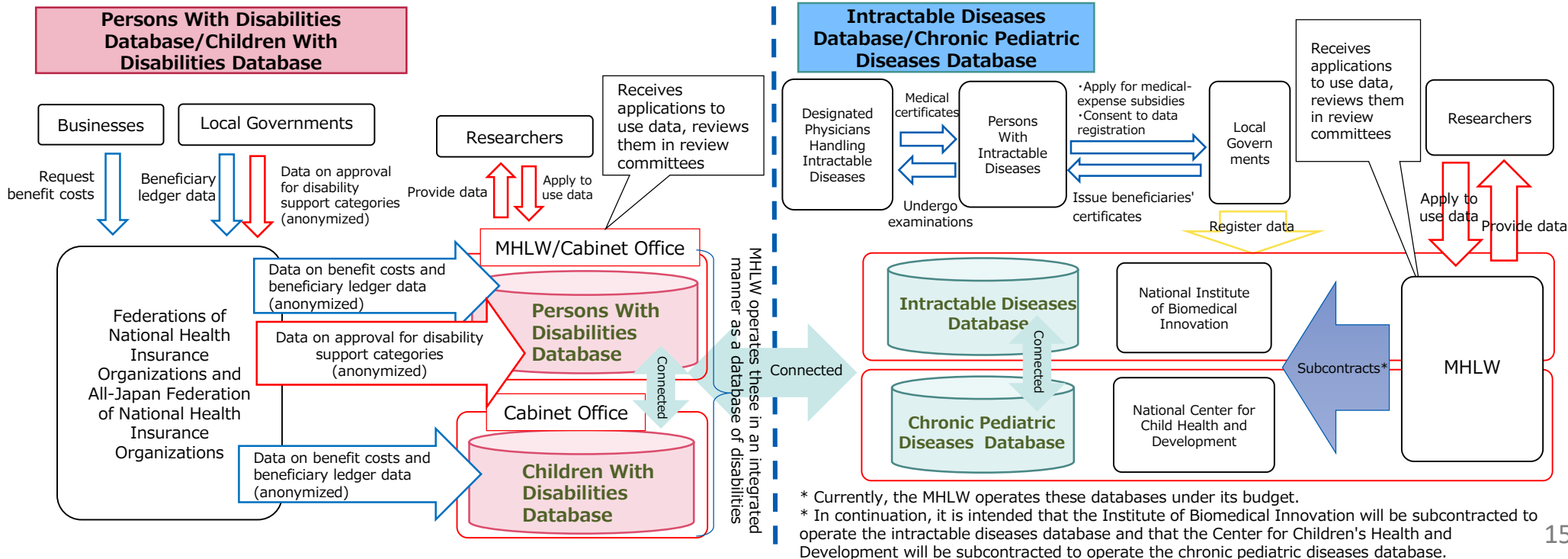
# 5 Strengthening Research and Studies (Enhancement of Databases of Persons With Disabilities, Children With Disabilities, Intractable Diseases, and Chronic Pediatric Diseases)

## Current Situation/Issues

- In the fields of medicine and elder care, laws serving as the basis for databases have been developed and have started to enter into force, including the FY 2008 law on which the National Database is based and the FY 2018 law on which the Eldercare Database is based. Now, there is a need to proceed with the development of laws that will serve as the basis for databases in the fields of welfare services for persons with disabilities and measures for intractable diseases.
- No rules have been established that would enable consolidated analysis with other public databases.
- Since what is registered in the intractable diseases database is the information given in the medical certificate that is prepared by the designated physician and submitted when a person applies for medical-expense subsidies, no progress is being made in the collection of data concerning persons with mild symptoms who are not eligible for medical-expense subsidies.

## Content of the Revisions

- **The revisions establish a legal basis for databases of intractable diseases, chronic pediatric diseases, persons with disabilities, and children with disabilities; provide for the collection of information by the national government; and prescribe a duty for the prefectures to provide information to the national government.**
- **Provisions will be established concerning place safety control measures and rules for providing data to third parties. It will also become possible for consolidated analysis to be carried out with other public databases.**
- The scope of people eligible for registration in the intractable diseases database will be expanded, making it possible to register data concerning persons with designated intractable diseases who have mild symptoms.



# 6-(1) Introduction of a Mechanism for Designating Providers of Welfare Services for Persons With Disabilities Based on Local Needs

## 6-(2) Revision of the Special Residency Exception

6-①

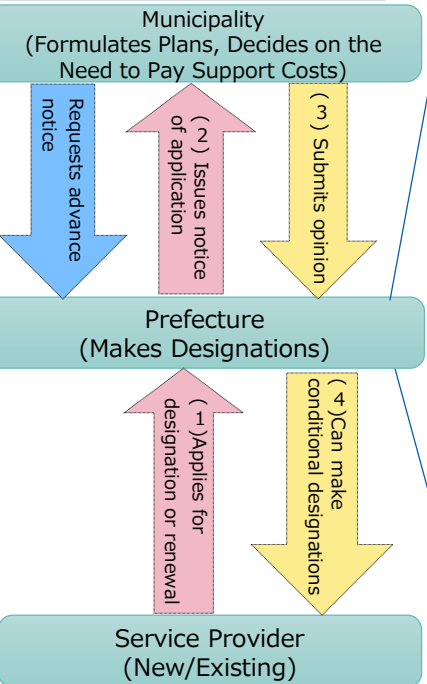
### Current Situation/Issues

- It has been pointed out that, although the municipalities are the ones that assess the needs of the community in welfare plans for persons with disabilities and help ensure that there is a system for providing the necessary services, because the prefectures are the ones to designate service providers, there are issues with the arrangements that are made for service providers that meet the needs of the community.

### Content of the Revisions

- These revisions will allow the municipality to submit its opinion on the prefecture's designation of providers of outpatient services, in-home services, and services for children with disabilities, from the perspective of helping to coordinate with the municipal welfare plan for persons with disabilities; they will also allow a prefecture to impose the necessary conditions in consideration of the municipality's opinion when it makes a designation, and to issue recommendations and revoke a provider's designation if it violates those conditions.**

### What the Revised System Will Look Like



- 【Potential Conditions (Example)】**
- That it may be asked to change (restrict or increase) service areas or service capacity based on the need for welfare services for persons with disabilities that the municipality has included in the plan
  - That it must have its staff participate in training programs, ensure sufficient human resources, and otherwise proceed with preparations to provide services for children with moderately severe disabilities or persons with a specific type of disabilities if the municipality's plan states that the framework for serving them is insufficient
  - That it must also serve persons with disabilities from neighboring municipalities with service deficiencies

\* It is planned to be provided for by Cabinet Order that designated municipalities may set conditions when they designate providers themselves.

6-②

### Current Situation/Issues

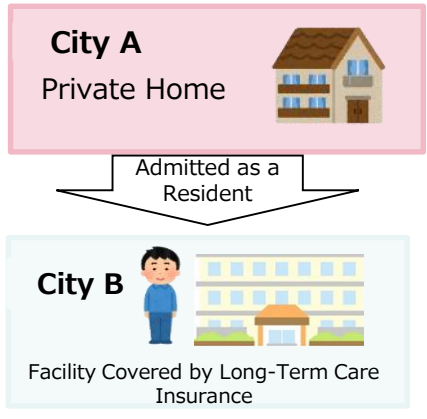
- The municipality where a person lived before entering a support facility for persons with disabilities is the one to make the decision about the need to pay support costs, from the perspective of reducing the financial burden on the municipality where the facility is located (special residency exception).
- It has been pointed out that when residents of facilities covered by long-term care insurance use welfare services for persons with disabilities, the financial burden is concentrated in the municipalities where the facilities are located.

### Content of the Revisions

- The revisions add facilities covered by long-term care insurance as being subject to the special residency exception.**
- Further, the needed provisions are established in connection with the provisions that needed to be prepared at the time of the 2018 amendment of the Comprehensive Support for Persons with Disabilities Act, such as Article 18, paragraph (2) of the Supplementary Provisions of that Act (\*).**

(\* **These provisions position residential group home services as being subject to the special residency exception beginning in 2006.**

### What the Revised System Will Look Like



Services Used	Revision of the Implementing Entity
Welfare services for persons with disabilities (*)	<b>City B</b> → <b>City A</b>
Services covered by long-term care insurance	City A (domicile exception)

\* Examples of services used by residents of care facilities  
 • Assistive medical devices: prosthetic limbs, white canes  
 • Companion support: support for persons with visual impairments during outings

\* Intensive-care homes for the elderly, long-term care health facilities fee-based homes for the elderly, etc.



# 障害者の日常生活及び社会生活を総合的に支援するための法律等の一部を改正する法律（令和4年法律第104号）の概要

（令和4年12月10日成立、同月16日公布）

## 改正の趣旨

障害者等の地域生活や就労の支援の強化等により、障害者等の希望する生活を実現するため、①障害者等の地域生活の支援体制の充実、②障害者の多様な就労ニーズに対する支援及び障害者雇用の質の向上の推進、③精神障害者の希望やニーズに応じた支援体制の整備、④難病患者及び小児慢性特定疾病児童等に対する適切な医療の充実及び療養生活支援の強化、⑤障害福祉サービス等、指定難病及び小児慢性特定疾病についてのデータベースに関する規定の整備等の措置を講ずる。

## 改正の概要

### 1. 障害者等の地域生活の支援体制の充実【障害者総合支援法、精神保健福祉法】

- ① 共同生活援助（グループホーム）の支援内容として、一人暮らし等を希望する者に対する支援や退居後の相談等が含まれることを、法律上明確化する。
- ② 障害者が安心して地域生活を送れるよう、地域の相談支援の中核的役割を担う基幹相談支援センター及び緊急時の対応や施設等からの地域移行の推進を担う地域生活支援拠点等の整備を市町村の努力義務とする。
- ③ 都道府県及び市町村が実施する精神保健に関する相談支援について、精神障害者のほか精神保健に課題を抱える者も対象にできるようにするとともに、これらの者の心身の状態に応じた適切な支援の包括的な確保を旨とすることを明確化する。

### 2. 障害者の多様な就労ニーズに対する支援及び障害者雇用の質の向上の推進【障害者総合支援法、障害者雇用促進法】

- ① 就労アセスメント（就労系サービスの利用意向がある障害者との協同による、就労ニーズの把握や能力・適性の評価及び就労開始後の配慮事項等の整理）の手法を活用した「就労選択支援」を創設するとともに、ハローワークはこの支援を受けた者に対して、そのアセスメント結果を参考に職業指導等を実施する。
- ② 雇用義務の対象外である週所定労働時間10時間以上20時間未満の重度身体障害者、重度知的障害者及び精神障害者に対し、就労機会の拡大のため、実雇用率において算定できるようにする。
- ③ 障害者の雇用者数で評価する障害者雇用調整金等における支給方法を見直し、企業が実施する職場定着等の取組に対する助成措置を強化する。

### 3. 精神障害者の希望やニーズに応じた支援体制の整備【精神保健福祉法】

- ① 家族等が同意・不同意の意思表示を行わない場合にも、市町村長の同意により医療保護入院を行うことを可能とする等、適切に医療を提供できるようにするほか、医療保護入院の入院期間を定め、入院中の医療保護入院者について、一定期間ごとに入院の要件の確認を行う。
- ② 市町村長同意による医療保護入院者を中心に、本人の希望のもと、入院者の体験や気持ちを丁寧に聴くとともに、必要な情報提供を行う「入院者訪問支援事業」を創設する。また、医療保護入院者等に対して行う告知の内容に、入院措置を採る理由を追加する。
- ③ 虐待防止のための取組を推進するため、精神科病院において、従事者等への研修、普及啓発等を行うこととする。また、従事者による虐待を発見した場合に都道府県等に通報する仕組みを整備する。

### 4. 難病患者及び小児慢性特定疾病児童等に対する適切な医療の充実及び療養生活支援の強化【難病法、児童福祉法】

- ① 難病患者及び小児慢性特定疾病児童等に対する医療費助成について、助成開始の時期を申請日から重症化したと診断された日に前倒しする。
- ② 各種療養生活支援の円滑な利用及びデータ登録の促進を図るため、「登録者証」の発行を行うほか、難病相談支援センターと福祉・就労に関する支援を行う者の連携を推進するなど、難病患者の療養生活支援や小児慢性特定疾病児童等自立支援事業を強化する。

### 5. 障害福祉サービス等、指定難病及び小児慢性特定疾病についてのデータベース（DB）に関する規定の整備【障害者総合支援法、児童福祉法、難病法】

障害DB、難病DB及び小慢DBについて、障害福祉サービス等や難病患者等の療養生活の質の向上に資するため、第三者提供の仕組み等の規定を整備する。

### 6. その他【障害者総合支援法、児童福祉法】

- ① 市町村障害福祉計画に整合した障害福祉サービス事業者の指定を行うため、都道府県知事が行う事業者指定の際に市町村長が意見を申し出る仕組みを創設する。
- ② 地方分権提案への対応として居住地特例対象施設に介護保険施設を追加する。等

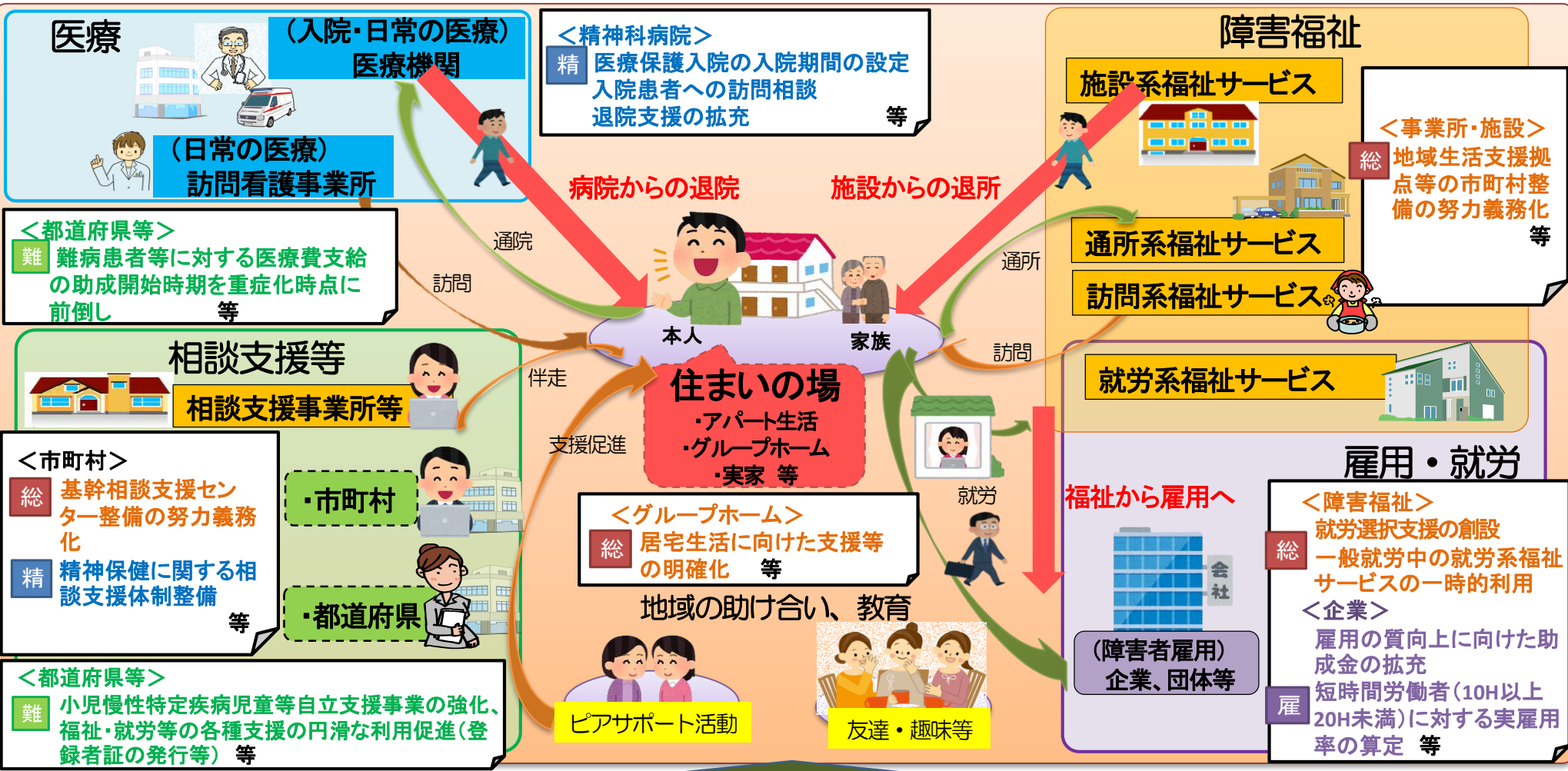
このほか、障害者総合支援法の平成30年改正の際に手当する必要があった同法附則第18条第2項の規定等について所要の規定の整備を行う。

## 施行期日

令和6年4月1日（ただし、2①及び5の一部は公布後3年以内の政令で定める日、3②の一部、5の一部及び6②は令和5年4月1日、4①及び②の一部は令和5年10月1日）

# 障害者や難病患者等が安心して暮らし続けることができる地域共生社会(イメージ)

- 障害者や難病患者等が地域や職場で生きがい・役割を持ち、医療、福祉、雇用等の各分野の支援を受けながら、その人らしく安心して暮らすことができる体制の構築を目指す。このため、本人の希望に応じて、
    - ・施設や病院からの地域移行、その人らしい居宅生活に向けた支援の充実 (障害者総合支援法関係、精神保健福祉法関係、難病法・児童福祉法関係) 総 精 難
    - ・福祉や雇用が連携した支援、障害者雇用の質の向上 (障害者総合支援法関係、障害者雇用促進法関係) 総 雇
    - ・調査・研究の強化やサービス等の質の確保・向上のためのデータベースの整備 (難病法・児童福祉法関係、障害者総合支援法関係) 難 総
- 等を推進する。



# 1 - ① グループホーム利用者が希望する地域生活の継続・実現の推進

## 現状・課題

- グループホームでは、共同生活を営むべき住居において相談、入浴、排せつ、食事等の日常生活上の支援が行われている。
- 近年、グループホームの利用者は増加しており、その中には、グループホームでの生活の継続を希望する者がいる一方で、アパートなどでの一人暮らし等を希望し、生活上の支援があれば一人暮らし等ができる者がいる。

## 見直し内容

- グループホームにおいて、地域で生活する上での希望や課題を本人と確認しつつ、一人暮らし等に向けた支援を提供することが求められていることを踏まえ、**グループホームの支援内容として、一人暮らし等を希望する利用者に対する支援や退居後の一人暮らし等の定着のための相談等の支援が含まれる点について、障害者総合支援法において明確化する。**

※ ただし、グループホームにおける継続的な支援を希望する者については、これまでどおり、グループホームを利用することができる。

## 見直しのイメージ

### 現行の支援内容



- ☆ 主として夜間において、共同生活を営むべき住居における相談、入浴、排せつ又は食事の介護その他日常生活上の援助を実施
- ☆ 利用者の就労先又は日中活動サービス等との連絡調整や余暇活動等の社会生活上の援助を実施



### 一人暮らし等を希望する場合

居宅における自立した日常生活への移行を**希望する入居者**に対し、居宅生活への移行や移行後の定着に関する相談等の支援を実施。



### 支援(例)

GH入居中：一人暮らし等に向けた調理や掃除等の家事支援、買い物等の同行、金銭や服薬の管理支援、住宅確保支援

GH退居後：当該グループホームの事業者が相談等の支援を一定期間継続

事業所数合計 11,526 利用者数合計 158,167人

# 1 - ② 地域の障害者・精神保健に関する課題を抱える者の支援体制の整備

## 1 - ③

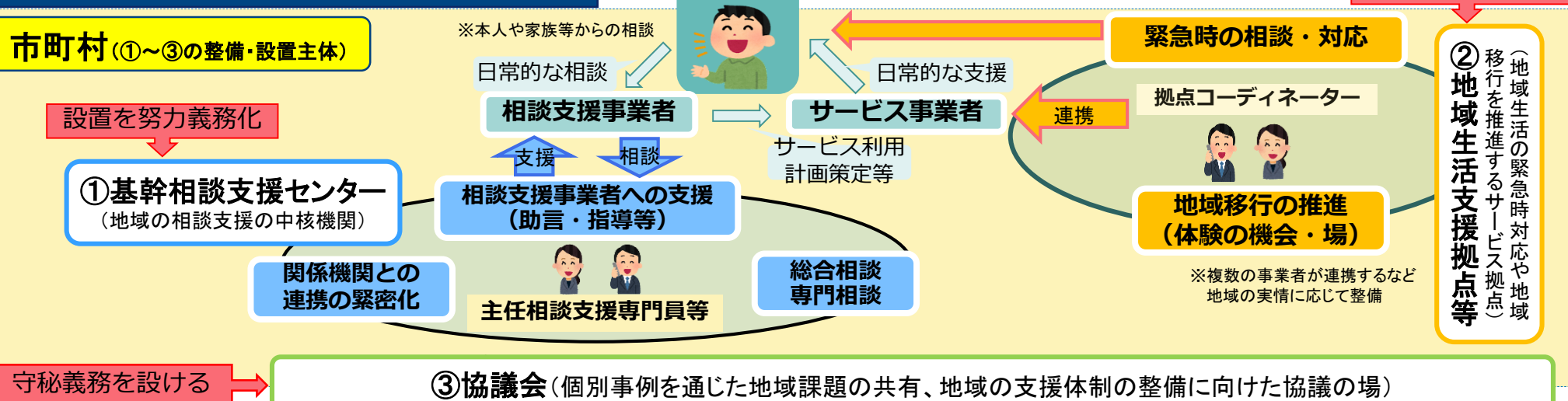
### 現状・課題

- 基幹相談支援センターは、相談支援に関する業務を総合的に行うことを目的とする施設として、平成24年から法律で位置づけられたが、設置市町村は半数程度にとどまっている。
- 障害者の重度化・高齢化や親亡き後を見据え、緊急時の対応や施設等からの地域移行の推進を担う地域生活支援拠点等の整備を平成27年から推進してきたが、約5割の市町村での整備に留まっている。 ※令和3年4月時点整備状況(全1741市町村) 地域生活支援拠点等:921市町村(53%),基幹相談支援センター:873市町村(50%)
- 市町村では、精神保健に関する課題が、子育て、介護、困窮者支援等、分野を超えて顕在化している状況。また、精神保健に関する課題は、複雑多様化しており、対応に困難を抱えている事例もある。 ※自殺、ひきこもり、虐待等

### 見直し内容

- **基幹相談支援センターについて、地域の相談支援の中核的機関としての役割・機能の強化を図るとともに、その設置に関する市町村の努力義務等を設ける。**
- **地域生活支援拠点等を障害者総合支援法に位置付けるとともに、その整備に関する市町村の努力義務等を設ける。**
- **地域の協議会で障害者の個々の事例について情報共有することを障害者総合支援法上明記するとともに、協議会の参加者に対する守秘義務及び関係機関による協議会への情報提供に関する努力義務を設ける。**
- **市町村等が実施する精神保健に関する相談支援について、精神障害者のほか精神保健に課題を抱える者(※)も対象にできるようにするとともに、これらの者の心身の状態に応じた適切な支援の包括的な確保を旨とすることを明確化する。また、精神保健福祉士の業務として、精神保健に課題を抱える者等に対する精神保健に関する相談援助を追加する。** ※ 具体的には厚生労働省令で定める予定。

### 本人・家族等の支援に向けた体制整備のイメージ



## 2 - ① 就労アセスメントの手法を活用した支援の制度化等

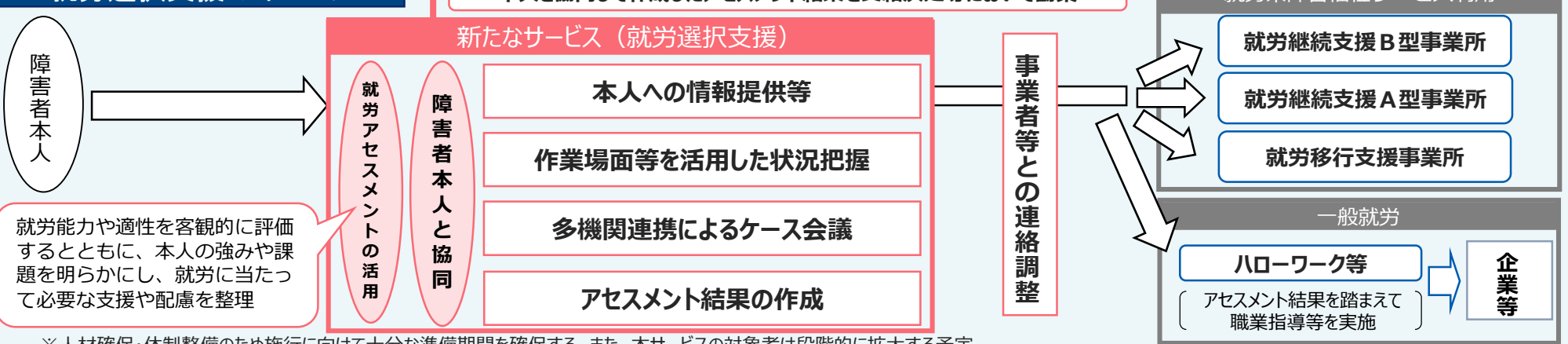
### 現状・課題

- これまで障害者雇用施策と障害福祉施策に基づき就労支援を進めている。※民間企業に約60万人、就労系障害福祉サービス事業所に約40万人が就労
- 障害者の就労能力や適性等については、現在も就労系障害福祉サービスの利用を開始する段階で把握しているが、それらを踏まえた働き方や就労先の選択には結びついていない面や、必ずしも質が担保されていない面がある。
- 就労を希望する障害者のニーズや社会経済状況が多様化している中で、障害者が働きやすい社会を実現するため、一人一人の障害者本人の希望や能力に沿った、よりきめ細かい支援を提供することが求められている。

### 見直し内容

- 就労選択支援の創設（イメージは下図）
  - ・ 障害者本人が就労先・働き方についてより良い選択ができるよう、**就労アセスメントの手法を活用して、本人の希望、就労能力や適性等に合った選択を支援する新たなサービス（就労選択支援）を創設する**（障害者総合支援法）。
  - ・ **ハローワークはこの支援を受けた者に対して、アセスメント結果を参考に職業指導等を実施するものとする**（障害者雇用促進法）。
- 就労中の就労系障害福祉サービスの一時的利用
  - ・ 企業等での働き始めに勤務時間を段階的に増やしていく場合や、休職から復職を目指す場合（※）に、**その障害者が一般就労中であっても、就労系障害福祉サービスを一時的に利用できることを法令上位置づける**（障害者総合支援法）。（※）省令で規定
- 雇用と福祉の連携強化
  - ・ **一般就労への移行・定着支援をより一層推進するため、市町村や障害福祉サービス事業者等の連携先として、障害者就業・生活支援センターを明示的に規定する**（障害者総合支援法）。

### 就労選択支援のイメージ



## 2-② 短時間労働者（週所定労働時間10時間以上20時間未満）に対する実雇用率算定等

### 現状・課題

- 障害者雇用促進法においては、障害者の職業的自立を促進するという法の趣旨から、事業主に雇用義務が課せられているのは、週所定労働時間が20時間以上の労働者となっている。
- 他方で、障害特性で長時間の勤務が難しいこと等により、週所定労働時間20時間未満での雇用を希望する者は、いずれの障害種別でも一定数存在し、特に精神障害者が多い。こうしたニーズを踏まえ、週20時間未満の労働時間であれば働くことができる者の雇用機会の拡大を図ることが必要。

### 見直し内容

- 週所定労働時間が特に短い（大臣告示で10時間以上20時間未満と規定予定）精神障害者、重度身体障害者及び重度知的障害者について、特例的な取扱いとして、事業主が雇用した場合に、雇用率において算定できるようにする。
- あわせて、これにより、週所定労働時間20時間以上の雇用が困難な者に対する就労機会の拡大を直接図ることが可能となるため、特例給付金（※）は廃止する。  
※週所定労働時間10時間以上20時間未満の障害者を雇用する事業主に対し、雇用障害者数に応じ、月7千円/人（100人以下の場合は、月5千円/人）を支給するもの

### 雇用率制度における算定方法（赤枠が措置予定の内容）

#### <新たに対象となる障害者の範囲>

週所定労働時間が特に短い（大臣告示で週10時間以上20時間未満と規定予定）精神障害者、重度身体障害者、重度知的障害者

#### <カウント数> ※省令で規定予定

1人をもって0.5人と算定する。

週所定労働時間	30H以上	20H以上30H未満	10H以上20H未満
身体障害者	1	0.5	-
重度	2	1	0.5
知的障害者	1	0.5	-
重度	2	1	0.5
精神障害者	1	0.5 ※	0.5

※ 一定の要件を満たす場合は、0.5ではなく1とカウントする措置が、令和4年度末までとされているが、省令改正を行い延長予定

## 2 - ③ 障害者雇用調整金等の見直しと助成措置の強化

### 現状・課題

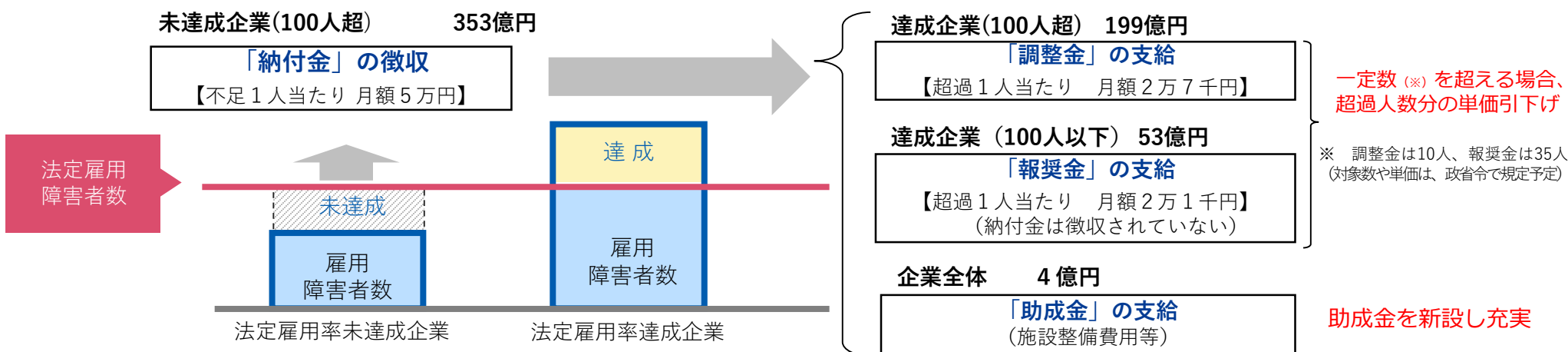
- 全ての事業主は、社会連帯の理念に基づき、障害者に雇用の場を提供する共同の責務を有しており、この理念のもと、障害者の雇用に伴う経済的負担を調整するとともに、障害者を雇用する事業主に対する助成を行うため、事業主の共同拠出による納付金制度を整備している。
- 事業主の取組の進展（実雇用率上昇）の結果、雇用する障害者の数で評価する調整金や報奨金が支出のほとんどを占め、雇用の質の向上のための支援を行う助成金の支出が限られている。

### 見直し内容

- 限られた財源を効果的に運用し、雇用の質の向上に向け、事業主による障害者の職場定着等の取組に対する支援を充実させるため、以下の見直しを実施。
  - ✓ 事業主が一定数を超えて障害者を雇用する場合、**当該超過人数分の調整金や報奨金の支給額の調整**
  - ✓ 事業主の取組支援のため、**助成金を新設**（雇入れや雇用継続を図るために必要な一連の雇用管理に関する相談援助の支援、加齢に伴い職場への適応が困難となった障害者への雇用継続の支援）

＜納付金制度の概要＞ ※ 額は令和2年度の制度・主な実績

調整金等の支給方法（赤字が措置予定の内容）



※ あわせて、障害者の雇用の促進等に関する法律に関し、以下の見直しを実施。

- 雇用の質の向上に向け、事業主の責務を明確化（適当な雇用の場の提供や適正な雇用管理等に加え、職業能力の開発及び向上に関する措置を追加）
- 就業機会の更なる確保につなげるため、
  - ・ 在宅就業障害者支援制度（在宅就業障害者に仕事を発注する企業に発注額に応じて特例調整金を支給するもの）の登録要件の緩和（団体登録に必要な在宅就業障害者の人数要件を10人から5人に引き下げる等）
  - ・ 事業協同組合のスキームを活用して複数の中小企業の実雇用率を通算できる特例について、有限責任事業組合（LLP）を対象に追加

# 3 - ① 医療保護入院の見直し

## 現状・課題

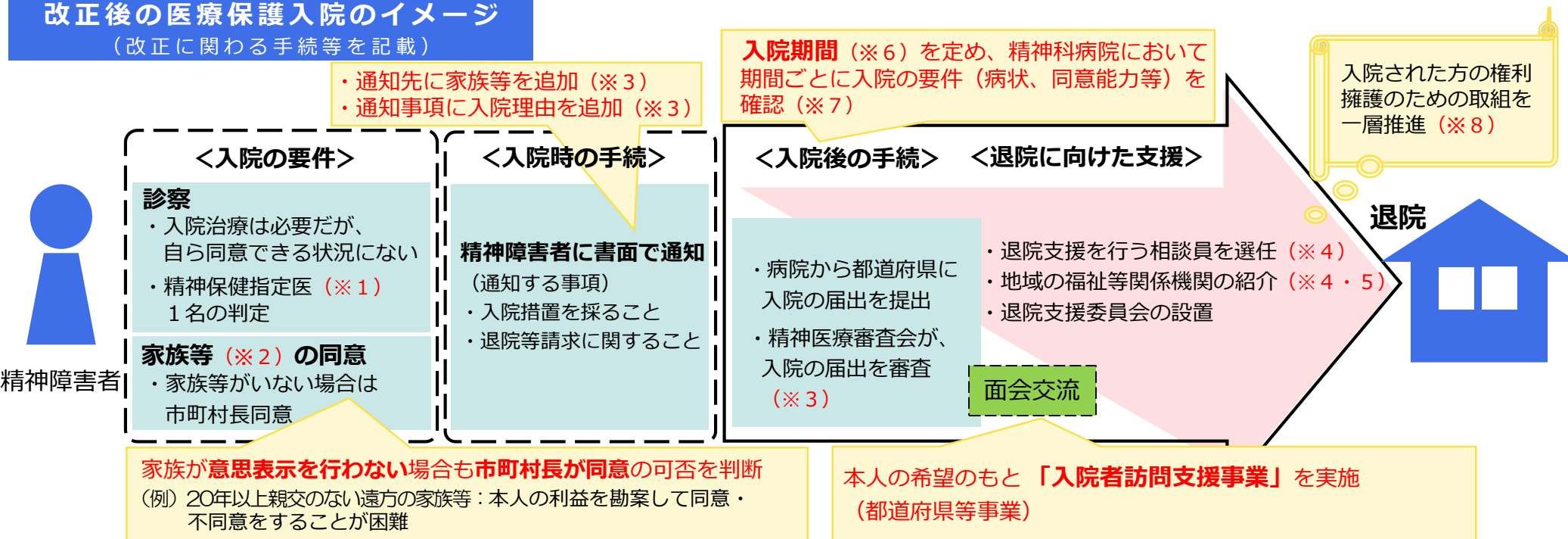
- 精神障害者に対する医療の提供は、できる限り入院治療に頼らず、本人の意思を尊重することが重要であるが、症状の悪化により判断能力そのものが低下するという特性を持つ精神疾患については、本人の同意が得られない場合においても入院治療へのアクセスを確保することが必要であり、医療保護入院の仕組みがある。

## 見直し内容

- **家族等が同意・不同意の意思表示を行わない場合にも、市町村長の同意により医療保護入院を行うことを可能とする等**、適切に医療を提供できるようにするほか、誰もが安心して信頼できる入院医療の実現にむけて、入院者の権利を擁護するための取組を一層推進させるため、**医療保護入院の入院期間を定め、入院中の医療保護入院者について、一定期間ごとに入院の要件の確認を行う。**

## 改正後の医療保護入院のイメージ

(改正に関わる手続等を記載)



※1 指定医の指定申請ができる期間を、当該指定に必要な研修の修了後「1年以内」から「3年以内」に延長する。 ※2 DV加害者等を「家族等」から除外する。

※3 措置入院の決定についても同様とする。 ※4 措置入院中の方も対象とする。 ※5 現行努力義務→義務化。 ※6 厚生労働省令で定める予定。

※7 入院の要件を満たすことが確認された場合は、入院期間を更新。これに伴い、医療保護入院者に対する定期病状報告に代えて更新の届出を創設。なお、入院期間の更新について、精神科病院の管理者は、家族等に必要な事項を通知の上、一定期間経過後もなお不同意の意思表示を受けなかったときは、同意を得たものとみなすことができることとする。

※8 政府は、非自発的入院制度の在り方等に関し、精神疾患の特性等を勘案するとともに、障害者権利条約の実施について精神障害者等の意見を聴きつつ、必要な措置を講ずることについて検討するものとする検討規定を設ける (附則)。



## 3 - ② 「入院者訪問支援事業」の創設

### 現状・課題

- 精神科病院において、外部との面会交流を確保することは、患者の孤独感を防ぐ上で重要。医療保護入院のような非自発的な入院の場合、家族との音信がない患者には、医療機関外の者との面会交流が、特に途絶えやすくなる。

### 見直し内容

- 市町村長同意による医療保護入院者等を対象に、外部との面会交流の機会を確保し、その権利擁護を図ることが必要である。そのため、**都道府県知事等が行う研修を修了した入院者訪問支援員が、患者本人の希望により、精神科病院を訪問し、本人の話を丁寧に聴くとともに、必要な情報提供等を行う「入院者訪問支援事業」を創設**する。 ※ 都道府県等の任意事業として位置付ける。

### 「入院者訪問支援事業」 ※イメージ



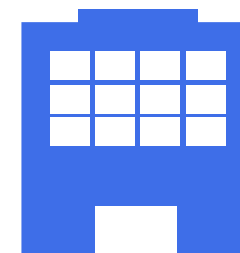
入院者訪問支援員を希望

入院者訪問支援員を派遣

#### 【入院者訪問支援員（※1）の役割】

- ・精神科病院を訪問し、本人の話を丁寧に聴く
- ・入院中の生活相談に応じる
- ・必要な情報提供等を行う

患者の孤独感・自尊心の低下を軽減し、権利擁護を図る



#### 都道府県等

- ・入院者訪問支援員に対する研修（※2）
- ・入院者訪問支援員の任命・派遣等
- ・精神科病院の協力を得て、支援体制を整備

※1 入院者訪問支援員には、患者の尊厳を保持し、常に患者の立場に立って誠実に職務を行うことを求めるほか、守秘義務を規定。

※2 具体的な研修内容は省令等で規定。例えば、精神医療保健福祉に関する制度や現状、精神科医療における障害者の権利擁護等を想定。

※ 精神保健福祉法の目的規定に「精神障害者の権利の擁護」等を追加。

### 3 - ③ 精神科病院における虐待防止に向けた取組の一層の推進

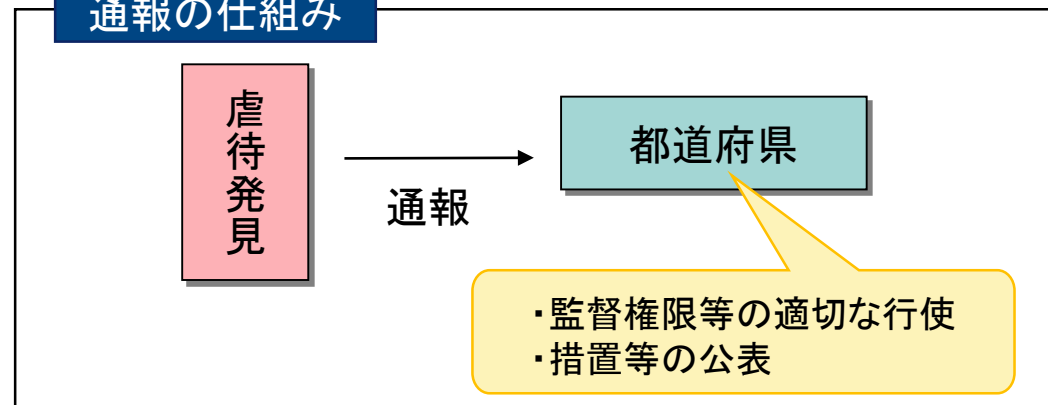
#### 現状・課題

- 精神科病院における虐待防止のための取組を、**管理者のリーダーシップのもと、組織全体で推進**することが必要。
- 職員等への研修、マニュアルの作成等、精神科病院の虐待防止に向けた取組事例を都道府県等を通じて周知し、虐待防止、早期発見、再発防止に向けた**組織風土**の醸成を推進している。あわせて、虐待が強く疑われる場合は、事前の予告期間なしに実地指導を実施できるとする等、都道府県等の指導監督の強化を図っている。

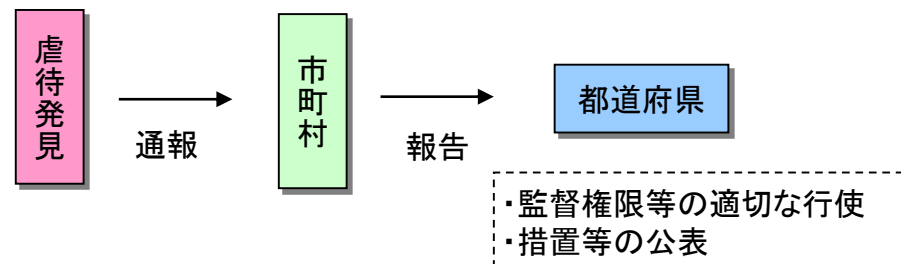
#### 見直し内容

- 精神科病院における虐待防止のための取組を、**管理者のリーダーシップのもと、組織全体でより一層推進**するため、以下の内容等を規定。
  - ① 精神科病院の患者に対する虐待への対応について、**従事者への研修や患者への相談体制の整備等の虐待防止等のための措置の実施を、精神科病院の管理者に義務付ける。**
  - ② **精神科病院の業務従事者による虐待を受けたと思われる患者を発見した者に、速やかに都道府県等に通報することを義務付ける**（※）。  
あわせて、**精神科病院の業務従事者は、都道府県等に伝えたことを理由として、解雇等の不利益な取扱いを受けないことを明確化する。**
  - ③ **都道府県等は、毎年度、精神科病院の業務従事者による虐待状況等を公表**するものとする。
  - ④ **国は、精神科病院の業務従事者による虐待に係る調査及び研究を行うものとする。**

#### 通報の仕組み



※ 障害者福祉施設等では、障害者虐待についての市町村への通報の仕組みが、障害者虐待防止法に規定。  
虐待の深刻化を防ぎ、より軽微な段階で通報しやすい**組織風土**の醸成等を図り、障害者の権利利益の擁護に資する仕組みとして位置付けられている。



## 4 - ① 症状が重症化した場合に円滑に医療費支給を受けられる仕組みの整備

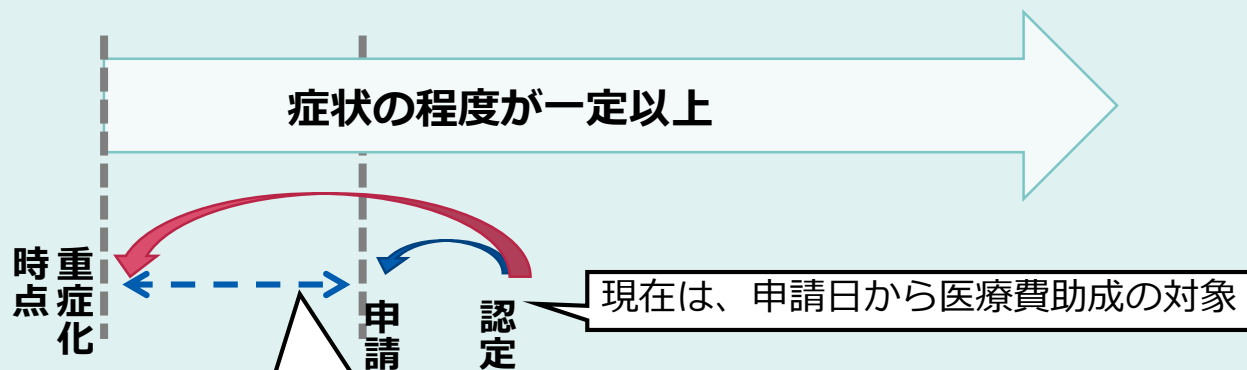
### 現状・課題

- 現行の難病・小慢の医療費助成の開始時期は、申請日。
- 医療費助成の申請に当たって、診断書が必要となるが、診断書の作成に一定の時間を要している実態があり、診断されてから申請にいたるまで時間がかかる。

### 見直し内容

- 医療費助成の開始時期を、「重症度分類を満たしていることを診断した日」(重症化時点)とする。
  - ただし、申請日からの遡りの期間は原則1か月とし、入院その他緊急の治療が必要であった場合等は最長3か月。
- ※軽症高額対象者については、軽症高額の基準を満たした日の翌日以降にかかった医療費を対象とする。

### 医療費助成の見直しのイメージ



重症化時点から医療費助成の対象  
(申請日から1か月を原則。ただし、入院その他緊急の治療が必要であった場合等は最長3か月まで延長。)

## 4 - ② 難病患者等の療養生活支援の強化①

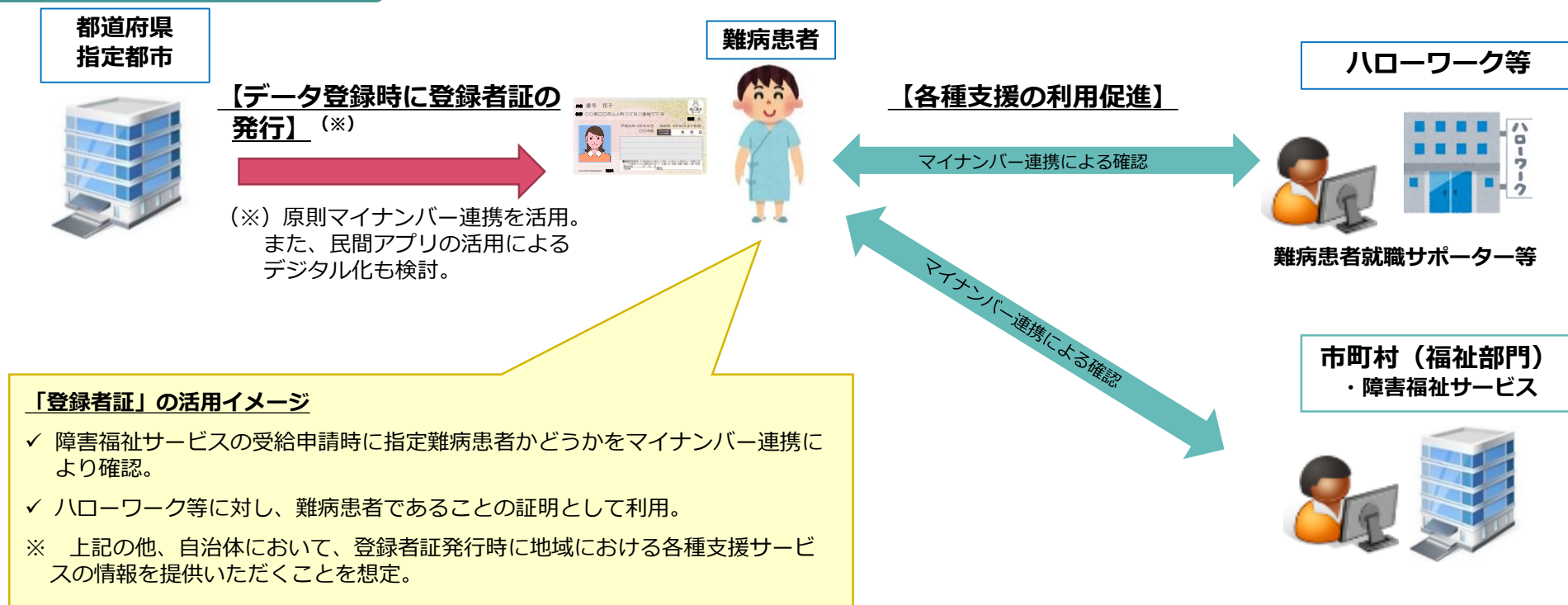
### 現状・課題

- 指定難病患者は各種障害福祉サービス等を利用できるが、必ずしも認知されておらず、利用を促進する必要がある。

### 見直し内容

- **福祉、就労等の各種支援を円滑に利用できるようにするため、都道府県等が患者のデータ登録時に指定難病に罹患していること等を確認し、「登録者証」を発行する事業を創設。**その際、障害福祉サービスの申請窓口である市町村等において、**マイナンバー連携による照会を原則**とする。
- 「登録者証」情報について、これによりデータベースへのデータ登録の促進にも資することが期待される。

### 登録者証の活用イメージ



## 4-② 難病患者等の療養生活支援の強化②

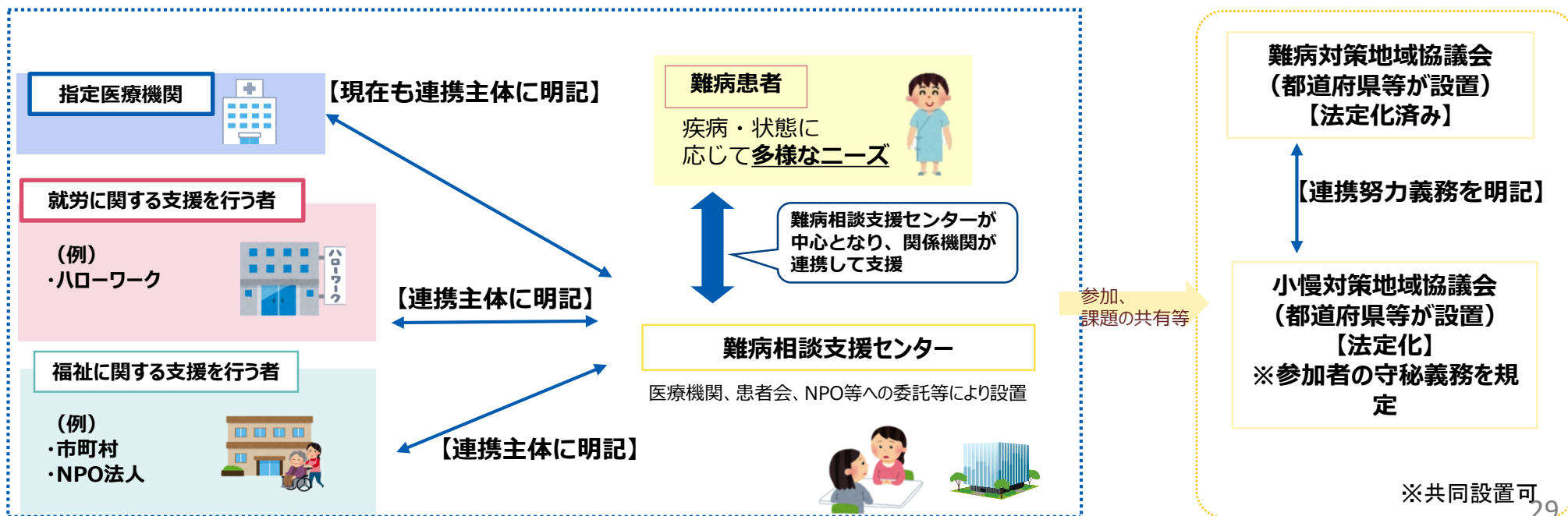
### 現状・課題

- ◆ 難病・小慢患者のニーズは多岐にわたることから、こうしたニーズに適切に対応するためには、福祉や就労支援など地域における関係者の一層の関係強化を図っていくことが重要。
- ◆ 小児慢性特定疾病児童等の成人期に向けた支援を一層促進するとともに、成人後の各種支援との連携強化に取り組む必要がある。

### 見直し内容

- ◆ 難病相談支援センターの連携すべき主体として、**福祉関係者や就労支援関係者を明記**。
- ◆ 難病の協議会と同様に、**小慢の地域協議会を法定化**した上で、**難病と小慢の地域協議会間の連携努力義務を新設**。

### 見直し後の地域における支援体制（難病）のイメージ



## 4 - ② 小児慢性特定疾病児童等に対する自立支援の強化

### 現状・課題

- 都道府県等が行う小児慢性特定疾病児童等自立支援事業について、任意事業の実施率が低いことが課題となっている。  
※療養生活支援事業：13.7%、相互交流支援事業：31.3%、就職支援事業：9.9%、介護者支援事業：2.3%、その他の事業：16.8%（令和3年度実績）

### 見直し内容

- 地域の小慢児童等やその保護者の実態を把握し、課題の分析等を行い、任意事業の実施及び利用を促進する「実態把握事業」を努力義務として追加。
- 現行の任意事業の実施を努力義務化。

### 見直し後の小慢児童等の自立支援のイメージ

#### 必須事業

##### 相談支援事業



個々のニーズ把握・相談支援  
・自立支援員による相談支援  
・ピアカウンセリング 等

支援ニーズに応じた  
事業の実施

#### 【努力義務化】

実態把握事業	地域のニーズ把握・課題分析等【追加】
療養生活支援事業	レスパイト等
相互交流支援事業	患児同士の交流、ワークショップ等
就職支援事業	職場体験、就労相談会等
介護者支援事業	通院の付添支援、きょうだい支援等
その他の事業	学習支援、身体づくり支援等

# 5 調査・研究の強化（障害者DB・障害児DB・難病DB・小慢DBの充実）

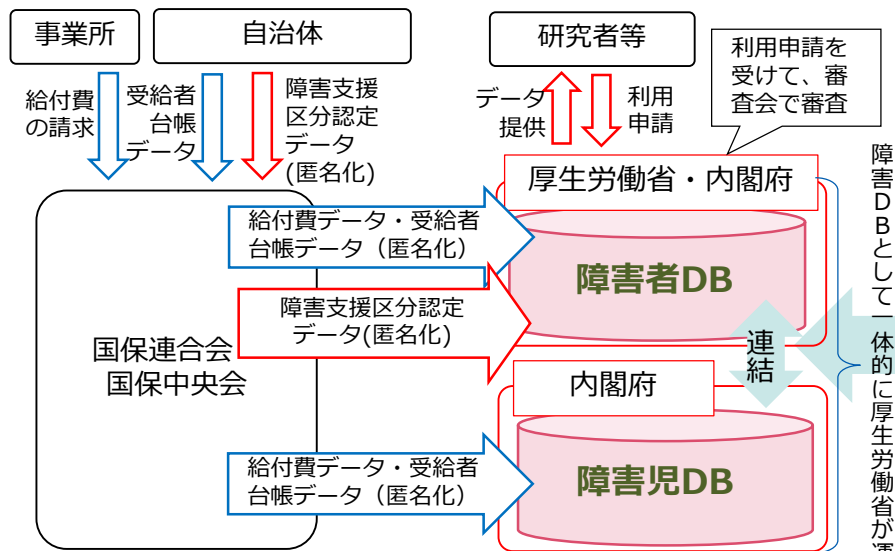
## 現状・課題

- 医療・介護分野においては、平成20年度にNDB、平成30年度に介護DBなど法的根拠の整備、施行が進んできており、障害福祉・難病対策の分野においても、DBの法的根拠の整備を進めていく必要がある。
- 他の公的DBとの連結解析を可能とするためのルール等が整備されていない。
- 難病DBについて、医療費助成の申請時に提出する指定医の診断書情報を登録しているため、医療費助成に至らない軽症者等のデータ収集が進んでいない。

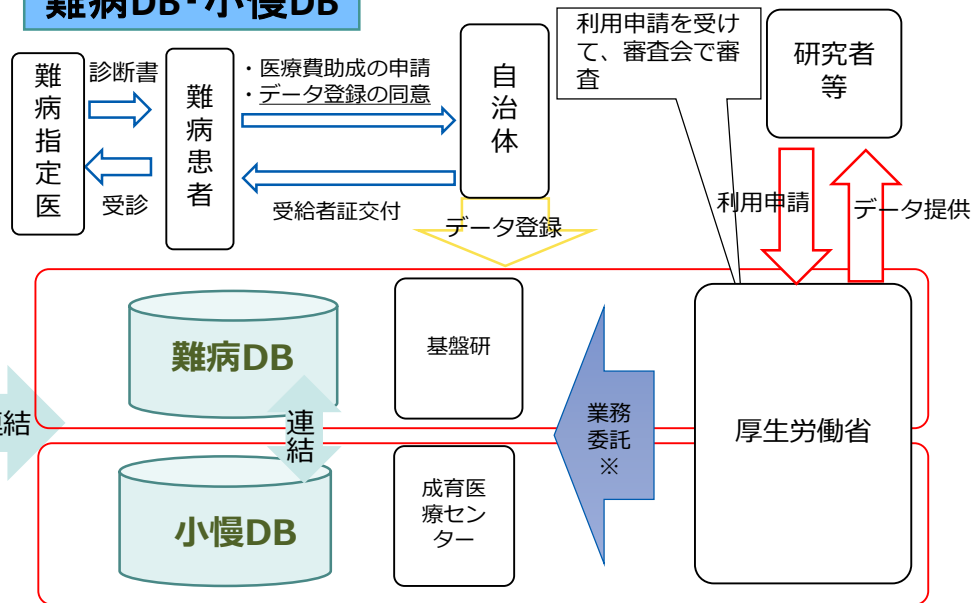
## 見直し内容

- 障害者・障害児・難病・小慢DBの法的根拠を新設。国による情報収集、都道府県等の国への情報提供義務を規定。
- 安全管理措置、第三者提供ルール等の諸規定を新設。他の公的DBとの連結解析も可能とする。
- 難病DBについて、登録対象者を拡大し、軽症の指定難病患者もデータ登録可能とする。

### 障害者DB・障害児DB



### 難病DB・小慢DB



※現行、予算事業としてDBを運営している。  
 ※引き続き、難病は基盤研、小慢は成育への委託することを想定（委託規定を新設）

# 6 - ① 地域のニーズを踏まえた障害福祉サービス事業者指定の仕組みの導入

## 6 - ② 居住地特例の見直し

6-①

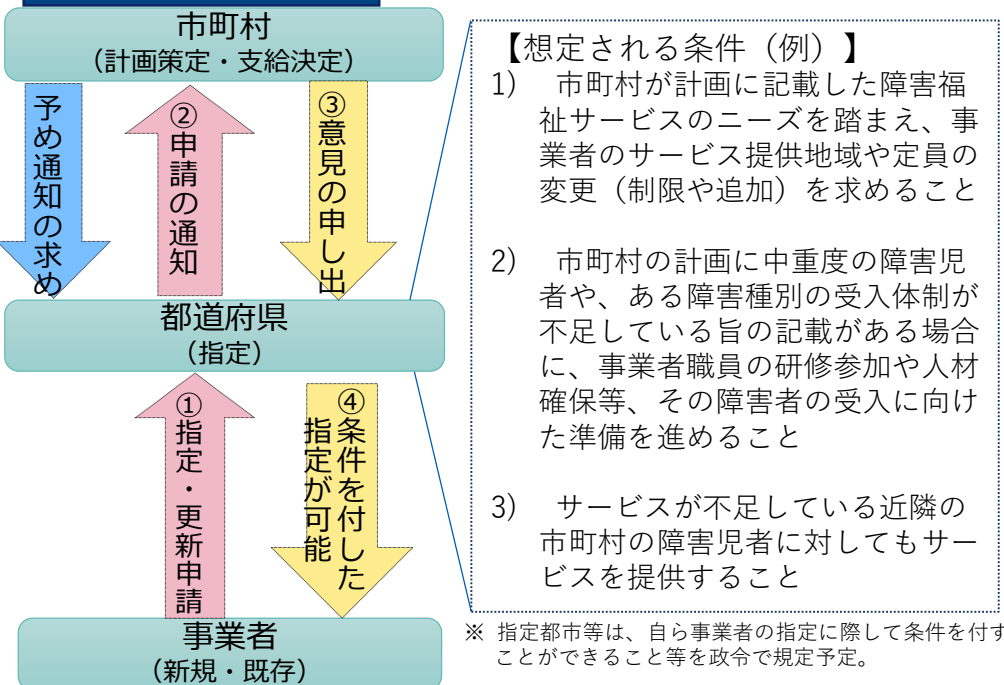
### 現状・課題

- 市町村が障害福祉計画等で地域のニーズを把握し、必要なサービスの提供体制の確保を図る一方で、事業者の指定は都道府県が行うため、地域のニーズ等に応じたサービス事業者の整備に課題があるとの指摘がある。

### 見直し内容

- **都道府県の通所・訪問・障害児サービス等の事業者指定について、市町村はその障害福祉計画等との調整を図る見地から意見を申し出ることができること、都道府県はその意見を勘案して指定に際し必要な条件を付すことができ、条件に反した事業者に対して勧告及び指定取消しができるとする。**

### 見直しのイメージ



6-②

### 現状・課題

- 障害者支援施設等に入所する障害者は、施設所在市町村の財政負担を軽減する観点から、施設入所前の居住地の市町村が支給決定を行う (居住地特例)。
- 介護保険施設等の入所者が障害福祉サービスを利用する場合、施設所在市町村に財政的負担が集中するとの指摘がある。

### 見直し内容

- **居住地特例の対象に介護保険施設等を追加する。**
  - **また、障害者総合支援法の平成30年改正の際に手当する必要があった同法附則第18条第2項の規定 (※) 等について所要の規定の整備を行う。**
- (※) **居住系サービスであるグループホームを平成18年以降、居住地特例の対象として位置づけているもの。**

### 見直しのイメージ



利用サービス	実施主体の見直し
障害福祉 (※)	B市 → A市へ
介護保険	A市 (住所地特例)

- ※入所者の利用例
- ・補装具：義肢、視覚障害者安全つえ
  - ・同行援護：視覚障害者の外出支援

- ※ 特別養護老人ホーム、老人保健施設、有料老人ホーム等