

**Client Fees for Social and Health care Services  
at Wellbeing Services County of Southwest Finland  
January 1, 2023**

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# 1. Social and Health care Services Free of Charge

## Social services free of charge

- social work
- social guidance
- assessment visits for service needs
- social rehabilitation
- outpatient substance abuse treatment
- family work
- child guidance and family counselling
- supervised visitation between a child and a parent
- supported meetings and supervised exchanges
- measures promoting access to employment and rehabilitative work activities for the disabled, transportation and meals excluded
- day activities for the disabled, transportation and meals excluded
- transportation of persons in special care as defined by the Act on Special Care for People with Intellectual Disabilities between functional units and other necessary services for receiving special care. Please note that accommodation and meals for a disabled person can be charged from the client
- personal assistance. Please note that personal assistance can be charged if a person receives remuneration for them based on other legislation than the Act on Disability Services and Assistance
- special care as defined by the Act on Special Care for People with Intellectual Disabilities (519/1977); please note that accommodation and meals for people with disabilities can be charged. This does not include partial accommodation and teaching for children under the age of 16 until the end of the school year they turn 16
- care for children and adolescents as defined by the Child Welfare Act (683/1983)
- Services, day activities excluding transportation and meals, personal assistance, and special services and examinations related to service housing as defined by the Act on Disability Services and Assistance. Please note that special costs for service housing and personal assistance can be charged if a person receives remuneration for them based on other legislation than the Act on Disability Services and Assistance
- outpatient substance abuse treatment
- services prescribed for the wellbeing services county by the Marriage Act (234/1929), Paternity Act (11/2015), Adoption Act (22/2012), Act on Child Maintenance (704/1975) Act on Child Custody and Right of Access (361/1983), Child Maintenance Benefit Act (583/2008), and Act on the Linking of Certain Maintenance Payments to the Cost-of-Living Index (583/2008), and
- documents regarding an individual's social welfare.

## Health care services free of charge

- services regarding the promotion of health and wellbeing as well as disease prevention:
  - health education and health inspection
  - screening in accordance with the national screening programme
  - clinic services
  - student welfare services
  - school health services, including over 18-year-olds

- student health care
- primary health care services:
  - outpatient health care services for under 18-year-olds
  - mental health work in outpatient health care
  - appointment with a registered nurse, public health nurse, or midwife
  - rehabilitation counselling and guidance, assessment of patient's ability to function and work, as well as the assessment of rehabilitation needs, rehabilitation assessment, assistive equipment services, and adaptation training
- medical supplies for the treatment of long-term illness
- medical certificate or statement necessary for:
  - the acquirement of treatment or rehabilitation for the client
  - the acquirement of medicine expenses refund (as per Health Insurance Act 1224/2004 Chapter Five)
  - indicating the need for short-term sick leave (maximum sick-leave days below or equal to the waiting period decreed by Health Insurance Act)
- prevention and treatment of communicable diseases:
  - vaccinations included in the national vaccination programme, general voluntary vaccinations, and other vaccinations decreed by Communicable Diseases Act
  - examination, treatment, and medicine prescribed for the treatment of a generally hazardous disease in addition to quarantine and isolation of the exposed persons
  - medicine prescribed for the treatment of a monitored communicable disease as well as the examination, treatment, and medicine prescribed for the treatment and prevention of HIV infections, Chancroids, gonorrhoea, and infection caused by sexually transmitted Chlamydia
- specialised health care services:
  - examination and treatment provided by out-patient clinics for persons under the age of 18
  - services offered by support centres founded for victims of sexual abuse (Council of Europe Convention 53/2015)
  - examination, treatment, and follow-up provided by maternity outpatient clinics for pregnant substance abusers
  - treatment provided at the operational unit for non-institutional psychiatric care, related partial accommodation and meals excluded
  - treatment, accommodation, upkeep, and transportation related to treatment for respiratory paralysis patients
  - examination and treatment of living organ, tissue, or cell donor
  - treatment and accommodation of persons under 18-year-olds with more than seven accumulated treatment days in a calendar year
  - continuing medical rehabilitation, as well as hypo sensibilisation, treatments for speech and sound impairments, radiation and cytostatic treatment and other comparable treatment, including continuous dialysis for under 18-year-olds
  - counselling as a part of medical rehabilitation, assessment for rehabilitation needs and opportunities, adaptation training and rehabilitation counselling
  - assistive equipment for medical rehabilitation and their fitting, necessary renewal and maintenance, assistive equipment services covered by other legislation excluded
- prehospital care, patient transportation related to prehospital care excluded
- transportation of a registered patient to another treatment facility or home care via ambulance

## 2. Health Care Services

### 2.1. Fees for Visits

#### **Visiting a primary care physician in an outpatient care unit: €20.90/visit or €41.80/year**

The fee will be charged for the first three (3) visits during a calendar year. Alternatively, the client can be charged with an annual fee.

The service is free of charge for under 18-year-olds. In addition, client fees will not be charged from the following clients: frontline veterans, those granted a frontline service badge (marked 'R' in Kela card), disabled war veterans, deminers with War Archive's badge, receivers of guaranteed pension, and clients presenting a valid decision for social assistance during their visit.

These fees accumulate the annual payment ceiling.

#### **Visiting a primary care nurse in an outpatient care unit: free of charge**

In primary health care, visits to a registered nurse, public health nurse, or a midwife are free of charge when the nurse is responsible for providing care. If the reception event transfers to a physician, a fee for visiting a physician will be charged.

Fees will not be charged for vaccinating or vaccinations (vaccines) if the vaccination is based on the national vaccination programme or on physician's orders for necessary vaccination due to underlying conditions (i.e., when the vaccination is a part of a client care plan).

#### **Emergency services of primary health care: €28.70/visit**

#### **Joint emergency services of primary health care and hospital: €41.80/visit**

Clients aged 18 and above can be charged 28.70 euros per visit to emergency services for primary health care on weekdays from 20.00 to 08.00 and on Saturdays, Sundays, and public holidays. Fees charged for emergency services will not be included in calculations regarding the annual fees for reception service of primary care physician in non-institutional health care or previous visiting fees during the calendar year.

Clients aged 18 and above can be charged a maximum of 41.80 euros per visit to the joint emergency services organised by the health and social services centre and the hospital on weekdays from 20.00 to 08.00 and on Saturdays, Sundays, and public holidays. Fees cannot be charged for treatment provided at psychiatric outpatient unit. If the patient is admitted to a hospital for treatment immediately after examination at an outpatient clinic, they will be charged a daily inpatient fee instead.

The service is free for under 18-year-olds. In addition, client fees will not be charged from the following clients: frontline veterans, those granted a frontline service badge (marked 'R' in Kela card), disabled war veterans, and deminers with War Archive's badge.

These fees accumulate the annual payment ceiling.

**Visiting a specialist physician: €41.80/visit**

Those examined or treated at a hospital, other operational units, and outpatient clinics of hospitals lead by a health care centre's specialist physician can be charged a maximum of 41,80 euros per visit.

Client fees will not be charged from the following clients: frontline veterans, those granted a frontline service badge (marked 'R' in Kela card), disabled war veterans, and deminers with War Archive's badge.

These fees accumulate the annual payment ceiling.

**Visiting a specialist nurse: €28.70/visit**

Client fees will not be charged from the following clients: frontline veterans, those granted a frontline service badge (marked 'R' in Kela card), disabled war veterans, and deminers with War Archive's badge.

These fees accumulate the annual payment ceiling.

**Day surgical fee: €136.90**

Day surgical operations that are conducted in an operational theatre and necessitate the use of general anaesthesia, conduction anaesthesia, or administration of intravenous medication can be charged a maximum of 136.90 euros.

These fees accumulate the annual payment ceiling.

**Medical certificates,**

- A) free of charge**
- B) €50.80**
- C) €61.80**
- D) physician's visit €20.90**

A) Medical certificates or statements necessary for acquiring the treatment or rehabilitation for the client, acquiring medicine expenses refund as per Health Insurance Act (1224/2004) Chapter Five, or indicating the need for short-term sick leave for the maximum duration of the waiting period decreed in the Health Insurance Act Chapter Eight, Section Seven, Subsections One and Two are free of charge.

B) For other purposes, the fee for certificates and statements provided by health care professionals is €50.80.

C) The fee for medical certificates for driver's licenses is €61.80.

Certification fees do not accumulate the annual payment ceiling.

D) In addition to the certification fees, the normal visiting fee for a primary care physician in an outpatient care unit of €20.90 will be charged.

The physician's visit fee accumulates the annual payment ceiling.

## 2.2. Rehabilitation Services and Continuing Treatment

**Rehabilitation treatment: €17.10/24 h**

**Short-term examination and rehabilitation treatment: €17.10/24 h**

Fees are not charged from under 18-year-olds at health care centres, hospitals, or other operational units if the number of accumulated treatment days surpasses seven within a calendar year. In addition, a fee will not be charged on discharge days if a client is transferred to another facility or on full absence days.

The fee accumulates the annual payment ceiling. Once the annual payment ceiling has been reached, examination and rehabilitation treatments are free of charge.

**Individual therapy: €11.60/visit**

This service is free of charge for under 18-year-olds.

The fee accumulates the annual payment ceiling.

**Continuing treatment: €11.60/visit**

Fee for continuing treatment will be charged for a maximum of 45 visits in a calendar year. This service is free of charge for under 18-year-olds and frontline veterans.

The fee accumulates the annual payment ceiling.

## 2.3. Oral Health Care

**Dental hygienist: €10.30/visit**

**Dentist: €13.30/visit**

**Specialist dentist: €19.50/visit**

**Specialised oral and maxillofacial health care provided in primary health care units: €41.80/visit**

Basic appointment fees for the examination and treatment of mouth and teeth are charged when a dental hygienist, dentist, or specialist dentist provides the treatment.

These fees accumulate the annual payment ceiling.

**Imaging studies, dental X-ray: €8.50/image**

**Imaging studies, panoramic tomography: €19.20/image**

In addition to basic fee, 8.50 euros per dental X-ray images are charged in accordance with the current classification of procedures in health care.

In addition to basic fee, 19,20 euros per panoramic tomography on the jaw and dentition is charged in accordance with the current classification of procedures in health care.

These fees accumulate the annual payment ceiling.

**Preventive oral health care: €8.50/visit**

Preventive oral health care includes procedures promoting oral health as per classification of procedures (SC group) by the Finnish Institute for Health and Welfare (THL).

This fee accumulates the annual payment ceiling.

**Examinations and dental inspections:**

**complexity grades 0–2: €8.50/visit**

**complexity grades 3–4: €19.20/visit**

**complexity grades 5–7: €38.00/visit**

**complexity grades 8–10: €55.60/visit**

**complexity grade 11: €78.00/visit**

The fees for examination, dental inspection and treatment of diseases are defined by the complexity grade of the procedure.

These fees accumulate the annual payment ceiling.

**Prosthetic procedures:**

**base for prosthesis: €55.60**

**prosthesis repair: €38**

**acrylic partial and complete dentures: €186**

**crowns and bridges: €186/tooth**

**partial denture framework: €225.70**

The fees for prosthetic procedures are defined by the procedure grades explained above.

These fees accumulate the annual payment ceiling.

## **2.4. Transportation of a Patient in Emergency Care**

**Transportation of a patient: personal liability defined by Kela, previously €25**

The personal liability for transportation of a patient in emergency care is defined by Kela. The amount of personal liability of a client for transportation of a patient has recently been 25 euros after reimbursement from Kela.

## 3. Services Provided at Home

### 3.1. At-Home Hospital Services and Home Nursing

Visits to at-home hospitals and temporary home nursing visit:

**Home visit by a physician or a dentist: €19.20/visit**

**Home visit by a registered nurse, public health nurse, dental hygienist, dental nurse, or a therapist: €12.20/visit**

**Home visit by a clinic nurse: free of charge**

With regards to temporary home nursing, a maximum fee of 19.20 euros can be charged from a home visit by a physician or a dentist, while the maximum fee for home visit by other professionals is 12.20 euros. However, a person receiving continuous home nursing cannot be charged separately for temporary home nursing. The service is free of charge for under 18-year-olds and frontline veterans.

The fee accumulates the annual payment ceiling.

**At-home hospital: €22.80/day**

The fee includes medication and medical supplies. The number of visits per day has not been limited in any way.

Visit to the at-home hospital premises is free-of-charge. In addition, the service is free for under 18-year-olds and frontline veterans.

The fee accumulates the annual payment ceiling.

**Continuous and regular home nursing /at-home hospital care: income-based**

Fees for home nursing and at-home hospital care services are charged if the client receives services at least once a week and the estimated care period from the start of the service is at least two months, or if the service has been provided factually for at least two months.

The monthly fee is based on the client's net income (please see determination basis for home care, appendix 1).

This fee does not accumulate the annual payment ceiling.

### 3.2. Home Care

**Continuous and regular home care: income-based**

The Wellbeing County will charge a monthly fee for continuous and regular care given at home. The monthly fee is determined by the number of service hours reported in service decision, client's solvency, and size of the family. Living expenses are not included in the fee. For more information on considered income and deductions regarding the amount of fee, please see appendix 1.

The fee does not accumulate the annual payment ceiling.

### **Temporary Home Care:**

**Home visit by a physician or dentist: €19.20/visit**

**Home visit by other medical professionals: €12.20/visit**

With regards to temporary home nursing, a maximum fee of 19.20 euros can be charged from a home visit by a physician or a dentist, while the maximum fee for home visit by other professionals is 12.20 euros. The client fee for temporary home care adheres to the maximum fees of home nursing visits decreed in the statute.

These fees do not accumulate the annual payment ceiling.

### **3.3. Home-Help Service for Families with Children**

**Home-help service for families with children: €6.50/h**

Client fees will not be charged if the family are clients of social assistance services. In addition, if a family is exempt from client fees as per the Act on Social and Health Care Client Fees, the child is a client of child protective services or they have a need for special support as decreed in Social Welfare Act, or the need for service has been identified in the client plan for services for the disabled.

This fee does not accumulate the annual payment ceiling.

### **3.4. Services for Supported Home Living**

**Meal service, home delivery: €8/meal**

**Errand service: €10/time**

**Cleaning service: €25/hour**

**Clothing care service: €10/washing cycle (transportation: personal liability/one-way)**

**Bathing service: €9/time (transportation: personal liability/one-way)**

**Security services:**

**rent for emergency phone: €20/month**

**installation for emergency phone: €22/time**

**stove alarm: €20/month**

**smart door access control system: €30/month**

**Security assistant's visit as a support service: €20/visit**

**Individual security assistant's visit: €75/visit**

Fee for individual security assistant's visit will be charged from a person who required lifting assistance and is not a client of regular home care, security service, or other similar services.

**Rehabilitative assessment period for home care: €12.20/visit**

**Home rehabilitation on weekdays as a support service: €12.20/visit**

A maximum of two visits per day will be invoiced to the client during the rehabilitative assessment period for home care and home rehabilitation.

**Rehabilitative day activities as support service:**

**full-day service (> 4 hours): €20/time**

**part-day service: €15/time**

**transportation if necessary: personal liability/one-way**

Full-day and part-day services include meals offered during the service.

Services for supported home living for frontline veterans and veterans with disabilities (minimum degree of disability 10%): meal, errand, cleaning, bathing, security, and clothing care services in addition to daily rehabilitation and rehabilitative day activities are all offered free of charge.

Fees for support services do not accumulate the annual payment ceiling.

## 4. Meal Costs

**Meals for housing services (services for people with disabilities)**

**Meals offered at a service centre (for seniors)**

**Meals for work and day activities (breakfast, lunch, and afternoon coffee):**

**breakfast: €2.5/meal**

**lunch: €6/meal**

**afternoon coffee: €1.5/meal**

**dinner: €5/meal**

**evening meal: €1.5/meal**

**meals for the day: €16.5 €/day**

If a client of housing service for people with disabilities participates in the preparation process of meal, only the cost of ingredients will be charged. The costs will only be charged for the meals consumed by the client.

For the seniors, the meal costs apply for those with granted meal services. The Wellbeing Services County will be invoicing the costs.

Meal costs do not accumulate the annual payment ceiling.

## 5. Transportation Services

**Transportation services in accordance with the Disability Services Act,**

**Transportation services in accordance with the Social Welfare Act,**

**Transportation services for work and day activities**

### **Personal liability for transportation services: local public transport fee**

Tariffs of Föli for Föli region. Other regions follow the tariffs of Matkahuolto/local public transport.

Transportation service decreed by the Disability Services Act is a subjective right for those eligible. The Disability Services Act obligates authorities to grant at least 18 non-work-related one-way trips a month. In addition, work and study trips must be offered if necessary. The trips are not allocated for health care visits; for these trips, a Kela taxi should be used.

Services supporting transportation in accordance with the Social Welfare Act are organised for people incapable of using public transportation independently due to illness, injury, or other similar debilitating reason. These people also need the service for running errands or activities required in daily life.

A maximum fee equal or comparable to local public transportation fee on a reasonable level will be charged for work and day activities. Personal liability for transportation will not be charged from clients in special care.

Services supporting transportation and movability are free of charge for frontline veterans and veterans with disabilities (minimum degree of disability 10–20 %)

These fees do not accumulate the annual payment ceiling.

## 6. Housing Services

### **Communal housing (sheltered housing): income-based**

Client fees for communal housing are determined similarly to the fees of continuous and regular service provided at home. The client is responsible for living expenses.

Monthly fee will be charged for continuous and regular service provided at home. The monthly fee is determined by the number of service hours reported in service decision, client's ability to pay, and size of the family. Living expenses are not included in the fee. For more information on considered income and deductions regarding the amount of fee, please see appendix 1.

### **Short-term communal living (sheltered housing): €22.80/24 h**

The client must bring their own medication/products for urinary incontinence/medical supplies in constant use.

### **Long-term 24-hour service housing: income-based**

The service is considered long-term if the estimated service period from the starting date is at least three months or the service has factually lasted for at least three months. The monthly fee for long-term 24-hour service is defined according to the client's net income.

The client of long-term 24-hour service housing will be charged a monthly fee. The maximum amount of fee is 85 percent of the client's net monthly income with statutory deductions made. The client must be left a minimum working balance of €167/month. For more information on considered income and deductions regarding the amount of fee, please see appendix 2.

**Short-term 24-hour service housing (intensive sheltered housing): €40/24 h**

The client must bring their own medication/products for urinary incontinence/medical supplies.

**Day or night care in 24-hour service housing: €25/24 h**

The client must bring their own medication/products for urinary incontinence/medical supplies.

Long-term communal living and 24-hour service housing services (living expenses, such as rent, electricity, and water excluded) are free-of-charge for frontline veterans and veterans with disabilities (minimum degree of disability 10–20 %)

Fees for housing services do not accumulate the annual payment ceiling.

## 7. Family Care

**Long-term family care (seniors)**

Client of long-term family care will be charged a monthly fee. The maximum amount of fee is 85 percent of the client's net monthly income with regulated deductions. The client must be left a minimum working balance of €167/month. For more information on considered income and deductions regarding the amount of fee, please see appendix 2.

The fee does not accumulate the annual payment ceiling.

**Long-term family care, granted as special care: €402.53/month**

The fees for family care granted as a special care for people with intellectual disabilities are decreed by the law on client fees of social and health care. Therefore, the amount of client fee is dependent on the special care status of the client.

If family care has been included in the special care programme of the person with intellectual disabilities, special care is offered free-of-charge, notwithstanding exceptions stated in the law. However, accommodation and meals can be charged. Full accommodation fee for family care granted as special care includes rent, meals, and upkeep (rent €139.53, upkeep €53, and ingredients for meals €7/day, total of €210).

The fee does not accumulate the annual payment ceiling.

**Short-term family care (seniors): €27/24 h**

**Part-time family care (seniors): €16.2/under 6-hour care period**

These fees do not accumulate the annual payment ceiling.

## 8. Inpatient and Institutional Care

**Short-term inpatient care: €49.60/24 h**

**After the annual payment ceiling has been reached: €22.80/24 h**

**Fee for treatment and accommodation at psychiatry operational unit: €22.80/24 h**

**Fee for treatment and accommodation for detoxication treatment: €22.80/24 h**

**Day or night care: €22.80/24 h**

If a client is immediately transferred to another unit, the sending unit cannot charge the client for the day of transfer. If a client is immediately transferred from an institutional care unit within the Wellbeing Services County of Southwest Finland to a housing service unit, the sending unit will not charge the client for the day of transfer.

This fee can be charged from under 18-year-olds from seven (7) days per calendar year at most. The fee will not be charged for the observation period decreed by the Mental Health Act if the person under observation will not be admitted to treatment against their will as defined by the Mental Health Act.

Once the annual payment ceiling has been reached, client fees will not be charged for psychiatry operational units nor inpatient detoxication treatments.

These fees accumulate the annual payment ceiling.

**Long-term institutional care: income-based**

**Long-term institutional care, nursing home: income-based**

Clients of long-term 24-hour service housing, long-term family care, and long-term institutional care will be charged a monthly fee. The maximum amount of fee is 85 percent of the client's net monthly income with regulated deductions. The client must be left a minimum working balance of €112/month. For more information on considered income and deductions regarding the amount of fee, please see appendix 2.

The fee does not accumulate the annual payment ceiling.

**Short-term institutional care (< 3 months), nursing home: €49.60/24 h**

The fee accumulates the annual payment ceiling.

**Day or night service at institutional care, nursing home: €22.80/24 h**

If an inpatient treatment at a social welfare facility or other operational unit for day (day treatment) or night (night treatment) is appropriate for therapeutic reasons, the client will be charged 22.80 euros per day.

The fee does not accumulate the annual payment ceiling.

## 9. Services for the Disabled

### **Short-term examination and rehabilitation treatment: €17.10/24 h**

Fees cannot be charged from under 18-year-olds at health care centres, hospitals, or other operational units if the number of accumulated treatment days surpasses seven within a calendar year. In addition, a fee will not be charged on discharge days if a client is transferred to another facility or on full absence days.

The fee accumulates the annual payment ceiling. Once the annual payment ceiling has been reached, examination and rehabilitation treatments are free of charge.

### **Long-term institutional care and rehabilitation: income-based**

Clients of long-term 24-hour service housing, long-term family care, and long-term institutional care will be charged a monthly fee. The maximum amount of fee is 85 percent of the client's net monthly income with regulated deductions. The client must be left a minimum working balance of €112/month. For more information on considered income and deductions regarding the amount of fee, please see appendix 2.

The fee does not accumulate the annual payment ceiling.

### **Short-term care or housing service:**

**For over 16-year-olds: €30/24 h**

**For under 16-year-olds: €18.50/24 h**

Partial upkeep, that is, part-time treatment is free of charge for under 16-year-olds. If the treatment period lasts over 24 hours, a client fee will be charged.

The client can be charged a fee for special care based on the Act on Special Care for People with Intellectual Disabilities and for service housing based on the Disability Services Act. The partial upkeep for under 16-year-olds is exempt from payment. Upkeep fee will not be charged for care and nursing.

Fee for upkeep covers the so-called regular costs of living occurring despite the disability. These include costs on meals, substances and supplies for hygiene, cleaning agents and supplies, internet connection, newspapers, and the use of communal spaces.

The fee does not accumulate the annual payment ceiling.

### **Long-term and 24-hour service housing: €40/24 h**

Partial upkeep, that is, part-time treatment is free of charge for under 16-year-olds. If the treatment period lasts over 24 hours, a client fee will be charged.

Housing services for people with intellectual disabilities are organised as special care based on the Act on Special Care for People with Intellectual Disabilities and as service housing based on the Disability Services Act.

The fee does not accumulate the annual payment ceiling.

**Meal costs in housing services: see 'Meal costs'**

### **Long-term family care based on the Disability Services Act**

Clients of long-term 24-hour service housing, long-term family care, and long-term institutional care will be charged a monthly fee. The maximum amount of fee is 85 percent of the client's net monthly income with regulated deductions. The client must be left a minimum working balance of €167/month (in 2022). For more information on considered income and deductions regarding the amount of fee, please see appendix 2.

The fee does not accumulate the annual payment ceiling.

#### **Long-term family care, granted as special care: €402.53/month**

If family care has been included in the special care programme of the person with intellectual disabilities, accommodation and meals can be charged. Full accommodation fee for family care granted as special care includes rent, meals, and upkeep.

The fee does not accumulate the annual payment ceiling.

#### **Short-term family care: €27/24 h**

#### **Part-time family care: €16.2/under 6-hour care period**

These fees do not accumulate the annual payment ceiling.

## **10. Club Services and Day and Work Activities**

### **Club activities for aging people with disabilities: €38/active season**

The client is financially responsible for transportation and trips. This service is only offered in Turku.

The fee does not accumulate the annual payment ceiling.

### **Summer activities for children with disabilities: €58/child**

This service is only offered in Turku.

Partial accommodation fee will not be charged from summer activities organised as special care for children with disabilities. A fee equal to the personal liability of transportation services for people with severe disabilities will be charged for transportation.

The fee does not accumulate the annual payment ceiling.

### **Rehabilitative day activities as supporting services**

**full-time service (> 4 hours): €20/time**

**part-time service: €15/time**

**transportation if necessary: personal liability €3/one way**

Full-day and part-day services include meals offered during the service.

These fees do not accumulate the annual payment ceiling.

## 11. Service for Informal Carer's Leave

**Statutory services for informal carer's leave: free of charge**

**Services for a leave of person nursing their family member or a loved one: €11.60 €/24 h**

Informal carer's leave can be organised in forms of 24-hour service housing, institutional care, family care, a foster care at the home of the person receiving care, or as a rehabilitative day activity.

The fee does not accumulate the annual payment ceiling.

## 12. General Information

The Act on Client Charges in Healthcare and Social Welfare (734/1992, hence Act on Client Fees), the Act on Amending the Act on Client Charges in Healthcare and Social Welfare (1201/2020 and 791/2022), and the Government Decree on Client Charges in Healthcare and Social Welfare (912/1992, hence the Decree on Client Fees) are applied in the determination process of client fees at the Wellbeing Services County of Southwest Finland.

The client fees for social welfare and health care come into force on January 1, 2023, in social welfare and health care services organised by the Wellbeing Services County of Southwestern Finland. The Act on Client Fees will also be applied to outsourced services of the Wellbeing County.

Fees can be charged from the users of the Wellbeing Services County's services unless otherwise decreed by legislation. The fees can be charged according to the client's ability to pay.

### 12.1. Maximum Fees

Fees on services may not exceed the production cost of the services. (Act on Client Fees, Section Two).

Part of fees for social welfare and health care have been tied to indexes. Index reviews are conducted biannually.

### 12.2. Determining the Ability to Pay

Fees should be reviewed if

- the service user's or family's ability to pay has changed significantly
- the considered conditions within the family have factually changed from the starting ones
- the client's service need has changed

Fees determined by the ability to pay apply until further notice.

The minimum change of 5 percent is considered a significant change in the service user's or family's ability to pay, and a new decision must be made. This applies to all client fees determined by the client's ability to pay for social welfare and health care services. If the reported income used to determine the amount of care fee are proven erroneous, a maximum period for fee adjustment is one year. The client is liable for reporting the changes.

### 12.3. Charging Fees

Act on Client Fees (734/1992, Section 2a and 2b)

An invoice containing the date, the name of the client, invoiceable service, basis for fee, information on public or private service provider and contact information for the person providing additional information must be provided to the client. In addition, the invoice must mention that the client is responsible for observing the accumulation of annual payment ceiling. Furthermore, instructions concerning claim for a revised decision must be enclosed to invoices that are not determined by the ability to pay.

The client must be provided with a statement on fees determined by the ability to pay. The statement must include at least the following information: name of the client and service in question, deciding authority, date of the statement, fee amount, basis, and the contact person the client can request information from. Furthermore, instructions concerning claim for a revised decision must be enclosed to the statement.

The Wellbeing Services County must provide the client with an invoice that matches the statement on fees.

The invoice must include at least the following information:

- 1) invoice date
- 2) name of the client to be charged
- 3) invoiceable service
- 4) the amount and basis for fee
- 5) the name of public or private service provider
- 6) name and contact information of the person the client can request additional information on the invoice if necessary
- 7) information if the fee accumulates the annual payment ceiling defined in Section 6a; if the fee accumulates the ceiling, the invoice must inform the client that they are liable for observing the accumulation.

Invoices besides the invoice defined under section 2b (Statement on fees determined by the ability to pay) must include instructions concerning claim for a revised decision.

Protection of privacy and personal safety of the client must be acknowledged during collection of fees.

### 12.4. Fee Reductions or Waivers

Social and health care client fees are going to be reduced as decreed by the Section 11 of the Act on Client Fee from January 1, 2023, onwards. Fees on social welfare and fees on health care services defined by the client's ability to pay in accordance with Section 11 of the Act on Social and Health Care Client Fees (734/1992) must be waived or reduced if collecting the fee endangers the prerequisites of individual's or a family's subsistence or implementation of an individual's statutory maintenance obligation.

Fee reductions or waivers must take priority in terms of income support decreed in the Act on Social Assistance (1412/1997), The client must be informed about fee reductions or waivers as soon as possible, before or during the first service encounter (client contact in social welfare and health care establishments, client calls, or treatment periods), or during the collection of the fee, at the latest. (Client instructions: the reduction or waiver of fees on health care services and social welfare fees declared in accordance with the client's ability to pay).

## 12.5. Annual Payment Ceiling

Annual payment ceiling of 692 euros per calendar year has been defined for certain client fees for social welfare and health care. Fees for social welfare and health care under the annual payment ceiling will only be paid until the ceiling has been reached within a calendar year. Fees under the annual payment ceiling have been decreed by Section Six of the Act on Client Fees.

However, a maximum fee for short-term institutional care as decreed in Section 67, Subsection One of the Health Care Act or short-term institutional care for the accommodation and upkeep for people over 18-years-old as decreed by Section 22 of the Social Welfare Act is 22.80 euros per day. Reaching and surpassing the annual payment ceiling has no impact on this fee.

Services included in the annual payment ceiling:

- outpatient care services for primary health care
- inpatient examination and care for specialised medical care
- day surgical procedures
- oral and dental examination and care, dental technician costs excluded
- maxillo-facial treatment procedure at specialised medical care
- physiotherapy, neuropsychological rehabilitation, nutritional care, chiropody, speech therapy, occupational therapy, and other functionality-improving and maintaining treatment and care provided by medical professionals
- fees for continuous care
- temporary at-home nursing and temporary at-home hospital care
- short-term institutional care (Health Care Act, Section 67)
- short-term day or night care
- short-term institutional care (Social Welfare Act, Section 22)

Services excluded from the annual payment ceiling:

- social welfare services
- income-related fees
- personal liabilities of service vouchers or transportation services
- temporary home care
- meals and support and safety services for seniors
- day rehabilitation and short-term care at units for seniors
- fees charged for the statutory vacation of an informal carer
- fees for health care certifications
- fees for unused or uncancelled appointments
- transportation of patients
- inpatient rehabilitation provided as decreed by the Act on Special Care for People with Intellectual Disabilities or to a person receiving services as decreed by the Act on Disability Services and Assistance (Health Care Act, Section 29)

## 12.6. Unused Appointment

### **Fee for an unused appointment: €51.50/appointment**

Act on Client Fees, Section 3

If a client or their representative has booked an appointment to health care services or a spot for short-term care or service housing at social or health care services, and the client has not cancelled or arrived at the appointment or proper unit on the agreed time without an acceptable reason. The fee will only be chargeable if the collection of the fee is not considered unreasonable and the Wellbeing Services County has informed the client about the possible collection of unused appointment fees and provided the client with instructions for cancelling the appointment or spot in advance. Information regarding the collection of the fee as well as the cancellation of an appointment or a spot must be provided in a comprehensible manner to the client. The fee cannot be charged from clients under the age of 18.

Fee for an unused appointment also applies to situations in which the Wellbeing Services County has booked an appointment or a spot for short-term nursing or housing service for a client on the initiative of the client or their representative. In these cases, fee collection requires the Wellbeing Services County to inform the client about collecting the fee. In addition, instructions must be provided in written form, and the client or their representative must be reminded about the booked appointment or spot.

## 12.7. Remote Services

Social and health care services can be provided as regular walk-in services or as a digital/online service. Chargeable remote service replaces the regular service based on in-person appointments, and its contents correspond with traditional personalised care and service contact.

Remote services are implemented in a two-way contact via communication link, such as a computer, smart phone, or a tablet. Services replacing walk-ins are interactive by nature, and these services are tailored according to client's needs.

If a separate fee for remote service has not been included in the list of fees, a client fee for in-person appointment will be charged. If a service is listed as free of charge, the corresponding remote service is provided free of charge for the client. Digital/online services accumulate the annual payment ceiling in the same manner as the traditional in-person services.

Chargeable health care services/remote appointments will always require strong identification based on registration to electronic patient record system. Anonymous health education and guidance do not replace walk-in services.

## Appendix 1

### Fee charged for continuous and regular home service

A monthly fee for continuous and regular home services is determined by the number of service hours reported in the service agreement, the client's ability to pay, and the family size. If the number of service hours varies monthly, a payment percentage corresponding to the average number of service hours will be used to define the fee.

Regular home care visits can also be conducted as remote services by using a video feed through internet connection, for example. For clients of regular home care, the time for remote appointment will be included in care time during the definition process for client fees.

The fee does not include costs of living.

Gross income exceeding the income limit will be considered as client's monthly income during the definition process for client fees. The income limit is determined by the family size (table 1). The number of monthly service hours and family size determine a payment percentage used to calculate the monthly fee for home care from income exceeding the income limit (table 2).

Table 1. Income limits based on the family size in 2022.

Family Size	1 person	2 people	3 people	4 people	5 people	6 people
<b>Income Limit €/month</b>	598	1 103	1 731	2 140	2 591	2 976

If the family has more members than presented in the table, the income limit will be increased by 356 euros per person.

Table 2. Payment percentage determined by the service hours and family size.

Monthly Service Hours	1 person	2 people	3 people	4 people	5 people	≥ 6
≤ 4	8	7	6	6	6	6
5	10	8.75	7.5	7.5	7.5	7.5
6	12	10.5	9	9	9	9
7	14	12.25	10.5	10.5	10.5	10.5
8	16	14	12	12	12	12
9	17	14.75	12.5	12.5	12.5	12
10	18	15.5	13	13	13	12

Monthly Service Hours	1 person	2 people	3 people	4 people	5 people	≥ 6
11	19	16.25	13.5	13.5	13.5	12
12	20	17	14	14	14	12
13	21	17.75	14.5	14.5	14	12
14	22	18.5	15	15	14	12
15	23	19.25	15.5	15.5	14	12
16	24	20	16	16	14	12
17	24.5	20.5	16.5	16	14	12
18	25	21	17	16	14	12
19	25.5	21.5	17.5	16	14	12
20	26	22	18	16	14	12
21	26.5	22.5	18.5	16	14	12
22	27	23	19	16	14	12
23	27.5	23.5	19	16	14	12
24	28	24	19	16	14	12
25	28.5	24	19	16	14	12
26	29	24	19	16	14	12
27	29.5	24	19	16	14	12
28	30	24	19	16	14	12
29	30.5	24	19	16	14	12
30	31	24	19	16	14	12
31	31.5	24	19	16	14	12
32	32	24	19	16	14	12
33	32.5	24	19	16	14	12
34	33	24	19	16	14	12

Monthly Service Hours	1 person	2 people	3 people	4 people	5 people	≥ 6
35	33.5	24	19	16	14	12
36	34	24	19	16	14	12
37	34.5	24	19	16	14	12
≥ 38	35	24	19	16	14	12

Monthly service hours shall be reported as full hours as follows: partial service hours shall be rounded to the nearest hour, and half hours shall always be rounded up.

Gross income (Act on Client Fees, Section Ten F) determining the fee for continuous and regular home services:

- client and their spouse's regular or repeatedly received taxable capital income and earnings as well non-taxable income with expenses for the production of income deducted
  - pensions, front veteran's supplement and additional front veteran's supplement excluded
  - care allowance for pensioners, veteran's supplement excluded
  - salary income and other non-taxable income with expenses for the production of income deducted
  - disability allowance for persons aged 16 and up
  - disability allowance for persons under 16
  - child home care allowance
  - study grant and adult education allowance
  - scholarships payable to studies and other similar allowances if they are considered taxable income
  - interest received on loans, dividend, and rent income from capital and other assets (after costs)
- imputed forest income (Act Section Ten I)

If the client or their spouse's income varies, the average monthly income from the past 12 months will be considered.

The following elements are not considered as income:

- maintenance allowance as decreed by Section Four of the Act on Child Maintenance
- non-taxable social benefits (disability allowances and care allowances for pensioners excluded) in accordance with Section 92 of the Income Tax Act, such as
  - child benefit
  - child increase in accordance with National Pensions Act
  - conscript's allowance and daily allowance for conscripts
  - social assistance
  - allowances for veterans (incl. additional front veteran's supplement and front veteran's supplement)

During the determination process for client fees, corresponding taxable income confirmed in the latest taxation with increased percentages defined in the calculation methods for withholding and advance collection annually by the Finnish Tax Administration in accordance with the Prepayment Act.

Before the monthly fee for home care is determined, statutory deductions are conducted on the person's monthly income in accordance with the Act on Client Fees (Section Ten G). When a client living in an apartment as defined in Section Ten C, Subsection Three is transferred to a sheltered housing unit as defined in Section 21 A of the Social Welfare Act or to a communal housing as defined in Section 21 B with continuous and regular care provided at home, factual housing costs as defined in Section Ten C, Subsection Three must be deducted from client's income during the determination process for the fee decreed by Section Ten E.

## Appendix 2

### Fee for long-term 24-hour service housing, long-term family care and long-term institutional care

A service is considered long-term if the estimated service period from the starting date is at least three months or the service has factually lasted for at least three months (Act on Client Fees 7 b).

A monthly fee determined by the patient's ability to pay will be charged for long-term 24-hour service housing, long-term family care and long-term institutional care.

The maximum amount of fee is 85 percent of the client's net monthly income with statutory deductions made.

If the client has lived in a joint household as a married couple or in a domestic relationship just before starting the service and their income exceeds the spouse's income level, the fee is determined based on the sum of spouses' net monthly income. In these cases, the maximum amount of fee is 42.5 percent of the spouses' net monthly income with statutory deductions made. However, if both spouses become clients of long-term 24-hour service housing, long-term family care, or long-term institutional care, the fee is defined according to the client's own income.

A client must be left with a working balance for personal use, which is:

- a minimum of €167/month for long-term 24-hour service housing for seniors
- a minimum of €167/month for long-term family care
- a minimum of €122/month for long-term institutional care

Net income considered for the client fee of long-term 24-hour service housing, long-term family care and long-term institutional care (Act on Client Fees, Section 10 b):

- pensions, front veteran's supplement and additional front veteran's supplement excluded
- care allowance for pensioners, veteran's supplement excluded
- salary income and other non-taxable income with expenses to produce income deducted
- disability allowance for persons aged 16 and up
- disability allowance for persons under 16
- child home care allowance
- study grant and adult education allowance
- scholarships payable to studies and other similar allowances if they are considered taxable income
- interest received on loans, dividend, and rent income from capital and other assets (after costs)

Deductions on income for long-term 24-hour service housing, long-term family care, and long-term institutional care (Act on Client Fees, Section 10c).

Prior to determining the fee for client's long-term 24-hour service housing, long-term family care, or long-term institutional care, the following costs will be deducted from client's monthly income:

- confirmed maintenance support to be paid by the client and other corresponding costs related to their factual family relationships (maintenance support will not be deducted if the recipient of the support is client's spouse, with whom the client has lived in a joint household just before starting a housing service)
- a compensation declared by an estate distributor defined by the Act on the Dissolution of the Household of Cohabiting Partners or court of law, which the client must pay in cash
- a benefit withheld for limited or lifelong time with regards to a cession of a real estate, which the client must pay in cash
- payment (including a payment for a donee, maximum amount of aforementioned basic fee)

In addition, factual costs of living prior to transferring to long-term 24-hour service housing, long-term family care, or long-term institutional care will be deducted from client's monthly income as follows:

- inevitable and reasonable costs from an owned apartment from the last six months (client's shares acknowledged: maintenance fee for owner apartments, heating, basic rates for water, real estate tax, lease plot, and mandatory home insurance)
- rents for rental apartments and other inevitable and reasonable costs of living for the duration of notice period as decreed by Section 52 of the Act on Residential Leases (481/1995) (including the client's share: mandatory home insurance)
- occupancy fee as defined by Section 16 of Right-of Occupancy Housing Act (650/1990) and other inevitable and reasonable costs of three months (including the client's share: mandatory home insurance)

Special deductions on income for long-term 24-hour service housing and long-term family care (Act on Client Fees, Section 10 d)

- During the determination process for long-term 24-hour service housing client fee, reasonable housing expenditures generated from 24-hour service housing are deducted from the income used as a base for the fee.
- Housing allowance paid by the Government are deducted from housing expenditures.

During the determination process for client fees for long-term 24-hour service housing and long-term family care. the following aspects will be deducted from the income used as a base for the fee:

- The costs of medication, food for special medical purposes, and basic creams prescribed by a health care professional to which the client is eligible to receive compensation according to the Health Insurance Act. The maximum costs acknowledged here is the annual maximum out-of-pocket costs defined by the Health Insurance Act. The annual maximum limit on out-of-pocket costs defined by the Health Insurance Act is calculated by dividing the amount in euros by 12 months to achieve flat-rate payments.
- The costs of medication, food for special medical purposes, and basic creams compensated outside the spectrum of Health Insurance Act shall be deducted if the health care professional prescribing the medication has assessed them to benefit the client's health. These costs are acknowledged based on the report of client or their representative. The report must include a prescription or a statement by a health care professional (for example, from Omakanta) that indicates that the preparation benefits the client's health.