

<従来型個室>

(A)は介護保険が1割の場合。負担割合に応じ乗じる。

| 介護度 | 1日基本単位 | 日数 | (A) 介護保険自己負担 (1割の場合)※ | 段階 | (B) 食費/30日 | (C) 居住費/30日 | 月額自己負担額 (A)+(B)+(C) |
|-----|--------|----|-----------------------------|----|---------------|----------------|------------------------|
| 1 | 573 | 30 | ¥ 23,617 | 1 | ¥ 9,000 | ¥ 9,600 | ¥ 18,600 |
| | | | | 2 | ¥ 11,700 | ¥ 12,600 | ¥ 47,917 |
| | | | | 3 | ¥ 19,500 | ¥ 24,600 | ¥ 67,717 |
| | | | | 4 | ¥ 47,400 | ¥ 35,130 | ¥ 106,147 |
| 2 | 641 | 30 | ¥ 26,085 | 1 | ¥ 9,000 | ¥ 9,600 | ¥ 18,600 |
| | | | | 2 | ¥ 11,700 | ¥ 12,600 | ¥ 50,385 |
| | | | | 3 | ¥ 19,500 | ¥ 24,600 | ¥ 70,185 |
| | | | | 4 | ¥ 47,400 | ¥ 35,130 | ¥ 108,615 |
| 3 | 712 | 30 | ¥ 28,663 | 1 | ¥ 9,000 | ¥ 9,600 | ¥ 18,600 |
| | | | | 2 | ¥ 11,700 | ¥ 12,600 | ¥ 52,963 |
| | | | | 3 | ¥ 19,500 | ¥ 24,600 | ¥ 72,763 |
| | | | | 4 | ¥ 47,400 | ¥ 35,130 | ¥ 111,193 |
| 4 | 780 | 30 | ¥ 31,132 | 1 | ¥ 9,000 | ¥ 9,600 | ¥ 18,600 |
| | | | | 2 | ¥ 11,700 | ¥ 12,600 | ¥ 55,432 |
| | | | | 3 | ¥ 19,500 | ¥ 24,600 | ¥ 75,232 |
| | | | | 4 | ¥ 47,400 | ¥ 35,130 | ¥ 113,662 |
| 5 | 847 | 30 | ¥ 33,563 | 1 | ¥ 9,000 | ¥ 9,600 | ¥ 18,600 |
| | | | | 2 | ¥ 11,700 | ¥ 12,600 | ¥ 57,863 |
| | | | | 3 | ¥ 19,500 | ¥ 24,600 | ¥ 77,663 |
| | | | | 4 | ¥ 47,400 | ¥ 35,130 | ¥ 116,093 |

<多床室>

(A)は介護保険が1割の場合。負担割合に応じ乗じる。

| 介護度 | 1日基本単位 | 日数 | (A) 介護保険自己負担 (1割の場合)※ | 段階 | 食費/月 (B) | 居住費/月 (C) | 月額自己負担額 (A)+(B)+(C) |
|-----|--------|----|-----------------------------|----|----------|-----------|------------------------|
| 1 | 573 | 30 | ¥ 23,617 | 1 | ¥ 9,000 | ¥ - | ¥ 9,000 |
| | | | | 2 | ¥ 11,700 | ¥ 11,100 | ¥ 46,417 |
| | | | | 3 | ¥ 19,500 | ¥ 11,100 | ¥ 54,217 |
| | | | | 4 | ¥ 47,400 | ¥ 25,650 | ¥ 96,667 |
| 2 | 641 | 30 | ¥ 26,085 | 1 | ¥ 9,000 | ¥ - | ¥ 9,000 |
| | | | | 2 | ¥ 11,700 | ¥ 11,100 | ¥ 48,885 |
| | | | | 3 | ¥ 19,500 | ¥ 11,100 | ¥ 56,685 |
| | | | | 4 | ¥ 47,400 | ¥ 25,650 | ¥ 99,135 |
| 3 | 712 | 30 | ¥ 28,663 | 1 | ¥ 9,000 | ¥ - | ¥ 9,000 |
| | | | | 2 | ¥ 11,700 | ¥ 11,100 | ¥ 51,463 |
| | | | | 3 | ¥ 19,500 | ¥ 11,100 | ¥ 59,263 |
| | | | | 4 | ¥ 47,400 | ¥ 25,650 | ¥ 101,713 |
| 4 | 780 | 30 | ¥ 31,132 | 1 | ¥ 9,000 | ¥ - | ¥ 9,000 |
| | | | | 2 | ¥ 11,700 | ¥ 11,100 | ¥ 53,932 |
| | | | | 3 | ¥ 19,500 | ¥ 11,100 | ¥ 61,732 |
| | | | | 4 | ¥ 47,400 | ¥ 25,650 | ¥ 104,182 |
| 5 | 847 | 30 | ¥ 33,563 | 1 | ¥ 9,000 | ¥ - | ¥ 9,000 |
| | | | | 2 | ¥ 11,700 | ¥ 11,100 | ¥ 56,363 |
| | | | | 3 | ¥ 19,500 | ¥ 11,100 | ¥ 64,163 |
| | | | | 4 | ¥ 47,400 | ¥ 25,650 | ¥ 106,613 |

※下記の加算を含む。

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|--------------|------|--------------|-----------|
| 看護体制加算Ⅰ口 | 4単位 | 科学的介護推進体制加算Ⅰ | 50単位/月 |
| 栄養マネジメント強化加算 | 11単位 | 個別機能訓練加算 | 12単位/日 |
| 日常生活継続支援加算 | 36単位 | 処遇改善加算Ⅰ | 総単位×8.3% |
| 夜勤職員配置加Ⅰ口 | 13単位 | 特定処遇改善加算Ⅰ | 総単位×2.7% |
| | | 地域加算 | 総単位×10.9% |

<別途加算>

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| 初期加算・外泊時費用・経口維持加算Ⅰ、Ⅱ・看取り介護加算Ⅰ、Ⅱ・口腔衛生管理体制加算Ⅰ・Ⅱ |
| 療養食加算(1食6単位)・排泄支援加算Ⅰ、Ⅱ、Ⅲ・褥瘡ケアマネジメント加算Ⅰ、Ⅱ・認知症専門ケア加算Ⅰ、Ⅱ |
| ADL維持等加算Ⅰ、Ⅱ・自立支援促進加算・個別機能訓練加算Ⅱ・安全対策体制加算(入所時のみ) |
| 再入所時栄養連携加算・生活機能向上連携加算Ⅰ、Ⅱ・若年性認知症入所者受入加算・経口移行加算Ⅰ・Ⅱ |
| 再入所時栄養連携加算・生活機能向上連携加算Ⅰ、Ⅱ・若年性認知症入所者受入加算・経口移行加算Ⅰ・Ⅱ |

※適用する加算が変更になった場合は上記料金が変わります。