

**ATTACHMENT D**



**SHOREWOOD COMMONS**

**507-536-3207**

Assisted Living Apartments

**HEALTH SERVICES & RATE SCHEDULE**

(These Home Care Services will be provided by Comfort Home Health Care Group, Inc., D.B.A. Comfort Health and billed by Wedum Shorewood Assisted Living)

**EFFECTIVE AUGUST 1, 2021**

**SERVICE**

**FEE**

**Initial Admission Assessment/Screening**

Complimentary

*A nurse will assist you and your family to determine the most appropriate combination of services to meet your needs. This is a regulatory requirement.*

**Monthly Basic Fee**

*Required fee billed to all residents residing in assisted living and includes:*

- *Registered Nurse (RN) Health assessment annually.*
- *Nurse visit every 90 days to review your plan of care and health care needs.*
- *Availability of Health Aides 24-hours per day in the building.*
- *Nurse available to Health Aides by phone 24 hours per day.*
- *Supervision of Health Aides in accordance with regulatory requirements.*
- *Maintenance of health record.*
- *Monthly vital signs and weight*

*The monthly Basic Fee is billed based on your move-in and move-out dates, and is not prorated if absent from the facility.*

**Service Packages and Ala Carte Services are available to meet your personal care needs.**

- *One billing unit equals up to 15 minutes.*
- *No service substitutions in packages..*
- *Additional ala carte service fees will be charged if the services exceed the established package limits or, when a 2<sup>nd</sup> person assist or a mechanical lift is required to perform the task safely.*
- *The Monthly Basic Fee and all scheduled and package services will be pre-billed. Ala carte, incidental services, and supplies will be post-billed.*

**Required Charges for consideration**

• If receiving insulin, clients will be required to purchase the Diabetes Management Package.
• If on hospice service, clients will be required to purchase the Hospice Care Package.
• A <b>\$200.00/monthly service charge</b> will be applied to any resident not using the preferred pharmacy packaging system.
• All unscheduled nursing services, including medication changes, will be billed at the health aide service ala carte rate in addition to any package fees.
• When providing medication assistance, if personal care services are needed. an additional health aide service fee will be charged at the health aide ala carte rate.

## **I. Packages**

### **A. Hospice Support Package**

*Required for clients receiving hospice services. Communication with health care providers and family.*

### **B. Diabetes Management Package**

- **Glucose Monitoring**

*A Health Aide will perform blood glucose checks as prescribed by your health care provider. This includes assisting with health care provider communication, communication with family or pharmacy of needed supplies, and clinical documentation.*

- **Insulin Administration**

*This service includes general diabetes oversight including managing healthcare provider orders, insulin administration, pharmacy coordination, glucose checks and management, clinical documentation.*

*1-2 times per day insulin administration*

*3-4 times per day insulin administration*

### **C. Personal Care Package**

- *Daily Morning Wake Up (Assistance with dressing, hygiene, combing hair, brushing teeth, toileting, bed making – up to 2 units)*
- *Daily Bedtime Care (Assistance with dressing, hygiene, combing hair, brushing teeth, toileting, bed turndown – up to 2 units)*
- *Bathing Assistance 1 time per week*

### **D. Medication Packages – Excludes injectable medications, Cpap, Bipap, nebulizers**

- **Medication Package A**

*Weekly Medication Management – A nurse will assist in managing medications to ensure resident medication compliance. This includes a locked box for medication storage in the apartment, containers for medications, and ordering of medications including refills.*

- **Medication Package B**

*Weekly Medication Management by Nurse plus reminders/assistance **up to 2** times a day by a health aide.*

- **Medication Package C**

*Weekly Medication Management by Nurse plus reminders/assistance **up to 4** times a day by a health aide.*

### **E. Reassurance Checks**

*A Health Aide enters the apartment to observe (not wake) and check the resident. If hands-on care (personal care service) is needed, the appropriate additional fees will be charged in 15-minute increment.*

### **F. Internal Escort Package**

*This service provides assistance with escorting resident (one person escort) to and from meals, activities or shuttle bus. Assistance with transferring from bed/chair to wheelchair if necessary. This is not for personal cares (i.e. toileting).*

**G. Continance Package (up to 2 times per day)**

*Continance assistance up to two (2) times per day by health aide.*

**H. Continance Package (up to 4 times per day)**

*Continance assistance up to four (4) times per day by health aide.*

**I. TED Package (up to 2 times per day)**

*Assistance putting on/removing up to two (2) times per day by health aide.*

**II. Ala Carte Services**

**A. Nursing Services**

A nurse may provide treatment and/or interventions, such as wound care, injections, disease specific teaching, foot care, assessment of changes in your medical condition, order and follow-up to laboratory tests, etc

**B. Health Aide Services**

Individualized assistance with personal cares such as dressing, grooming, toileting, blood glucose checks, nebulizer, cpap, etc. will be provided as determined by resident or family and the nurse.

**C. Pendant Call/Unscheduled Requests for Assistance**

Health Aide response to client pendent call and unscheduled requests for services.

**D. Fall Event Follow-Up**

Health Aide response and follow-up. Nurse evaluation and communication with primary care provider and/or family.

**E. Post Facility Re-Assessment**

Nurse evaluation for return to residence from an absence (such as hospital/nursing home stay, etc.) and communication with primary care provider and/or family.

**F. Supplies**

If you do not have supplies available for staff to use (such as incontinent products), you will be charged for supplies used by staff.

**III. Concierge Services**

*Private duty extended hours services*

**A. Companion – 1:1**

*Personalized services from non-licensed personnel that support your interests, activities, and needs.*

- *Companionship and conversation*
- *Specialized homemaking and organization*
- *Personalized transportation in our company vehicle for:*
  - ❖ *accompany to medical appointments*
  - ❖ *accompany to movies, restaurants, social events*
  - ❖ *accompany for shopping**(Mileage will be charged in accordance with IRS mileage rates.)*

**B. External Escort Service/Private Duty Health Aide**

*Home Health Aide to escort resident outside of Shorewood Assisted Living Campus (one hour minimum)*

**Please Note:** Skilled Nursing, Physical Therapy, Occupational Therapy, and/or Speech Therapy may be covered by other payor sources (i.e. Medicare, Medicaid, Veteran's Administration, and other health insurance) if eligibility criteria are met. These services are not provided as part of Assisted Living health services. Please contact the nurse for further information.