



ASSISTED LIVING SERVICES – PRICE LIST
(Prices effective May 1, 2011)

1. MEDICATION ADMINISTRATION

Minimum: Routine medication administered by staff. All medications in bubble pack form, routine monthly cycle fill ordering. Has PRN medication without narcotics. Has PRN order for oxygen. **\$174 /month**

Moderate: Routine medication administered by staff. Routine cycle fill, PRN medication with narcotic, medications required to be in a locked narcotics box. Medication requires monitoring of vital signs, daily pulse or blood pressure. Needs bowel monitoring daily, includes use of suppositories, enema, and medications as needed. **\$348 /month**

Maximum: Routine medication pass and routine cycle fill. Routine order for oxygen, assistance with oxygen tank, oxygen concentrator, shift check for water/filter change. Nebulizer - adding medications, set up, and cleaning. **\$522 /month**

2. BEHAVIOR MANAGEMENT

Minimum: Mild cognitive impairment diagnosis. Occasional reminders and redirection due to confusion or memory loss. Use of alarm pad with a companion available to call for assistance. Residents residing in the Progressive Unit using an alarm device (e.g. pad, pull/tab, floor alarms). No use of psychotropic medications. **\$174 /month**

Moderate: Interventions for anxiety. Frequent orientation by staff to the daily routine. Assistance needed locating apartment, dining room, mailbox, etc. due to memory loss. Use of alarm pad with two hour checks. **\$348 /month**

Maximum: Use of psychotropic medication. Prone to wander, uses door alarm for safety, is an exit seeker. One-on-one supervision outside the apartment due to confusion, inability to follow directions, or to actively participate in care. Use of alarm pad with hourly checks. Requires frequent supervision/contact day and night e.g. confusion, disorientation, discomfort, or use of psychotropic medications. **\$522 /month**

3. BATHROOM ASSISTANCE

Minimum: Occasional reminders to toilet or change incontinent products. Resident is able to take self to toilet without the caregiver present. Needs commode/urinal by the bed. Caregiver empties and cleans the commode/urinal daily. Routine ordering of supplies done weekly. **\$174 /month**

Moderate: Daily assistance of one caregiver to take resident to the toilet and/or commode. Assistance with changing and disposing of incontinent products. Caregiver empties and cleans the commode/urinal daily. Resident needs assistance with personal hygiene. Has catheter or ostomy. **\$348 /month**

Maximum: Incontinent of bowel and bladder despite routine toileting. Requires the assistance of two caregivers to assist onto the toilet or commode. Unable to do personal hygiene, change and dispose of incontinent products. **\$522 /month**

4. LICENSED NURSE SERVICES AND TREATMENTS

A. Diabetes Services

1. **Blood Glucose Testing (CBG):** Includes weekly monitor for skin breakdown and oral diabetes medication.
 - a. 1 to 2 times a week: **\$44 /month**
 - b. 3 to 5 times per week: **\$88 /month**
2. **Daily Blood Glucose Testing (CBG):** Includes daily skin audit and daily diet intake monitoring as appropriate.
 - a. 1/day: **\$132 /month**
 - b. 2/day: **\$264 /month**
 - c. 3/day: **\$396 /month**
 - d. 4/day: **\$528 /month**
 - e. Plus--If Insulin Injections are required in addition to the CBG's:
 - i. If no more than 1 insulin injection per day is needed: **Medication Administration-Minimum** will be charged if not already being charged.
 - ii. If 2 or more insulin injections per day are needed: **Medication Administration-Moderate** will be charged if not already being charged.
 - iii. If 3 or more insulin injections per day are needed: **Medication Administration Maximum** will be charged if not already being charged.

B. Wound Care Treatment: **\$30.50 for each 15 minutes involved plus Dressing Supplies (if any)**

C. Injections (other than insulin) by Licensed Nurse

1. 1 per week: **\$23/injection--\$87 /month**
2. 2 per week: **\$44/week--\$174 /month**
3. 3 per week: **\$66/week--\$261 /month**
4. 4 or more per week: **\$522 /month**

D. Change of Condition Nurse Assessment

1. Full Assessment: **\$77**
2. Problem Focused Assessment: **\$49**

E. Toenail Trimming by Licensed Nurse: **\$30 for each 15 minutes.**

F. Catheter change by Licensed Nurse: **\$30**

5. INTERIM SERVICE PLAN: If a change in the resident's condition occurs, an *Interim* Service Plan will be initiated and a one-time charge of **\$77** will be billed. Starting the 8th day following the *Interim* Service Plan, the resident will be billed for services that are needed due to the change in condition.

6. AMBULATORY SERVICES

Minimum: Resident is independent with ambulation in apartment. May need wheelchair escort to the dining room. **\$174 /month**

Moderate: Needs assistance of one caregiver for all transfers to commode, bed, and chair. Resident is able to self propel in wheelchair. Uses sit-to-stand. May need wheelchair escort. **\$348 /month**

Maximum: Resident needs two caregivers to assist with all transfers to wheelchair, commode, bed, and chair. Needs a hooyer or vanderlift to transfer. May need wheelchair escort to dining room or may self propel. **\$522 month**

7. PERSONAL LAUNDRY

Once a week **\$82 /month**
Twice a week **\$164 /month**
Daily **\$246 /month**

8. ADDITIONAL SHOWER OR BATH WITH ASSISTANCE

One extra shower or bath per week - **\$87 /month**

9. HYGIENE AND GROOMING

Minimum: Set up for oral care, hands, and face washing. Help with combing hair. **\$174 /month**

Moderate: Hands on assistance with oral care, hand, and face washing. Needs assistance with combing hair. **\$348 /month**

Maximum: Total assistance, or needs assistance with all hygiene and grooming. Resident is unable to participate or assist in care. **\$522 /month**

10. DRESSING

Minimum: Caregiver lays out clothes. Resident is able to do dressing and the caregivers check to make sure the task is completed. Help with tying shoes. Assistance with taking Ted Hose on and off. Assistive device - hand splint, leg splint – with scheduled on and off times by caregiver. **\$174 /month**

Moderate: Clothing - stand-by assistance or hands-on assistance. Resident is able to help with upper body and/or lower body dressing. **\$348 /month**

Maximum: Resident is unable to assist with all dressing. Resident requires caregiver to do all dressing and undressing. Caregiver puts soiled clothing in hamper for resident. **\$522 /month**

11. ADDED MEDICAL TRANSPORTATION

A. Transportation for medical, dental, vision, and therapy appointments within the local area (Forest Grove/Hillsboro up to and including 185th Avenue) is provided (up to the capacity of our driver and vehicle) without a trip charge on Monday, Wednesday, and Friday. If demand exceeds capacity, commercial transport can be arranged, and the resident will be billed the amount charged by the commercial transportation service.

B. Transportation for medical, dental, vision, and therapy appointments within the local area (Forest Grove/Hillsboro up to and including 185th Avenue) on Tuesday and Thursday will be billed at **\$10.60 per trip**, if provided by JMC. If JMC is unable to provide service on Tuesday or Thursday, the resident will need to pay the amount billed by the commercial transportation service.

C. All medical transportation outside the local area is billed at **\$37 per hour**, plus the mileage charge **\$.52 per mile**.

D. If the resident requires an escort by JMC staff during the appointment either for local or for out-of-area trips, the resident is billed **\$37 per hour**. When the driver is also the escort, the resident is billed **\$37 per hour** in addition to the transportation charge. If resident needs a one-on-one escort and the family/friend is not available, JMC will make all efforts to accommodate the resident, but cannot guarantee transportation and escort services.

12. ADDITIONAL HOUSEKEEPING

Shampooing carpet - **\$29 per hour**

Extra daily housekeeping services - **\$164 /month**

13. SPECIAL DIETARY NEEDS

Minimum: Needs set up, cueing, or occasional assistance and supervision due to aspiration precautions. Doctor orders received for meal supplements. Eating in assisted dining area. **\$174 /month**

Moderate: Needs total feeding - is unable to feed self. Eating in assisted dining area. **\$348 /month**

Maximum: Needs total feeding with one-on-one attention requiring extra time, special dietary needs such as pureed or soft foods. Has a gastric feeding tube. No Nasogastric feeding tube or pump. Eating in assisted dining area. **\$522 /month**

14. NON-MEDICAL ROOM SERVICE

(Less than monthly will be charged at **\$6.00 per meal**)

1 meal per day/ month - \$174 /month

2 meals per day/ month - \$348 /month

3 meals per day/ month - \$522 /month

15. ADDITIONAL INDIVIDUAL SERVICES

One-hour safety checks - **\$522 /month**

Two-hour safety checks - **\$348 /month**

Assistance with finances, help with making out bills and filling out medical office paperwork. - **\$44 per hour**