



ASSISTED LIVING ADDITIONAL SERVICES – GLOSSARY
(Prices effective May 1, 2009)

1. INCONTINENCE CARE

Minimal: Occasional reminders to toilet or change incontinent products. Resident is able to take self to toilet without the caregiver present. Needs commode by the bed at night. Caregiver empties and cleans the commode daily. Routine ordering of supplies done weekly. **\$164 /month**

Moderate: Daily assistance of a caregiver to take resident to the toilet and/or commode. Assistance with changing and disposing of incontinent products. Caregiver empties and cleans the commode daily. Resident needs assistance with personal hygiene. **\$328 /month**

Maximum: Incontinent of bowel and bladder despite routine toileting. Requires the assistance of one or two caregivers to transfer to the toilet or commode. Unable to do personal hygiene, change and dispose of incontinent products. Has catheter or ostomy. **\$492 /month**

2. BEHAVIOR MONITORING

Minimal: Mild cognitive impairment diagnosis. Occasional reminders and redirection due to confusion or memory loss. Use of alarm pad with companion able to call for assistance. No use of psychotropic medications. **\$164 /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 regular checks. **\$328 /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 due to confusion, disorientation, or use of psychotropic medications. **\$492 /month**

3. MEDICATION ADMINISTRATION

Minimal: Routine medication administered by staff. All medications in bubble pack form, routine monthly cycle fill ordering. Has PRN medication without narcotics. **\$164 /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. **\$328 /month**

Maximum: Routine medication pass and routine cycle fill. Assistance with oxygen tank, oxygen concentrator, shift check for water/filter change. Nebulizer - adding medications, set up, and cleaning. **\$492 /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: \$42 /month

b. 3 to 5 times per week: \$83 /month

2. **Daily Blood Glucose Testing (CBG):** Includes daily skin audit and daily diet intake monitoring as appropriate.

a. 1/day: \$125/m

b. 2/day: \$250/m

c. 3/day: \$374/m

d. 4/day: \$499/mo

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(inclusive of toenail trimming for diabetic): \$29 for each 15 minutes involved plus Dressing Supplies (if any)

C. Injections (other than insulin) by Licensed Nurse

1. 1 per week: \$21/injection--\$82 /month

2. 2 per week: \$42/week--\$164 /month

3. 3 per week: \$62/week--\$250 /month

4. 4 or more per week: \$492 /month

D. Change of Condition Nurse Assessment

1. Full Assessment: \$73

2. Problem Focused Assessment: \$47

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 \$73 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

Minimal: Resident is independent with ambulation in apartment. May need wheelchair escort to the dining room. **\$164 /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. **\$328 /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. **\$492 month**

7. PERSONAL LAUNDRY

Once a week	\$78 /month
Twice a week	\$156 /month
Daily	\$234 /month

8. ADDITIONAL SHOWER OR BATH WITH ASSISTANCE

One extra shower or bath per week - \$82 /month

9. HYGIENE AND GROOMING

Minimal: Set up for oral care, hands, and face washing. Help with combing hair. **\$164 /month**

Moderate: Hands on assistance with oral care, hand, and face washing. Needs assistance with combing hair. **\$328 /month**

Maximum: Total assistance, or needs assistance with all hygiene and grooming. Resident is unable to participate or assist in care. **\$492 /month**

10. DRESSING

Minimal: Caregiver lays out clothes. Resident is able to do dressing and the caregivers check to make sure the task is completed. Help with zippers, buttons, and tying shoes. Assisting resident with taking Ted Hose on and off. **\$164 /month**

Moderate: Clothing - stand-by assistance or hands-on assistance. Resident is able to help with upper body or lower body dressing. Assistive device - hand splint, leg splint – with scheduled on and off times by caregiver. **\$328 /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. **\$492 /month**

12. 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 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 \$35 per hour, plus the mileage charge \$.50 per mile.

D. If the resident requires and escort during the appointment either for local or for out-of-area trips, the resident is billed **\$35 per hour**. If the driver is also the escort, the resident is billed \$35 per hour in addition to the transportation charge.

12. ADDITIONAL HOUSEKEEPING

Shampooing carpet - \$27 per hour

Extra daily housekeeping services - \$154 /month

13. SPECIAL DIETARY NEEDS

Minimal: Needs set up, cueing, or occasional assistance. Has ordered in-between meal supplements. **\$164 /month**

Moderate: Needs total feeding - is unable to feed self. **\$328 /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 Naso gastric feeding tube or pump. **\$492 /month**

14. NON-MEDICAL ROOM SERVICE

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

1 meal / month - \$164 /month

2 meals / month - \$328 /month

3 meals / month - \$492 /month

15. ADDITIONAL INDIVIDUAL SERVICES

One-hour safety checks - \$492 /month

Two-hour safety checks - \$328 /month

Assistance with finances, help with making out bills and filling out medical office paperwork. - \$42 per hour