

## Adult Family Home Disclosure of Charges Required by RCW 70.128.280

DATE  
**08/01/2023**

HOME / PROVIDER'S NAME

**Bellevue Elderly Care/ Adina Sonia Puravet**

LICENSE NUMBER

**753136**

**NOTE:** The term "the home" refers to the adult family home / provider listed above.

The information in this form is meant to help people search for a home that best suits their needs and choices. The lists of services and charges on this form are not necessarily complete or binding. In addition to looking at these forms, potential residents and their family members may wish to contact the home directly by phone or email, interview the providers at the home, and use other available resources to choose a home that most fits their needs.

The care, services, items, and activities listed on this form do not reflect all required and/or available care, services, items, and activities that an adult family home provides for residents. This form may not be used on its own to meet the requirements of section 388-76-10540 WAC. Unless listed individually on this form, charges for care, services, items, and activities are included in the daily and/or monthly rate. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code or call the Long Term Care Ombuds with questions at 1-800-562-6028.

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### Medicaid Information

Medicaid payments made by DSHS are considered payment in full for the services, items, activities, and room and board. Supplementation (Medicaid payments plus additional payment/s) of this rate is only allowed in limited situations. See WAC 388-105-0050 or speak to your case manager for more information on supplementation.

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522). The home may change any policy with a 30 day written notice.

The home is a private pay facility and does not accept Medicaid payments.

The home will accept Medicaid payments under the following conditions:

**We accept Medicaid payments after our clients have been private pay for at least 60 months (5 yrs) from the date of admission. A ninety (90) day notice is required prior to a private pay resident changing to Medicaid.**

ADDITIONAL COMMENTS REGARDING MEDICAID

**Medicaid Rates are not sufficient to cover all the services BEC provides.**

### Admission Fee \*

If the home requires payment of an admission fee, the home must give full disclosure in writing. (WAC 388-76-10540)

\* This section does not apply to residents receiving Medicaid, as this is either covered by Medicaid or not applicable to residents paying Medicaid.

The home charges the following admission fee:

**\$1,500**

**ADDITIONAL COMMENTS REGARDING ADMISSION FEE**

**Admission fee is compensation for the additional work that is inherent with a new admission. Paperwork, organizing, Coordinating w/previous Healthcare team, such as Drs. & Nurses. etc.**

**Most residents if not all have health concerns that are overlooked or missed that are addressed during the 1<sup>st</sup> weeks & months.**

**Residents typically require additional attention & assistance the 1<sup>st</sup> couple of weeks to couple of months.**

**Deposits \***

If the home requires payment of a deposit, the home must give full disclosure in writing. (WAC 388-76-10540)

The home requires the following deposit(s):

| DEPOSIT PURPOSE   | DEPOSIT AMOUNT            |
|---|---------------------------|
| <b>To hold the room until the resident moves in for up to 10 days</b>                   | <b>\$ 1,000</b>           |
| <b>To hold the room beyond 10 days a full daily rate will be charged from day 11 on</b> | <b>\$ Full Daily Rate</b> |
|   | \$                        |
|   | \$                        |

**ADDITIONAL COMMENTS REGARDING DEPOSITS**

**A deposit of \$1,000 will be charged to a prospective resident that wishes to reserve a room at Bellevue Elderly Care LLC. The deposit is valid up to 10 days. The deposit will become part of the first month payment if the resident moves in at Bellevue Elderly Care. The deposit will be retained by BEC if the prospective resident decides not to move in or takes longer than 10 days. The reason for the charges are due to the missed opportunities to fill the vacancy earlier. If a different resident wants to move in, they cannot while the room is being reserved.**

**Prepaid Charges \***

If the home requires prepaid charges, the home must give full disclosure in writing. (WAC 388-76-10540)

The home requires the following prepayment for charge(s):

| CHARGE PURPOSE | CHARGE AMOUNT |
|----------------|---------------|
|                | \$            |
|                | \$            |
|                | \$            |
|                | \$            |

**ADDITIONAL COMMENTS REGARDING PREPAID CHARGES**

**No prepaid charges required.**

**Other Fees / Charges**

If the home requires payment of other fees or charges, the home must give full disclosure in writing. (WAC 388-76-10540)

The home requires the following other fees / charges:

| FEE / CHARGE PURPOSE  | FEE / CHARGE AMOUNT |
|---|---------------------|
| <b>The first month payment is due at the time residency is established. If the resident is admitted on any date other than the first of the month, then the first month's payment will be pro-rated. If the resident dies or is hospitalized and does not return to Bellevue Elderly Care LLC, then a refund of any charges already paid less the per diem rate for the days the resident actually resided or reserved a bed beyond 3 months shall be made. All refunds shall be made within thirty days from the</b> | <b>\$</b>           |

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|  |                                       |
|--|---------------------------------------|
| resident's date of discharge from Bellevue Elderly Care LLC. Transfers for reasons other than death or hospitalization require a thirty (30) day notice in order to receive a refund.  |                                       |
| The assessments and the Negotiated Care Plan are not included in the usual monthly charges. The assessment fee & Nurse Delegation fees are the responsibility of the Resident, Resident Representative and/or POA.                                 | \$ See the nurse's service rate sheet |
| Fingernail care is provided for residents, unless any medical contraindication (such as infection or circulation problems, or if the resident is diabetic) exists. The family is responsible for the cost of toenail care and specialty nail care. | \$                                    |
| The podiatrist comes every 3 months, bills Medicare and insurance and the rest is the family's responsibility.   | \$                                    |

ADDITIONAL COMMENTS REGARDING OTHER FEES / CHARGES

Client is given thirty (30) days' notice of change in policies, procedures, and fees, including changes in level of care costs. When there are substantial changes in the resident's condition, necessitating substantially greater services, the monthly rate will be adjusted accordingly, without thirty days advance written notice.

The home charges the following minimum stay fees:

If the resident dies, is hospitalized, or transferred or discharged from the home, the following amount or portion of the deposits and/or prepaid funds not be refunded (in other words, will be retained) by the home **within the limits stated in RCW 70.129.150**:

**The Deposit, Admission Fee & Any payments made in the first month will not be subject to a refund. The room is considered reserved until it is cleared of the Resident's belongings or other arrangements are made.**

**Daily and/or Monthly Rates \***

Provider's statement:

**Monthly rates are based on resident's level of care needed.**

|  |                      |                       |
|--|----------------------|-----------------------|
| <input type="checkbox"/> The home charges the following monthly rate:          | Low<br>\$            | High<br>\$            |
| <input checked="" type="checkbox"/> The home charges the following daily rate: | Low<br>\$ <b>300</b> | High<br>\$ <b>485</b> |

**Personal Care \***

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

|  |                 |                  |
|--|-----------------|------------------|
| <b>Eating</b><br>The following charge(s) may be added to the daily/monthly rate:<br>• Low (usually independent but needs some assistance)<br>• Medium (needs assistance approximately half the time) | Low<br>\$ _____ | High<br>\$ _____ |
|--|-----------------|------------------|

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|   |                                |                  |
|---|--------------------------------|------------------|
| <ul style="list-style-type: none"> <li>• High (needs physical help daily)</li> </ul> <input checked="" type="checkbox"/> <b>Included in monthly rate.</b>   |                                |                  |
| <b>Toileting</b><br>The following charge(s) may be added to the daily/monthly rate: <ul style="list-style-type: none"> <li>• Low (usually independent but needs some assistance)</li> <li>• Medium (needs assistance approximately half the time)</li> <li>• High (needs physical help daily)</li> </ul> <input checked="" type="checkbox"/> <b>Included in monthly rate.</b>       | Low<br>\$ _____                | High<br>\$ _____ |
| <b>Transferring</b><br>The following charge(s) may be added to the daily/monthly rate: <ul style="list-style-type: none"> <li>• Low (usually independent but needs some assistance)</li> <li>• Medium (needs assistance approximately half the time)</li> <li>• High (needs physical help daily)</li> </ul> <input checked="" type="checkbox"/> <b>Included in monthly rate</b>     | Low<br>\$ _____                | High<br>\$ _____ |
| <b>Personal hygiene</b><br>The following charge(s) may be added to the daily/monthly rate: <ul style="list-style-type: none"> <li>• Low (usually independent but needs some assistance)</li> <li>• Medium (needs assistance approximately half the time)</li> <li>• High (needs physical help daily)</li> </ul> <input checked="" type="checkbox"/> <b>Included in monthly rate</b> | Low<br>\$ _____                | High<br>\$ _____ |
| <b>Dressing</b><br>The following charge(s) may be added to the daily/monthly rate: <ul style="list-style-type: none"> <li>• Low (usually independent but needs some assistance)</li> <li>• Medium (needs assistance approximately half the time)</li> <li>• High (needs physical help daily)</li> </ul> <input checked="" type="checkbox"/> <b>Included in monthly rate</b>         | Low<br>\$ _____                | High<br>\$ _____ |
| <b>Bathing</b><br>The following charge(s) may be added to the daily/monthly rate: <ul style="list-style-type: none"> <li>• Low (usually independent but needs some assistance)</li> <li>• Medium (needs assistance approximately half the time)</li> <li>• High (needs physical help daily)</li> </ul> <input checked="" type="checkbox"/> <b>Included in monthly rate</b>          | Low<br>\$ _____                | High<br>\$ _____ |
| <b>Behaviors</b><br>The following charge(s) may be added to the daily/monthly rate: <ul style="list-style-type: none"> <li>• Low (usually independent but needs some assistance)</li> <li>• Medium (needs assistance approximately half the time)</li> <li>• High (needs help daily)</li> </ul> <input checked="" type="checkbox"/> <b>Included in monthly rate</b>                 | Low<br>\$ _____                | High<br>\$ _____ |
| <b>Medication and Medical Services *</b>  |                                |                  |
| If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)  |                                |                  |
| <b>Medication Services</b><br><input checked="" type="checkbox"/> <b>Included in monthly rate</b>   | Low<br>\$ _____                | High<br>\$ _____ |
| <b>Nurse Delegation Services</b>  | Low<br><b>\$See Nurse Rate</b> | High<br>\$ _____ |

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|  |                  |      |
|--|------------------|------|
| <input type="checkbox"/> Included in monthly rate  |                  |      |
| <b>Assessments (full, change of condition, use of medical equipment, etc.)</b>   | Low              | High |
| <input type="checkbox"/> Included in monthly rate  | \$See Nurse Rate | \$   |
| <b>Other Services</b>  |                  |      |
| The home must provide notice in writing of the services customarily available in the home and the charges for those services. (WAC 388-76-10530) Other services not included in the daily/monthly rate may include cable television, internet access, haircuts, long-distance phone calls, etc.  |                  |      |
| <b>Other Services</b>  |                  |      |
| The following charge(s) may be added to the daily / monthly rate:  |                  |      |
| <b>Personal telephone line in room. Renting movies or any additional services to the already provided on demand television service. Haircuts or salon services. Transportation. Any additional preferences that is specific to the resident and is cost prohibitive to have on a routine basis. Ex. 9 cans of sprite a day, or an avocado for all meals, or lobster every other day. etc.</b>  |                  |      |
| <b>Items</b>   |                  |      |
| The home must provide notice in writing of items customarily available in the home and the charges for those items. (WAC 388-76-10530) Items not included in the daily/monthly rate may include premium brand shampoos and soaps, razors, undergarments, disposables, etc.   |                  |      |
| <b>Items</b>   |                  |      |
| The following charge(s) may be added to the daily / monthly rate:  |                  |      |
| <b>The cost of all medications shall be the responsibility of the resident and family representative. The cost of all incontinence care supplies (depends, gloves, wipes, barrier creams, ointments, body lotions, etc.) will be added to the daily rate. Alternatively, the resident or family representative may purchase these items separately &amp; deliver to AFH. The cost of shaving supplies (razors) &amp; Toiletries will be added to the daily rate.</b>                             |                  |      |
| <b>Activities</b>  |                  |      |
| The home must provide notice in writing of activities customarily available in the home and the charges for those items. (WAC 388-76-10530) Activities not included in the daily/monthly rate may include trips to special events, shopping excursions, etc.   |                  |      |
| <b>Items</b>   |                  |      |
| The following charge(s) may be added to the daily / monthly rate:  |                  |      |
| <b>Any trips outside of the home including transportation to the hospital or the emergency room are not covered by the monthly rate. Transportation services are not provided by Bellevue Elderly Care and are the responsibility of the resident's family members. If there is a need to for transportation services, Bellevue Elderly Care may come to a sort of arrangement with the client. BEC may provide Transportation for a fee, at their descretion &amp; on a case by case basis.</b> |                  |      |
| <b>Other Charges (not covered by Medicaid, Medicare, or other programs)</b>  |                  |      |
| <b>Other charges</b>   |                  |      |

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