

Adult Family Home Disclosure of Charges Required by RCW 70.128.280

DATE

HOME / PROVIDER'S NAME

LICENSE NUMBER

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:

For residents who are private pay to start with and transition to Medicaid payment and the home also accepts medicaid only clients

ADDITIONAL COMMENTS REGARDING MEDICAID

Admission Fee *

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

The home charges the following admission fee:

NA

* Does not apply to residents receiving Medicaid.

ADDITIONAL COMMENTS REGARDING ADMISSION FEE	
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
to repair damages other than normal ware and tare, and for clean up	\$ 500.00
	\$
	\$
	\$
ADDITIONAL COMMENTS REGARDING DEPOSITS	
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
NA	\$
	\$
	\$
	\$
ADDITIONAL COMMENTS REGARDING PREPAID CHARGES	
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
Care giver taking resident to doctors appointment	\$ 10.00/hrhr
Care giver taking resident's for hair cuts and shopping	\$ 10.00/hr
Incontinent supplies	\$per market value
Dietary supplements like ensure and glucerna	\$per market value
ADDITIONAL COMMENTS REGARDING OTHER FEES / CHARGES	
Individual phone line in the resident room, extra cable chanales than what the home provides per the rate of the company that provides it	
The home charges the following minimum stay fees: \$100.00 for private pay residents	
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: \$200.00	

* Does not apply to residents receiving Medicaid.

Daily and/or Monthly Rates *

Provider's statement:

The monthly rate is variable depending on the need of the clients, and also is affected by the clients need for skilled nursing tasks.

<input checked="" type="checkbox"/> The home charges the following monthly rate:	Low \$ 3000	High \$ 6000
<input type="checkbox"/> The home charges the following daily rate:	Low \$	High \$

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)

<p>Eating</p> <p>The following charge(s) may be added to the daily/monthly rate:</p> <ul style="list-style-type: none"> • Low (usually independent but needs some assistance) • Medium (needs assistance approximately half the time) • High (needs physical help daily) <p><input checked="" type="checkbox"/> Included in monthly rate.</p>	<p>Low</p> <p>\$ _____</p>	<p>High</p> <p>\$ _____</p>
<p>Toileting</p> <p>The following charge(s) may be added to the daily/monthly rate:</p> <ul style="list-style-type: none"> • Low (usually independent but needs some assistance) • Medium (needs assistance approximately half the time) • High (needs physical help daily) <p><input checked="" type="checkbox"/> Included in monthly rate.</p>	<p>Low</p> <p>\$ _____</p>	<p>High</p> <p>\$ _____</p>
<p>Transferring</p> <p>The following charge(s) may be added to the daily/monthly rate:</p> <ul style="list-style-type: none"> • Low (usually independent but needs some assistance) • Medium (needs assistance approximately half the time) • High (needs physical help daily) <p><input checked="" type="checkbox"/> Included in monthly rate</p>	<p>Low</p> <p>\$ _____</p>	<p>High</p> <p>\$ _____</p>
<p>Personal hygiene</p> <p>The following charge(s) may be added to the daily/monthly rate:</p> <ul style="list-style-type: none"> • Low (usually independent but needs some assistance) • Medium (needs assistance approximately half the time) • High (needs physical help daily) <p><input checked="" type="checkbox"/> Included in monthly rate</p>	<p>Low</p> <p>\$ _____</p>	<p>High</p> <p>\$ _____</p>
<p>Dressing</p> <p>The following charge(s) may be added to the daily/monthly rate:</p> <ul style="list-style-type: none"> • Low (usually independent but needs some assistance) • Medium (needs assistance approximately half the time) • High (needs physical help daily) <p><input checked="" type="checkbox"/> Included in monthly rate</p>	<p>Low</p> <p>\$ _____</p>	<p>High</p> <p>\$ _____</p>

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<p>Bathing</p> <p>The following charge(s) may be added to the daily/monthly rate:</p> <ul style="list-style-type: none"> • Low (usually independent but needs some assistance) • Medium (needs assistance approximately half the time) • High (needs physical help daily) <p><input checked="" type="checkbox"/> Included in monthly rate</p>	<p>Low</p> <p>\$ _____</p>	<p>High</p> <p>\$ _____</p>
<p>Behaviors</p> <p>The following charge(s) may be added to the daily/monthly rate:</p> <ul style="list-style-type: none"> • Low (usually independent but needs some assistance) • Medium (needs assistance approximately half the time) • High (needs help daily) <p><input checked="" type="checkbox"/> Included in monthly rate</p>	<p>Low</p> <p>\$ _____</p>	<p>High</p> <p>\$ _____</p>
Medication and Medical Services *		
<p>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)</p>		
<p>Medication Services</p> <p><input type="checkbox"/> Included in monthly rate</p>	<p>Low</p> <p>\$ 200</p>	<p>High</p> <p>\$ 750</p>
<p>Nurse Delegation Services</p> <p><input checked="" type="checkbox"/> Included in monthly rate</p>	<p>Low</p> <p>\$</p>	<p>High</p> <p>\$</p>
<p>Assessments (full, change of condition, use of medical equipment, etc.)</p> <p><input type="checkbox"/> Included in monthly rate</p>	<p>Low</p> <p>\$ 200</p>	<p>High</p> <p>\$ 350</p>
Other Services		
<p>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.</p>		
<p>Other Services</p> <p>The following charge(s) may be added to the daily / monthly rate:</p> <p>The home offeres basic cable tv, Wi Fi internet, and longdistance phone in the US for free. Hair cuts , pedicare and manicare are not included in the monthly rate and are not provided at the home.</p>		
Items *		
<p>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.</p>		
<p>Items</p> <p>The following charge(s) may be added to the daily / monthly rate:</p> <p>If the resident requestes brand shampoos, soaps, razors, undergarments, disposables, wipes and the price is dependent upon the market value.</p>		

* Does not apply to residents receiving Medicaid.

Activities *

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.

Items

The following charge(s) may be added to the daily / monthly rate:

Transport to events or shopping , if caregiver goes with the resident the home charges \$ 10.00/hr for caregiver and resident paies for transportation.

Other Charges (not covered by Medicaid, Medicare, or other programs)

Other charges

Hair cuts, transport for shopping, brand shampoos, transport to special event, pedicare, manicure.

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