

Adult Family Home Disclosure of Charges Required by RCW 70.128.280

DATE 05/01/2023
LICENSE NUMBER

HOME / PROVIDER'S NAME
Shalom Care LLC/Maureen Ambani

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 as a payment source. We require 90 days notice prior to Medicaid conversion.

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)

* 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:

N/A

ADDITIONAL COMMENTS REGARDING ADMISSION FEE

Covers in-person visit to evaluate the resident in current setting and prepare the DSHS-required paperwork before admission

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
Half-month security deposit refundable at a prorated daily rate	\$ 5,000
Move-out cleaning fee (non-refundable). To clean the room after you move out.	\$ 250
Room Hold deposit. To hold your room until you move in. Full amount will be applied to your first month's care fee. If you cannot move-in due to reasons beyond your control (i.e. fall ill or need a nursing home) 100% of your deposit will be refunded. If you decide not to move in for personal reasons, your Room Hold deposit will be forfeited.	\$ 2,000
	\$

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
In-room TV cable top box - monthly fee.	\$ 10
In-room telephone line with personal number (to be paid by resident directly to telephone service provider? Or paid by provider and reimbursed by Resident? decide and explain.)	\$ 35
	\$
	\$

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
	\$
	\$
	\$
	\$

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ADDITIONAL COMMENTS REGARDING OTHER FEES / CHARGES

The home charges the following minimum stay fees:

Based on daily rate agreed on.

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:**

REFER TO THIS RCW to ensure compliance on refunds if/when the resident dies or moves out for more appropriate care.

Daily and/or Monthly Rates *

Provider's statement:

The care fee is established based on your room choice, care needs and other needed or desired services. You will receive an invoice near the end of each month for the upcoming month. The care fee is due in advance by the 1st of each month and no due no later that the 7th day of the month. Payment received after the 7th day will accrue a 25\$ late fee for each day (24 hours) payment is late.

You must check both boxes below: multiply your "low" and "high" daily rates x 31 days to come up with your monthly rate - see example below.

<input checked="" type="checkbox"/> The home charges the following monthly rate:	Low \$ 7,000	High \$ 12,000
<input checked="" type="checkbox"/> The home charges the following daily rate:	Low \$ 233	High \$ 400

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)

Eating The following charge(s) may be added to the daily/monthly rate: <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) <input checked="" type="checkbox"/> Included in monthly rate.	Low \$ _____	High \$ _____
Toileting The following charge(s) may be added to the daily/monthly rate: <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) <input checked="" type="checkbox"/> Included in monthly rate.	Low \$ _____	High \$ _____
Transferring The following charge(s) may be added to the daily/monthly rate: <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) 	Low \$ _____	High \$ _____

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<input checked="" type="checkbox"/> Included in monthly rate		
Personal hygiene The following charge(s) may be added to the daily/monthly rate: <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) <input checked="" type="checkbox"/> Included in monthly rate	Low \$ _____	High \$ _____
Dressing The following charge(s) may be added to the daily/monthly rate: <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) <input checked="" type="checkbox"/> Included in monthly rate	Low \$ _____	High \$ _____
Bathing The following charge(s) may be added to the daily/monthly rate: <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) <input checked="" type="checkbox"/> Included in monthly rate	Low \$ _____	High \$ _____
Behaviors The following charge(s) may be added to the daily/monthly rate: <ul style="list-style-type: none"> • Low (usually independent but needs some assistance) • Medium (needs assistance approximately half the time) • High (needs help daily) <input checked="" type="checkbox"/> Included in monthly rate	Low \$ _____	High \$ _____
Medication and Medical Services *		
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)		
Medication Services <input checked="" type="checkbox"/> Included in monthly rate	Low \$ _____	High \$ _____
Nurse Delegation Services <input type="checkbox"/> Included in monthly rate	Low \$ 100	High \$ 200
Assessments (full, change of condition, use of medical equipment, etc.) <input type="checkbox"/> Included in monthly rate	Low \$ 375	High \$ 450
Other Services		
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.		

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Other Services

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

-- **Blood glucose monitoring and assistance with insulin pen /injections up to four times daily: \$50.00 to \$85.00 monthly, depending on frequency.**

-- **Oxygen therapy and supplies management: \$25 monthly.**

-- **Uncomplicated wound care dressing changes: \$3.00 daily, depending on frequency, for the duration of the service. *Only "simple wound care" can be delegated to the AFH staff, unless Provider is LPN or RN.**

-- **Hair care by visiting hairdresser: once monthly is included in care fee, additional visits are \$28 per each additional visit.**

Items

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.

Items

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

-- **Any specialty items for personal care or diet, such as Ensure or Boost nutrition shall be paid by resident.**

-- **Incontinent briefs: \$35 per box, billed per box, based on actual usage.**

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:

-- **Routine activities, including weekly recreational and music therapy are included in the resident's care fee.**

-- **Additional one-on-one activities, i.e. outings or specialized physical therapy may incur additional costs depending on frequency and whether or not specialized staff must be hired to meet your needs**

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

Other charges

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