

Standard Disclosure Summary

BEAS 3540

08/2022

Purpose: *To communicate with residents an explanation of covered vs. additional services, total cost for services, and breakdown of payment for services for residential care at the Facility*

This form is a summary. If your needs change you will receive notice of any changes to the terms of your Admission Agreement, with 30 days' notice. Please see the Admission Agreement for more information. This form was completed on [Click or tap to enter a date.](#)

ADVANCE AND SECURITY PAYMENTS:

ADVANCE PAYMENT: \$ _____

Please see the refunding of advanced payments policy, in accordance with NH RSA 161-J:4(f)

SECURITY DEPOSIT: \$ _____

Please see the return of security deposits policy, in accordance with NH RSA 540-A6

OTHER SERVICES COST:

*Please see the completed table on **Page** [Click or tap here to enter text.](#) **of this document** for a breakdown of services selected and services that are available at extra cost. These costs may change based on your individual choice in services each month.*

OTHER SERVICES COST: \$ _____

PRIVATE-PAY RESIDENTS:

RATE: \$ _____ per [Choose an item.](#)

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CHOICES FOR INDEPENDENCE WAIVER PARTICIPANTS:

- You are being admitted as a *Choices for Independence (CFI) Waiver Resident* of *Click or tap here to enter text.*. The *CFI Waiver* is a NH Medicaid Home and Community Based Waiver Program.
- According to the Federal Medicaid rule (42 CFR §441.310(a)(2)), you will be required to pay for your room and board. This amount comes from your sources of allowable income minus your allowable expenses.
- It is necessary for *Click or tap here to enter text.* to receive documentation or statements verifying your Social Security income, pension income, and other income so that our accounting department can calculate the amount that you are required to pay the facility.
- The calculations above will determine your monthly rate.

PERSONAL NEEDS ALLOWANCE: \$ _____

To understand more about your personal needs allowance and how these amounts are calculated, please consult with your local Medicaid Office

MEALS:

Residents of *Click or tap here to enter text.* are offered three meals a day at the facility including breakfast, lunch, and dinner. Separate snacks are also offered.

SPECIAL DIETS:

Click or tap here to enter text. will supply special diets for medical conditions, when the diet is prescribed by the primary attending physician, in accordance with §483.35(e).

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Prescribing physician:	
Special Diet Required:	
Details of the diet:	

SERVICES:

The table below is used to calculate your costs for services at *Click or tap here to enter text*. Some services are included in the base rate of care or in your monthly room and board payment. Some services are available at an extra cost to you.

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Service Category	Type of Service For a definition of each type of service, please see attached.	Shared Service / amenity	Private Service	Included in Base Rate	Available at Extra Cost
Medical Care	Medication administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Medication supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Basic nursing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care	Assistance with bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assistance with dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assistance with eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assistance with grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assistance with toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interpreter Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Specialized support for residents living with memory impairments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Housekeeping Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Basic Laundry Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Amenity	Mail Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Basic cable TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In-Room Emergency Call System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Telephone hookup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Furnished living unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Internet connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Window treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bathtub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Toilet and sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Personal television in room				
	Linens				
Activities	Hair Dressing Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	On-Site Clubs and Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leisure excursions and trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shopping Trips – weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bingo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapy	Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Speech / Language Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STAFF COVERAGE:

The following staff are available for resident’s needs at *Click or tap here to enter text.*. If Staff are available “On-Site”, this means that they are awake, alert, and on duty at *Click or tap here to enter text.*. If staff are “on call”, this means the staff members are not present at *Click or tap here to enter text.*, but can be reached to come into work if requested by management.

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Staff:	Contact Information:
Licensed Nurse	On Site:
	On Call:
Licensed Nursing Assistant	On Site:
	On Call:
Personal Care Worker	On Site:
	On Call:
Housekeeping Staff	On Site:
	On Call:
Building Maintenance Staff	On Site:
	On Call:

TRANSPORTATION:

Please see the complete transportation policy.

Transportation Provided:	
Frequency:	
Details:	

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SIGNATURES:

Signature of Prospective Resident	Date
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Signature of Legal Representative	Date
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Facility Staff	Title	Date
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