



8) The resident shall



## **SERVICES NOT INCLUDED IN THE DAILY RATE**

The facility agrees to make available to the resident on a **FEE FOR SERVICES BASIS** additional services. The resident/designated representative is responsible for the cost of any additional services not covered by any third party payer or other insurance coverage. These additional services include, but are not limited to:

- 1) Hospital expenses - in the event that the resident is hospitalized or seen in a hospital emergency room.
- 2) Transportation expenses - costs of personal transportation to outside physician visits, medical services or for hospital services.
- 3) Television - televisions are available for viewing in common rooms and in the resident rooms of the following units: Cobbs Hill, Memory Lane, Behavior. If a television is not housed on one of the aforementioned units and a resident prefers to have a television in

- 9) Laboratory, EKG and radiology services - will be provided upon the order of the resident's physician, physician assistant/nurse practitioner and will be administered by appropriately licensed personnel.
- 10) Podiatry services - provided by a licensed podiatrist. The resident may choo

- 5) The resident shall pay the daily rate and other related expenses during any period that Medicaid will not cover.
- 6) Medicaid recipients agree to use only Medicaid participating providers. If a non-participating Medicaid provider is obtained by the resident, the resident shall be responsible for the charges incurred.
- 7) The resident is responsible for services performed by the facility in good faith that are not covered by third party insurers.
- 8) Refunds will be issued within 45 days according to the following guidelines:
  - a) resident is discharged to a hospital and the room is not reserved. A refund of the prepaid days will be calculated, starting with the day the room is cleared of resident's personal belongings.
  - b) when discharge is made to another facility or to the community, for reasons beyond the control of the resident/designated representative.
- 9) When the resident leaves the facility (and room is cleared of personal belongings) for reasons within the resident's control or the control of the designated representative without 15 days notice, the facility reserves the right to retain from prepayment an amount equal to 1 day's basic rate in addition to any amount obligated for services already furnished.
- 10) When the discharge is made to another level of care within the facility or in the event of death, a refund will be calculated starting on the day after the room is cleared of the resident's personal belongings.

### **STANDARDS OF DISCHARGE**

- 1) It is the responsibility of the resident/designated representative to arrange for transportation to the designated place of discharge. If the resident is not able to be transported by a designated representative The Highlands at Brighton will make transportation arrangements. The resident will be responsible to pay for the cost of the transportation unless the resident has active Medicaid.
- 2) Discharge from The Highlands at Brighton is expected by 10AM or before. The facility reserves the right to ask any resident who is not discharged by 10AM to clear their personal belongings from the room and wait in one of the lounge areas in the facility until transportation has arrived.
- 3) The physician at The Highlands at Brighton may determine that residents who are discharged to home require home care services and/or equipment to assist in their care as they return home. The available certified home care agencies in Monroe County are Visiting Nurse Service, Lifetime Care and Home Care of Rochester. Both The Highlands at Brighton and the Visiting Nurse Service are members of the Strong Health System and affiliates of the University of Rochester Medical Center.

- 4) The resident/designated representative agrees to participate in the discharge planning process with The Highlands at Brighton interdisciplinary team.
- 5) After discharge to a hospital or other level of care, readmission to The Highlands at Brighton will be reassessed to determine the appropriateness of the level of care that is being requested and the availability of suitable accommodation.
- 6) For residents who need to be discharged to a hospital, The Highlands at Brighton physician will instruct the resident to be sent to Highland Hospital as the hospital of choice unless the resident/designated representative instruct otherwise.

**DISCHARGES RELATED TO HOSPITALIZATION  
FOR RESIDENTS WHO ARE LONG TERM CARE**

- 1) The facility reserves the right to release a resident's bed when they are transferred to the hospital. A family member will be called by a facility representative when the bed is officially released.
- 2) The facility will readmit a resident whose bed has been released to the next available and appropriate bed.
- 3) Medicaid no longer grants bed holds for hospitalization.

**DISCHARGED RELATED TO HOSPITALIZATION  
FOR RESIDENTS WHO ARE REHAB**

- 1) The facility reserves the right to release a resident's bed when they are transferred to the hospital. A family member will be called by a facility representative when the bed is officially released.
- 2) Once resident is medically ready to be released from the hospital he/she will be reassessed to determine the appropriateness of the level of care that is being requested and the availability of suitable accommodation.
- 3) Medicaid no longer grants a bed hold for hospitalization.

We understand this Agreement and agree to abide by it.

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Resident (or power of attorney)

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Witness