11. Licensure/Certification Status. A listing of all providers offering home care or personal care services under an arrangement with the Operator, and a description of the licensure or certification status of each provider is set forth in Exhibit I.D. of this Agreement. Such Exhibit will be updated as frequently as necessary.

II. Disclosure Statement

The Operator is disclosing information as required under Public Health Law Section 4658 (3). Such disclosures are contained in Exhibit II., which is attached to and made part of this Agreement. In signing this agreement, you acknowledge that The Operator has provided to you The Consumer Information Guide developed by the Commissioner of

Health.

III. Fees

A. Basic Rate.

(1) Flat Fee Arrangements

The Resident, Resident's Representative and Resident's Legal Representative

_____ agree that the Resident *(or other specified party)* will pay, and the Operator agrees to accept, the following payment in full satisfaction of the Basic Services described in Section I. B. of this Agreement. *(the "Basic Rate").* The Basic Rate as of the date of this agreement is ($___per month),

($____per day).

B. **Tiered Fee Arrangements**

Any “Tiered” fee arrangements, in which the amount of the Monthly Rate depends upon the types of services provided, the number of hours of care provided per week for some type of service and the fees for each “tier” of care, are set forth in detail in Exhibit III.A.2. and made a

EXHIBIT III.A.2. TIERED FEE ARRANGEMENTS

All residents receive Basic Services in addition to their Housing Accommodations as part of their Basic Rate. Basic Services include reminders (e.g., meals, showers, etc.); wellness checks such as weight and blood pressure monitoring; assistance with Activities of Daily Living (ADLs): bathing, grooming, dressing, toileting *(if applicable),* ambulation *(if applicable*), transferring (*if applicable*), feeding, medication acquisition, storage and disposal, and assistance with self-administration of medication.

Tiered Fees are determined by a comprehensive assessment by a licensed representative of the Community, in consultation with Your physician, during the following events: prior to move-in; whenever there are significant changes in Your needs; upon Your physician's request; and every 6 months after your move-in. If the comprehensive assessment indicates that you require services in excess of the basic personal care level, You will be placed in the appropriate Tier for your level of care and you will be required to pay the associated additional fees, as follows:

Tier	Services	Monthly Rate
EALR Level 1	All Services provided in the Basic Rate, plus • 24 hour nursing evaluation, oversight, contact with other clinical providers • Supervision of home health aides • 24 hour care coordinators (3-5), NYS certified home health aides, 12 hours	No Additional Fee

	minimum annual inservice, long term care experience	
EALR Level 2	*All Services provided in the Basic Rate and Level 1, plus:* • • *Nurse administration of medications OR administration of medications by a certified person designated by the Operator* under the supervision of a nurse (*additional fee)* • *Coordination of additional clinical services*	$
SNALR	*All Services in EALR Level 1and Level 2 plus:* • Ongoing daily activities in Memory Care Unit Activity and Living Room areas • Secure unit; locked and alarmed egresses with keypad release and 30 second delayed release <u>Staffing Levels on the Memory Care Unit.</u> The dedicated Memory Care Unit staff schedule will be as follows: • Full time Memory Care Unit Supervisor • Memory Care Unit Care Coordinators ▪ 7:30am-11:30pm – 1 aide to 8 residents ▪ 11:30pm-7:30am – 1 aide to 13 residents	$_____

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EXHIBIT IIIC

RATE OR FEE SCHEDULE

I. Your Basic Rate: $

The Basic Rate includes costs associated Housing Accommodations and Basic Services as outlined in Section 1.A and B of this Agreement. Fees associated with this Basic Rate are outlined below:

Housing Accommodations and Services: $_____

Living Space	Monthly Fee
☐ *include the type of living space (ie, 1 bedroom, private) with square footage.*	$

Basic Services: $_____
Including wellness checks such as weight and blood pressure monitoring; assistance with Activities of Daily Living (ADLs): bathing, grooming, dressing, toileting (if applicable), ambulation (if applicable), transferring (if applicable), feeding, medication acquisition, storage and disposal, and assistance with self- administration of medication.

II. Your Tiered-Billing Rate : $_____

Tiered Billing Level:	**Monthly Rate**
☐ **EALR Level 1**	**No Additional Fee**
☐ **EALR Level 2**	**$_____**
☐ **SNALR** (All inclusive EALR Level 1 and EALR Level 2	**$_____**

Your Total Monthly Rate: $_____
*Not inclusive of supplemental fees for services provided at Your request.