

# Exhibit Z

## Price Schedule

Identify the last question in each section that is answered "YES" and is associated with a Monthly Price other than zero. Sum the Monthly Prices identified in each section to determine the Total Monthly Price.

Medications	Monthly Price
1. Do you or your physician believe you need help to manage your medications?	\$0
1a. Do you or your physician believe you need help with any of the following? (ordering and coordinating meds, staff attention or physical assistance taking meds, storage of meds)	
• Ordering and coordinating medications between family, health care providers and pharmacy	\$0
• Staff attention or physical assistance with taking medications	\$0
• Storage of medications	\$0
1b. Has your physician prescribed the following medications? (daily liquid fiber supplements, medicated lotions/creams/ointments, ear/eye drops or nasal spray, inhalers, medication patches an/or suppositories two or more times per week)	
• Daily liquid fiber supplements - For example: Metamucil or Citrucel	\$714
• Daily medicated lotions, creams or ointments	\$714
• Daily ear drops, eye drops or nasal spray	\$714
• Daily inhalers	\$714
• Daily medication patches	\$714
• Suppositories two or more times per week	\$714
1c. Does your physician require any of the following because of the medications you take? (daily pulse/blood pressure/weight/bruising or bleeding monitoring)	
• Daily pulse monitoring	\$714
• Daily blood pressure monitoring	\$714
• Daily weight monitoring	\$714
• Daily monitoring for bruising or bleeding	\$714
1d. Do you or your physician believe you need help, such as additional preparation of medications due to swallowing difficulties? Examples include crushing and mixing with food.	\$0
2. Do you take 7 or more medications?	\$0
3. Do you take any of the following medications? (narcotic, antipsychotic and/or benzodiazepine)	
• Narcotic medication(s)	\$0
• Antipsychotic medication(s)	\$0
• Benzodiazepine medication(s)	\$0
4. Are you undergoing chemotherapy, radiation therapy or dialysis treatment?	\$0
4a. Do you or your physician believe you need help, such as specific care and/or monitoring because of the medications or treatments?	\$999

Chronic Condition Management	Monthly Price
5. Has your physician diagnosed any of the following chronic conditions? (COPD, HF, Parkinson's, Chronic Persistent Pain, Diabetes)	
• Chronic Obstructive Pulmonary Disease (COPD)	\$0
• Heart Failure (HF)	\$0
• Parkinson's Disease	\$0
• Chronic Persistent Pain	\$0
• Diabetes	\$0
5a. Do you or your physician believe you need help, such as specific care and/or monitoring because of any of the above chronic conditions? Examples include skin observation, edema and activity tolerance.	\$143
5b. Do you have insulin-dependent diabetes?	\$0
5c. Do you or your physician believe you need help with any of the following? (supervise or perform blood sugar monitoring three or more times per week, staff attention while you administer or administration of insulin injections)	
• Supervise or perform blood sugar monitoring three or more times per week	\$999



• Staff attention while you administer your insulin injections	\$999
• Administration of insulin injections	\$999
5d. Do you need help with your insulin management AND is your insulin dose adjusted based on your glucose readings (i.e. sliding scale)?	\$1,285

Respiratory Equipment	Monthly Price
6. Do you use oxygen or respiratory equipment?	\$214
6a. Do you or your physician believe you need help, such as staff attention or physical assistance with the use of oxygen or respiratory equipment?	\$785

Nebulizer	Monthly Price
7. Do you need help with the setup and cleaning of your scheduled nebulizer treatments?	\$500
7a. Do you need help such as staff attention or physical assistance during your scheduled nebulizer treatments?	\$1,856

Nutrition	Monthly Price
8. Do you believe you need dining help while eating?	\$0
9. Do you or your physician believe you have any nutritional needs other than regular, low fat, low cholesterol, and no added salt diets?	
• Carbohydrate controlled diet	\$214
• Finger foods	\$214
• Delivery of nutritional supplements (Excludes cost of supplement)	\$214
• Consistency modified diets, such as texture modified, pureed, or thickened liquids	\$500
• Special Diets, such as limited potassium, limited phosphorus, limited protein, vegetarian, or lactose controlled diet	\$500
10. Do you use adaptive equipment while eating?	\$0
11. Do you or your physician believe you need help, such as direct staff attention or direct physical assistance while eating?	\$1,285
12. Do you need help, such as staff attention or physical assistance with a gastro-intestinal or other type of feeding tube?	\$1,642

Dressing & Grooming	Monthly Price
13. Do you need help with dressing and grooming?	\$0
13a. Do you need help with the set-up, selection, or laying out of clothes or grooming toiletries? Examples of grooming toiletries include toothpaste, shaving cream and deodorant.	\$0
13b. Do you need help, such as staff attention or physical assistance with any dressing tasks?	\$571
13c. Do you need help, such as staff attention or physical assistance with any grooming tasks? Examples of grooming tasks include putting on deodorant, combing hair, washing face, shaving and brushing teeth/dentures.	\$571
13d. Are you unable to stand independently during dressing or grooming tasks needing weight-bearing or balance assistance from one associate?	\$999

Showering or Bathing	Monthly Price
14. Do you need help with showering and bathing?	\$0
14a. Is showering set-up what you need? Examples of supplies include shampoo, soap, towels and safety devices.	\$0
14b. Is bathing set-up what you need? Examples of supplies include shampoo, soap, towels and safety devices.	\$0
14c. Is showering help what you need? Examples include staff attention or physical assistance.	\$143
14d. Is bathing help what you need? Examples include staff attention or physical assistance.	\$214
14e. Do you require help more than two (2) times per week?	\$0
• 3 to 4 times per week	\$285
• 5 to 6 times per week	\$428
• Daily (7 times a week)	\$500

Bathroom Assistance	Monthly Price
15. Do you need help to use the bathroom?	\$0
15a. Do you need help, such as reminders to get to the bathroom but are able to use the bathroom on your own?	\$0
15b. Do you need help because you are unable to use the bathroom on your own? Examples include pulling up and down pants, handling toilet paper, wiping, changing protective undergarments and getting onto and off of toilet.	\$500
15c. Does the help you need in the bathroom require a schedule?	\$856



15d. Do you need help with routine urinary catheter or ostomy care? Examples may include non-nursing tasks such as emptying or cleaning catheter and/or ostomy bag.	\$856
15e. Do you need additional help because of uncontained bladder or bowel accidents? Examples may include washing and cleaning up (includes showering) after accidents, changing clothes, laundering soiled clothes and linens.	\$1,142
15f. Are you unable to stand independently while using the bathroom needing weight-bearing or balance assistance from one associate?	\$1,142
16. Do you use incontinence products?	\$0

Escort & Mobility	Monthly Price
17. Do you need help going to and from the dining room and/or community activities?	\$357
18. Have you fallen in the past twelve months?	\$0
19. Do you use a mobility aid? Examples include cane, walker, wheelchair and scooter.	\$0
20. Do you use a bedside mobility device?	\$0

Two Person or Mechanical Lift	Monthly Price
21. Do you need a second person or a mechanical lift to help you with transfers? Examples include assistance moving between bed, chair, wheelchair and toilet.	\$1,499

Cognitive / Psychosocial	Monthly Price
22. Do you have memory loss or cognitive impairment?	\$0
22a. Do you need help, such as structure, attention or assistance to accomplish and/or participate in daily routines due to memory loss or cognitive impairment? Daily routines include dressing/grooming, showering/bathing, bathroom help and resident programs.	\$428
22b. Do you engage in any of the following behaviors? (wandering requiring redirection, removing personal property of others, sleep/wake disturbances)	
• Wandering requiring redirection	\$642
• Removing personal property of others	\$642
• Sleep/wake disturbances	\$642

Reluctance to Accept Care	Monthly Price
23. Do you need additional staff involvement because you are verbally or physically reluctant to accept care? (assistance with medications, meals, dressing or grooming, showering or bathing, bathroom, escort)	
• Medication Assistance	\$571
• Meal Assistance	\$571
• Dressing or Grooming Assistance	\$571
• Showering or Bathing Assistance	\$571
• Bathroom Assistance	\$571
• Escort Assistance	\$571

Behavior Management	Monthly Price
24. Do you engage in any of the following behaviors? (dress or undress requiring additional attention, urinate in inappropriate places, demonstrate anxious/disruptive/obsessive behavior requiring additional attention, attempt to exit a building without needed supervision)	
• Dress or undress requiring additional attention	\$0
• Urinate in inappropriate places	\$0
• Demonstrate anxious, disruptive or obsessive behavior requiring additional attention	\$0
• Attempt to exit a building without needed supervision	\$0
One of the above behaviors are checked.	\$357
Two of the above behaviors are checked.	\$785
Three or more of the above behaviors are checked.	\$1,356

Skin Care	Monthly Price
25. Do you have a wound(s)?	\$0
25a. Is the wound complex AND who will provide wound care?	
• One complex wound AND wound care is provided by Home Health.	\$0
• One complex wound AND wound care is to be provided by the community.	Exhibit Y
• Two or more complex wounds AND wound care is provided by Home Health.	\$0
• Two or more complex wounds AND wound care is to be provided by the community.	Exhibit Y

Service Coordination	Monthly Price
26. Do you need help to coordinate non-Brookdale services, such as doctor or dentist appointments, or scheduled lab services? <u>Excludes transportation fees and companion fees.</u>	\$71
27. <i>Are you using or have you used other services such as private companion, therapy, home health or hospice in the last three months?</i>	\$0

Smoking Assistance	Monthly Price
28. Do you smoke or use other forms of tobacco?	\$71
28a. Do you need help with set-up or storage of smoking materials or other tobacco products?	\$143
28b. Do you need help, such as staff attention or physical assistance while smoking or using other tobacco products?	\$714

Pet Care	Monthly Price
29. Do you have a pet?	\$0
29a. What kind of pet do you have and do you need pet care assistance from Brookdale staff?	
• Resident has a pet other than a cat or dog AND cares for it on their own.	\$0
• Resident has a pet other than a cat or dog AND needs pet care assistance.	\$285
• Resident has a cat AND cares for it on their own.	\$0
• Resident has a cat AND needs pet care assistance.	\$285
• Resident has a dog AND cares for it on their own.	\$0
• Resident has a dog AND needs pet care assistance.	\$571

- Depending on licensure requirements and Brookdale policy, not all services listed may be available at the community.
- Contact the Executive Director to verify if a listed service is available or for more information.
- Additional service and care options exist through defined Select and Therapeutic Services.
- The Personal Service Rate does not include the cost of medications and/or supplies.
- Prices are subject to change in accordance with the terms of the Residency Agreement.