

Ohio Veterans Home Sandusky Schedule of Fees

ASSESSMENT FEES – Effective January 1, 2009:

Charges for care, room and board are referred to as assessments. The assessment is based on income, number of dependents, assets and medical insurance expenses of the Veteran and his/her legal dependents. Although your income may not warrant the maximum rate, the maximum Assessment rates are as follows,

Level-of-Care	Maximum Monthly Cost (If Veteran is eligible for VA Per Diem)	Maximum Monthly Cost * (If Veteran is NOT eligible for VA Per Diem)
Domiciliary (Independent Living)	\$ 480.00	\$1,526.00
DOM+ (Supervised Living)	\$1,340.00	\$2,386.00
Nursing Home –Regular Care Units	\$1,710.00	N/A
Nursing Home - Special Care Units	\$2,280.00	N/A

(* **Note there may be an additional charge for those residents for whom OVH cannot obtain VA Per Diem benefits. See PER DIEM below**)

PER DIEM ASSESSMENT FEES

The Department of Veterans Affairs pays a Per Diem grant to OVH for every day of care provided to each eligible resident. In cases where a newly admitted resident is determined by the VA to have income/assets in excess of their allowable limits, it may be determined that resident is NOT eligible for VA Per Diem benefits. In those instances, newly admitted residents may be required to pay, in addition to their regular assessment, an amount equal to the per diem OVH would normally receive for that resident. Per Diem rates are:

Domiciliary & DOM+ (Vets Hall)	\$ 34.40/Day	\$1,046.33/Month
Nursing Home (Secret & Giffin)	\$ 74.42/Day	\$2,263.61/Month

Note: Per Diem rates are adjusted by the Federal Government each October 1st.

DELINQUENT ASSESSMENT FEES – PENALTY CHARGES

The OVH Administrative Rules governing the collection of assessments states *“Any assessment unpaid by the close of business on the tenth of each month, or the close of business on the first business day after the tenth, if the tenth should fall on saturday [sic], sunday [sic], or legal holiday, shall be subject to a penalty of ten percent of the balance due or twenty-five dollars, whichever is less.”*

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MEDICARE/MEDICAL BENEFITS

Per the Resident Contract, all residents shall apply for all benefits, from both governmental and non-governmental agencies or firms, for which they may be eligible. Further, each resident at the Ohio Veterans Home- shall accept such benefits for which the resident is eligible, including Medicare Part B.

LAB WORK, RADIOLOGY & MEDICINE

The cost of lab work and x-rays provided by non-OVH labs are the responsibility of the resident. Lab and x-ray services are billed to Medicare or other insurance. Co-pays and deductibles are the responsibility of the resident. Veterans without insurance will be billed for lab work at a reduced rate. Medicine (on the VA formulary), ordered by an OVH doctor, is included in the basic monthly assessment (fee) paid by each Veteran. However, if insurance coverage is available, a resident's insurance provider will be billed. Prescriptions ordered by a non-OVH doctor, hospital or clinic or specifically requested by residents or their sponsors is the responsibility of the Resident, or his medical insurance provider(s).

OPTOMETRIST, DENTIST & PODIATRIST

While there is no charge for visits to the OVH contract Dentist or Optometrist, costs for dentures, plates, partials, glasses and repairs by non-OVH labs are the responsibility of the resident. Podiatry services are billed to Medicare or other insurance. Co-pays, deductibles, and the cost of podiatric prosthetics are the responsibility of the resident. Veterans without insurance will be billed at a reduced rate. An estimate of the cost of podiatry services, dental or optical labs is determined by the doctor. The full estimated cost of the "work" is to be deposited with the OVH Cashier, before the work will be authorized. Upon receipt of an invoice, the bill is paid out of the funds on deposit. The resident is responsible for costs exceeding the estimate by up to 10%. Any excess funds will be refunded to the Veteran's personal trust acct.

PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY

Therapy is provided by an outside vendor who will bill the facility for Medicare A & B, private insurance, or the resident, for co-pays, deductibles or the full amount. OVH assumes no responsibility for costs incurred for these services.

MEDICARE PART A & PART B

Residents with a qualifying hospital stay who are eligible for skilled care will be covered by Medicare A. The first twenty (20) skilled days are paid at 100%. Days 21 – 100 have a required co-pay of \$133.50/day, which can be billed to private insurance or to the resident.

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Medicare B covers non-skilled DME (durable medical equipment) and services not qualifying under Medicare A requirements. Under Part B, Medicare pays a percentage of the charges. Secondary insurances will be billed for the remaining balance, but ultimately the resident is liable for any non-covered charges.

HOSPICE CARE

Hospice care is provided with no cost to the resident.

CABLE TV SERVICE

Basic Cable TV service provides approximately 60 channels and is available for \$8.50 (bulk rate) per month. The cost is charged out of the resident's Personal Trust Fund account. The resident shall provide his/her own **cable-ready** TV. Those residents who require a cable converter box or who wish to receive premium channels (i.e. HBO, Showtime, etc.) are billed directly by the local cable company at community rates in addition to the \$7.95 basic cable charge. Bulk rate customers are not eligible for promotional specials (i.e., free premium channels for a limited time). Please contact the Treasury for assistance in obtaining basic cable service.

TELEPHONE SERVICE

Individual telephones may be installed in a resident's room upon request. The resident is billed directly by the local telephone company at regular community rates. The resident shall provide his/her own telephone. Please contact your social worker for assistance with telephone installation or problems.

OFF-GROUNDS MEDICAL TREATMENT AND TRANSPORTATION

Costs incurred from ambulance transportation, doctors, hospitals, clinics, and other medical facilities are the responsibility of the Resident. PLEASE NOTE: Medical, and especially, ambulance transportation bills **may not** be covered by Medicare, Medicaid or private insurance. Residents are responsible for any charges not covered by insurance.

BARBER & BEAUTICIAN SERVICE FEES

Residents who are unable to shave themselves will be routinely shaved by the OVH barber for a fee as set forth below. In cases where the barber is not available, Nursing personnel will shave residents. Both the **Barber** and **Beautician** services can be paid directly to the Barber or Beautician at the time of the service, or billed to the Veteran's personal trust account. Note: If services are to be billed to your OVH Personal Trust Account, you must have adequate funds on deposit to pay for the service.

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BARBER FEES

HAIRCUTS	\$ 4.00
SHAVES	\$ 2.50

BEAUTICIAN FEES

DESCRIPTION	AMOUNT
ARTIFICIAL NAILS FILL	\$25
ARTIFICIAL NAILS – FULL SET	\$50
COLOR ONLY	\$30
COLOR & HAIRCUT	\$45
HAIRCUT ONLY	\$15
SHAMPOO/HAIRCUT/SET	\$25
HI-LITES	\$45
HI-LITES & HAIRCUT	\$60
MANICURE	\$15
PEDICURE	\$35
PERM	\$50
SCALP TREATMENTS	\$15
SHAMPOO/SET	\$18
WAX (Per area)	\$10
WEEKLY RINSE	\$2