



The Cottages

Accommodations and Service Charges

At Hillcrest Country Estates, we provide accommodations for our Elders tailored to their individual and unique medical and social needs. Service charges for accommodations are determined by two factors: the extent of services required based on the complex medical needs of the Elder; and the type of suite (private or companion) selected for accommodations.

During Life Plan meetings with the family, care needs and rates are reviewed regularly to assure the appropriate level of care is provided.

Long-term Care Cottages ~ Levels of Care

Moderate Care - Elder requires assistance with activities of daily living (i.e.: bathing, dressing, dining, transfer, medications administration, ambulating). Medical condition is stable and predictable.

Moderate Care Plus - For those receiving Moderate Care who also require use of a Hoyer mechanical lift.

Extensive Care - Elder requires the services of a nurse due to a complex medical condition. Examples include intravenous meds, tube feedings, wound care, diabetic care that includes multiple daily accu-checks, and isolation procedures due to potentially contagious illness.

Dimensions™ Memory Care - Elder requires the additional support offered in the Dimensions Cottage (Cottage 40), which is specially designed for those experiencing the dementia journey.

Private Suite Accommodations

Moderate Care:	\$370
Moderate Care Plus:	\$381
Extensive Care:	\$392
Dimensions Care:	\$392

Grand Suite – Companion Suite Accommodations

Moderate Care:	\$339
Moderate Care Plus:	\$353
Extensive Care:	\$368
Dimensions Care:	\$368

Medications, physical therapy and ancillary charges are not included in the daily long-term care rate.

Rehab Cottage ~ Post-acute Care

Medicare Part A typically covers the first 20 days of skilled care following a three-night hospital stay, then the next 80 days are covered except for a daily copay.

If post-acute rehab is not covered by Medicare or private insurance, a Rehab Cottage guest may elect to pay privately for post-acute services at the above rates and utilize Medicare Part B coverage for therapy services and Part D coverage for pharmacy charges.

If guest does not have Medicare Part B, then therapy services can be provided for \$150 for initial assessment and \$75 per session, per discipline. Pre-payment required. Ask for details.