



IMPORTANT DATA COLLECTION FOR WILDFIRE REIMBURSEMENT

Tuesday, October 26, 2007

TO: Southern California LTC Facilities
FROM: CAHF Sacramento Office

CAHF has actively been coordinating and providing information to both facilities and government agencies during the recent wildfires. CAHF and AHCA have formally requested CMS to make it possible to provide flexibility and/or waivers so that both evacuating and receiving facilities who have residents affected by the fires can be properly reimbursed for the costs incurred during this emergency.

Specifically, we are asking for mechanisms to waive such requirements as the three-day hospital stay, relevant MDS assessment requirements and timeframes, a new benefit period for patients recently discharged but needing services again due to fire-related trauma, temporary suspension/delay of enforcement activities, and reimbursement mechanisms to fairly compensate both sending and receiving facilities during this crisis.

In order for CMS to evaluate and support the request for waiver, we need to give them specific data relating to facilities' experiences and questions at this time. We have prepared two surveys to collect this information - one survey for facilities who evacuated and transferred residents, and another survey for facilities who received evacuated/transferred residents.

The surveys can be completed online (see links below) or responses can be filled in to the questions below and forwarded via e-mail to pgoldstein@cahf.org.

Please respond no later than Wednesday, October 31.

Your assistance in providing this information will greatly support our chances to receive accommodations for proper handling of billing in this emergency situation and help us understand what type of reimbursement strategy will be most effective.

- FOR PROVIDERS WHO EVACUATED AND TRANSFERRED RESIDENTS DUE TO THE SOUTHERN CALIFORNIA WILDFIRES** (To complete this survey online go to:
http://www.surveymonkey.com/s.aspx?sm=kUKYGG9WZgKYPdFVH3GGtw_3d_3d)

- 1) Name and address of your facility and contact name and number:
- 2) Licensed number of beds:
- 3) Type of facility (i.e., SNF, ICF, etc.):
- 4) Licensed bed capacity:
- 5) Number of residents transferred due to fire emergency:
- 6) Describe the reason for the transfer as you understand it (e.g., mandatory evacuation, voluntary evacuation because of smoke, fire quickly approaching, etc.):
- 7) Describe the decision-making for where residents would be transferred (e.g., mandatory evacuation to specific location, arrangements for transfer to sister facilities, MOU with like facility, L&C-provided names of relocation sites or facilities, etc.):
- 8) Describe the general health condition of the residents transferred (e.g., 10 ambulatory, 20 bed-ridden, 25 wheelchair, etc.):

- 9) Describe the mode of transport and assistance received in arranging transportation:
- 10) What facilities or sites were residents sent to? How many to each?
- 11) Have the residents returned? If so, how long were they at other sites?
- 12) How many were Medi-Cal, Medicare Part A, Managed Care or Private Pay?
 - . Medi-Cal:
 - . Medicare Part A:
 - . Managed Care:
 - . Private Pay:
- 13) Did you send staff or supplies (e.g., food, water, medication) with the evacuated residents?
- 14) Have you already worked out a payment arrangement for these residents?
- 15) If so, what is it?
- 16) Did you experience extraordinary additional costs outside the normal Medi-Cal or Medicare rate payments (e.g. transportation, overtime, additional equipment etc.)?

If yes, describe the costs and estimate the total for each.

- FOR THOSE PROVIDERS WHO ADMITTED RESIDENTS TRANSFERRED DUE TO THE SOUTHERN CA WILDFIRES (To complete this survey online go to:
http://www.surveymonkey.com/s.aspx?sm=YpLoOiUYJlrGnqjkAY9_2bHw_3d_3d)

- 1) Name and address of your facility and contact name and number:
- 2) Licensed number of beds:
- 3) Type of facility (i.e., SNF, ICF, etc.):
- 4) Number of residents admitted due to transfer from a fire-affected facility:
- 5) Describe the circumstances of the referral (e.g., sister facility called, L&C/Medi-Cal called, etc.):
- 6) Describe the reason for the transfer as you understand it.
- 7) Describe the general health condition of the residents received (e.g., 10 ambulatory, 20 bed-ridden, 25 wheelchair, etc.):
- 8) How many residents have returned to facility of origin?
- 9) Number of total days residents were in your facility:
- 10) What facility and/or evacuation site did the residents come from?
- 11) How did the transferred residents arrive at the facility (e.g., ambulance, private car, wheelchair van, etc.)?
- 12) Did you receive adequate information to determine payment source?
- 13) Of those admitted, how many were Medi-Cal, Medicare Part A, Managed Care or Private Pay?
 - . Medi-Cal:
 - . Medicare Part A:
 - . Managed Care:
 - . Private Pay:

14) Have you already worked out a payment arrangement for these residents?

15) If so, what is it and did you make this payment arrangement in coordination with the sending facility?

16) Did you experience extraordinary additional costs outside the normal Medi-Cal or Medicare rate payments (e.g. transportation, overtime, additional equipment etc.)?

If yes, describe the costs and estimate the total for each.

Thank you for your help, and for your efforts in dealing with this emergency situation.

Return to pgoldstein@cahf.org or fax to (916) 441-6441 Attn: Peggy. Or phone with questions: (916) 441-6400, ext 205.