Virginia Long Term Care Mutual Aid Plan
Guidance for Payment of Evacuated Residents

This document is offered as supplemental guidance to the Virginia Long Term Care Mutual Aid Plan (LTC-MAP) Memorandum of Understanding (MOU). The LTC-MAP MOU is to be followed for the payment of all Medicaid residents that are evacuated. This suggested guidance is for all other payer sources, or if a division of payment is needed for a Medicaid resident.

There are several scenarios that can occur for payment of evacuated residents:

1. If the resident is admitted at the RAF location, the same process of normal admissions with the RAF being paid by their own standard payers would be followed.
2. If a resident is not admitted and is being "sheltered" at the RAF location, the RAF should accept the payment rate of the DSF. This is the full resident rate plus any applied income (co-pays, etc.). This will streamline significant amounts of paperwork, lessen additional delays in payment, and address the situation that presents itself when placing residents into open beds that were previously not filled or by using surge beds (exceeding licensed beds).
3. If it is required that there be a division of payment, each party will attempt to work out the division of payment amicably and incorporate into the discussions, as necessary, with VDH/DMAS and the appropriate payer (private, state or federal). Three situations that may arise:
   A. Situation 1: Residents are received into open beds and the RAF staff are utilized to provide care (100% transfer of funds from the DSF to the RAF).
   B. Situation 2: Residents are received into open beds and the DSF staff are invited to provide the direct care. If unable to use those beds for admitting traditional residents, the RAF may request the full DSF rate. If sharing funds – consider this "leasing" the space and support staff from the RAF and all other funds to the DSF.
   C. Situation 3: Residents are received into surge beds (short-term window for exceeding licensed beds)
      1. Staff (if invited) and equipment may be provided by the DSF (RAF is paid for their space and support staff)
      2. Staff and equipment may come from the RAF (RAF paid for the full amount)
      3. Staff and equipment may be from a combination of both DSF and RAF (RAF paid based on the share it provided).
      4. Staff and equipment may come from other supporting facilities/agencies (group review for distribution of funds).

   NOTE: Reimbursement covers facility costs, but not ambulance/transportation costs. Please review your facility specific business interruption insurance and agreements with private transportation firms or private bus contracts.

Additional Guidance Based on Payer

Type of Payer	Within Licensed Beds
1. Private Pay	Pay DSF private rate to the RAF as suggested in above Scenarios #2 & #3 above.
2. Medicaid	Use LTC-MAP MOU to determine payment, and see suggested division of payment situations listed in Scenario #3 above
3. Medicaid Pending Application	If a resident has not been approved for Medicaid, there may be a 90-day retroactive reimbursement available. Work with RAF and DMAS to determine reimbursement.
4. Medicare	Pay DSF rate to the RAF as suggested in above Scenarios #2 & #3 above. Follow the CMS Provider Survey & Certification FAQ for May 21, 2013 (and subsequent editions published bi-annually)
6. Bad Debt	DSF is responsible to collect bad debt. If the DSF collects, follow existing payer models in Scenarios #2 & #3 above. If not, the RAF may take over collections.
7. Facility Does Not Participate in Insurance/Managed Care	Follow existing payer models for Scenarios #2 & #3 in paying the DSF Rate to the RAF.