

1351 E. Lassen Ave.
Chico, CA 95973
Phone: 530-899-0814
Fax: 530-899-0250

**Prestige Assisted
Living at Chico**

Fax

To:	CalPers Long-Term LTC program	From:	Christina Evans
Fax:	1-866-294-6967	Pages:	3 Including Cover
Phone:	1-800-982-1775	Date:	8/6/24
Re:	Kathryne Nielsen		

☐ Urgent ☒ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

CalPers LTC

Policy # 41-83148

For July 2024

Thank you!

Christina Evans
Business Office Manager
530-899-0814

CalPERS Long-Term Care Program
CONTINUED MONTHLY RESIDENCE FORM

Instructions:

- The Continued Monthly Residence (CMR) form is a required part of the monthly claim submission and must be completed thoroughly by facility staff.
- Ensure copies of current BLANK CMR forms are maintained by the facility.
- Complete a form for each month, on or after the last day of the month, after the services have been provided. (Example: Facility charges from June 1st - June 30th should not be submitted prior to July 1st).
- Submit with a copy of the facility's invoice reflecting room and board charges for the service period.
- Incomplete forms and photocopies of a prior month's completed CMR form will be considered ineligible and may delay the reimbursement process.

Please complete the form and submit monthly via fax to 1-866-294-6967 (preferred) or mail to: CalPERS Long-Term Care Program, P.O. Box 64902, St. Paul, MN 55164.

Facility Name:	<u>Prestige Assisted Living</u>	Resident Name:	<u>Kathryn Niesch</u>
Facility Address:	<u>1351 E Lassen Ave</u>	Resident Policy #:	<u>41-83148</u>
Facility City/State:	<u>Chico, CA 95973</u>	Resident Room #:	<u>218</u>
Facility Phone #:	<u>530-899-0814</u>	Resident Move-In Date:	<u>6-19-24</u>
Facility Fax #:	<u>530-899-0230</u>	Month of Service:	From <u>7-1</u> Through <u>7-31</u>

- Has the resident remained in the same room/apartment for the entire month? ☒ Yes ☐ No
If no, provide prior room/apartment #: _____
- Select the level of care that describes the resident's current room, unit or apartment:

<input type="checkbox"/> Alzheimer's/Dementia unit (secured)	<input type="checkbox"/> Independent living apartment or unit
<input type="checkbox"/> Alzheimer's/Dementia unit (non-secured)	<input type="checkbox"/> Skilled Nursing Facility
<input type="checkbox"/> Assisted living unit (secured)	<input type="checkbox"/> Intermediate Care Facility
<input checked="" type="checkbox"/> Assisted living unit (non-secured)	
- At any time during this service period, was the resident away from the facility overnight for any reason? ☐ Yes ☒ No
If yes, provide dates: Departure Date: _____ Return Date: _____
Provide reason for absence: _____
If absence was a hospital stay, provide dates: Admission Date: _____ Discharge Date: _____
- Is Medicare, Medicaid/MediCal or any other insurance providing benefits for expenses incurred during this service period?
☒ No

☐ Yes, Medicare, provide a copy of the Explanation of Medicare Benefits (EOMB); UB-04 form or other proof of remittance by Medicare or Medicare intermediary; and provide dates of 100% coverage/coinsurance coverage:

☐ Yes, Medicaid/MediCal, provide the contact information for Medicaid/MediCal Case Worker:

Case Worker Name: _____
 Phone Number: _____ Fax Number: _____
 Medicaid/MediCal office: _____

☐ Yes, other insurance coverage information:

Insurer Name: _____ Policy Number: _____
 Insurer Address: _____ Phone Number: _____

By signing below, I declare that all of the answers given are complete and true to the best of my knowledge and belief.

Print Name	Title	Phone Number
<u>Christina Evans</u>	<u>Office Manager</u>	<u>530-899-0814</u>
Signature	Date	



8-6-24



Chico - AL
1351 E Lassen Avenue
Chico, CA 95973
(530) 899-0814

Mr. Jesse Niesen
16735 Rough & Ready Hwy
Rough & Ready, CA 95976

STATEMENT DATE	DUE DATE	ACCOUNT NO.
06/30/2024	07/01/2024	283292
RESIDENT		
Niesen, Kathryne (4117207)		
AMOUNT DUE		AMOUNT PAID
\$5,630.63		

Please make checks payable to: Prestige Assisted Living at Chico

Prestige Assisted Living at Chico
1351 E Lassen Avenue
Chico, CA 95973
(530) 899-0814

Payments are due by the 5th every month before 5:00 PM. Acceptable forms of payment are: Cash, Checks, Money Orders

Account Details				
Resident: Niesen, Kathryne				
Date	Description	Charges	Credits	Balance
	BALANCE FORWARD			\$0.00
06/19/2024	Payment - #2205		\$3,513.20	
06/19/2024	Room & Board charges Jun 19-30 2024 (STD)	\$1,915.20		
07/01/2024	Room & Board charges Jul 01-31 2024 (STD)	\$4,788.00		
06/19/2024	Discount Long ALF		\$115.20	
06/19/2024	Move-In Fee	\$1,500.00		
06/19/2024	Priority Reservation		\$500.00	
06/24/2024	Level of Care 2	\$348.83		
07/01/2024	Discount Long ALF		\$288.00	
07/01/2024	Level of Care 2	\$1,495.00		
BALANCE DUE				\$5,630.63

TRANSMISSION VERIFICATION REPORT

TIME : 08/06/2024 15:00
NAME :
FAX :
TEL :
SER.# : U63274M1F131185

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

08/06 14:58
LTC
00:01:27
03
OK
STANDARD
ECM

Christina Evans
Business Office Manager
530-899-0814

Thank you!

For July 2024

Policy # 41-83148

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Re: Kathrynne Nielsen

Phone: 1-800-982-1775 Date: 8/6/24