

EXHIBIT E

MEDI-CAL QUESTIONNAIRE

1. Does your organization maintain a written policy concerning the provision of care to patients regardless of their ability to pay?

Yes

No, briefly explain why such a policy is not mandated.

2. Is your organization a party to the Department of the Health Care Services (DHCS) Medi-Cal contract?

Yes

No, Does your facility treat Medi-Cal eligible patients?

Yes

No, Answer question 3 if your organization does not have a contract with DHCS and does not treat Medi-Cal eligible patients.

3. Medi-Cal Exceptions:

(a) The health facility is of a type and in a geographic area subject to Medi-Cal contracting and, following good faith negotiations, the Borrower has not been awarded a Medi-Cal contract by the Department of Health Care Services.

(b) The health facility is not of a type which provides services for which Medi-Cal payments are available; or

(c) The health facility is, or is a part of, a multi-level facility and the health facility is of size and type designed primarily to serve the health care needs of the residents of the multi-level facility.