TO: Prepaid Health Plans
[X] Primary Care Case Management Plans
[X] Geographic Managed Care Plans
[X] County Organized Health Systems
[X] Two-Plan Model Plans

SUBJECT: FACILITIES EXCLUDED FROM THE MEDI-CAL PROGRAM

BACKGROUND

Some long-term care (LTC) or intermediate care facilities (ICF) may have a ban on new admissions imposed on them or may be made ineligible to participate in the Medi-Cal program for failing to meet Medi-Cal or Medicare program standards or requirements. Such actions may be taken by the federal government or the State.

Medi-Cal payments may not be made to ICFs or LTC facilities that do not meet the requirements for participation in the Medi-Cal program. Medi-Cal managed care plans (MCP) must take this into consideration in determining and monitoring ICF and LTC facility eligibility to participate in their provider networks serving Medi-Cal members.

GOAL

The goal of this policy is to ensure that Medi-Cal MCPs have credentialing and provider monitoring procedures that include verifying that each ICF and LTC facility contracting with the MCP is continuously eligible to participate in the Medi-Cal program.
POLICY

All ICF and LTC care facilities contracting with Medi-Cal MCPs to render services to Medi-Cal members must be eligible to participate in the Medi-Cal program. MCPs must exclude a facility from participating in their network serving Medi-Cal beneficiaries when the facility has been prohibited from accepting new Medi-Cal admissions or participating in the Medi-Cal program.

Managed Care Plan Responsibilities

MCPs are responsible for:

- Determining which ICF and LTC facilities are ineligible to receive Medi-Cal payments;
- excluding ineligible facilities from their Medi-Cal networks;
- preventing payments for services to Medi-Cal members from being made to an ICF or LTC facility that is under an active ban on new Medi-Cal admissions or is otherwise ineligible to receive Medi-Cal payments;
- verifying, before reinstating a facility in the plan’s Medi-Cal network, that the facility is again eligible to participate in the Medi-Cal program; and
- assuring that MCP subcontracts with ICF and LTC’s facilities allow plans to retroactively recover payments made for services provided to Medi-Cal members by an ICF or LTC facility during a period in which it is subsequently determined that the facility was ineligible to receive Medi-Cal payments.

Identifying ICF and LTC Facilities that are Ineligible to Receive Medi-Cal Payments

ICF and LTC facilities known to the Medi-Cal Managed Care Division (MMCD) to have been made ineligible for Medi-Cal payments for new admissions are identified in the enclosed copies of individual notices sent by the Department of Health Services Licensing and Certification (L&C) program to the Medi-Cal field offices. Each transaction is handled individually by the L&C. MMCD will routinely fax to each MCP’s Medical Director a copy of each subsequent notice sent by L&C.

ICF and LTC facility ineligibility to receive new admissions or to participate in the Medi-Cal program is often temporary. As a result, MCPs may receive requests from ICF or LTC facilities to be reinstated in an MCP’s provider network. MCPs should impose on an ineligible facility the responsibility to produce evidence that the facility’s eligibility to participate in the Medi-Cal program (or to receive new admissions) has been reinstated before allowing the facility to rejoin the MCP’s provider network.
If you have questions regarding the eligibility of a specific ICF or LTC facility, you may contact the assigned Certification Specialist in the L&C Provider Certification Unit (see enclosed list), or call the Provider Certification Unit at (916) 327-4429.

If you have any questions regarding this policy letter, please contact your contract manager.

Susanne M. Hughes  
Acting Chief  
Medi-Cal Managed Care Division

Enclosures
LICENSING AND CERTIFICATION
PROVIDER CERTIFICATION UNIT

GEOGRAPHICAL ASSIGNMENTS FOR CERTIFICATION SPECIALIST BY COUNTY

FAX (916) 324-0609

Sylvia V. Hannan, R.N.
(916) 322-1346

Robin Cridland, R.N.
(916) 327-4335

Alpine
Amador
Calaveras
Del Norte
El Dorado
Fresno
Humboldt
Imperial
Inyo
Kings
Lake
Madera
Mariposa
Mendocino
Merced
Mono
Napa
Placer
Riverside
Sacramento
San Bernardino
San Diego
San Joaquin
Solano
Sonoma
Stanislaus
Tulare
Tuolumne
Yolo

Karen Johns, R.N.
(916) 322-0470

Los Angeles

Alameda
Butte
Colusa
Contra Costa
Glenn
Lassen
Marin
Modoc
Monterey
Nevada
Plumas
San Benito
San Francisco
San Mateo
Santa Clara
Santa Cruz
Shasta
Sierra
Siskiyou
Sutter
Tehama
Trinity
Yuba

Sharron Eaton
(916) 327-4332

Kern
Orange
San Luis Obispo
Santa Barbara
Ventura
Memorandum

Date: JUN 22 1998

To: Becky Zeidler, Administrator
San Bernardino Medi-Cal Field Office
1840 South Commercenter Circle
San Bernardino, CA 92408

From: Licensing and Certification Program
1800 Third street, suite 210
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 327-4429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

PROVIDER NAME AND ADDRESS:

Sunrise Care and Rehabilitation for Escondido East
1260 E, Ohio Street
Escondido, CA 92025

MEDICARE\MEDICAID PROVIDER #: 05-5337

MEDICAL PROVIDER #: 05-5337

Do not authorize payment for new admissions after JUN 16 1998

If you have any questions, please contact Sylvia Hennan, Certification Specialist, at (916) 322-1346.

Attachment

cc: Virgil J. Toney, Jr.
Division Chief, Medi-Cal Operations
Memorandum

Date: JUL 02 1996
To: Becki Zeidler
San Bernardino Medi-Cal Field Office
1840 South Commercenter Circle
San Bernardino, CA 92408

From: Licensing and Certification Program
1800 Third Street, Suite 210
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 327-4429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

PROVIDER NAME AND ADDRESS:

Compton Care Center
2309 N. Santa Fe Avenue
Compton, CA 90222

MEDICARE\MEDICAID PROVIDER #: 05-6336

MEDI-CAL PROVIDER #: 

Do not authorize payment for new admissions after July 4, 1998.

If you have any questions, please contact Karen Johns, Certification Specialist, at (916) 322-0470.

Attachments

cc: Virgil J. Toney, Jr.
Division Chief, Medi-Cal Operations
- Memorandum

Date: JUL 02 1998

to: Becki Zeidler
San Bernardino Medi-Cal Field Office
1840 South Commercenter Circle
San Bernardino, CA 92408

From: Licensing and Certification Program
1800 Third Street, Suite 210
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 327-4429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

PROVIDER NAME AND ADDRESS:

St. Eme Sanitarium
527 W. Regent Street
Inglewood, CA 90301

MEDTCARE\MEDICAID PROVIDER #: 55-5 138

MEDICAL PROVIDER #: __________

Do not authorize payment for new admissions after July 7, 1998.

If you have any questions, please contact Karen Johns, Certification Specialist, at (916) 322-0470.

Michael R. Gaddy, P.T., Chief
Provider Certification Unit

Attachments

cc: Virgil J. Toney, Jr.
   Division Chief, Medi-Cal Operations
MEMORANDUM

Date: JUL 22 1998

TO: Becki Zeidler
San Bernardino Medi-Cal Field Office
1840 South Commercenter Circle
San Bernardino, CA 92408

FROM: Licensing and Certification Program
1800 Third Street, Suite 210
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 327-4429 or Calnet 467-4429

SUBJECT: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

PROVIDER NAME AND ADDRESS:

Valley Manor Rehabilitation Center
3806 Clayton Road
Concord, CA 94521

MEDICAID PROVIDER #: 05-5 150

Do not authorize payment for new admissions after July 9, 1998.

If you have any questions, please contact Robin Cridland, Certification Specialist, at (916) 327-4335.

Attachments

cc: Virgil J. Toney, Jr.
Division Chief, Medi-Cal Operations

Michael R. Gaddy, P.T., Chief Provider Certification Unit
Memorandum

Date: JUL 03 1998

To: Becki Zeidler
San Bernardino Medi-Cal Field Office
1840 South Commercenter Circle
San Bernardino, CA 92408

From: Licensing and Certification Program
1800 Third Street, Suite 210
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 327-4429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

PROVIDER NAME AND ADDRESS:

Crystal Springs Rehabilitation Center - D/P SNF
35 Tower Road
San Mateo, CA 94402

MEDICARE/MEDICAID PROVIDER #: 55-5034

Do not authorize payment for new admissions after June 25, 1998.

If you have any questions, please contact Robin Cridland, Certification Specialist, at (916) 327-4335.

cc: Virgil J. Toney, Jr.
Division Chief, Medi-Cal Operations

Michael R. Gaddy, P.T., Chief
Provider Certification Unit

Attachments
Memorandum

Date: JUL 08 1998

To: Becki Zeidler  
San Bernardino Medi-Cal Field Office  
1840 South Commercenter Circle  
San Bernardino, CA 92408

From: Licensing and Certification Program  
1800 Third Street, Suite 210  
P. O. Box 942732  
Sacramento, CA 94234-7320  
(916) 327-4429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

PROVIDER NAME AND ADDRESS:

Napa Nursing Center, Inc.  
3275 Villa Lane  
Napa, CA 94558

MEDICARE/MEDICAID PROVIDER #: 55-5 161

MEDI-CAL PROVIDER #:  

Do not authorize payment for new admissions after July 7, 1998.

If you have any questions, please contact Sylvia V. Hennan, Certification Specialist, at (916) 322-1346.

Attachments

cc: Virgil J. Toney, Jr.  
Division Chief, Medi-Cal Operations

Michael R. Gaddy, P.T., Chief  
Provider Certification Unit
Memorandum

Date: Becki Zeidler

To: San Bernardino Medi-Cal Field Office
San Bernardino, CA 92408

From: Licensing and Certification Program
1800 Third Street, Suite 210
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 327-4429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

**PROVIDER NAME AND ADDRESS:**

Beverly Manor Convalescent Hospital
421 E. Mission Avenue
Escondido, CA 92025

**MEDICARE\MEDICAID PROVIDER #: 05-6040**

**MEDI-CAL PROVIDER #:**


If you have any questions, please contact Sylvia V. Hennan, Certification Specialist, at (916) 322-1346.

cc: Vi J. Toney, Jr.
Division Chief, Medi-Cal Operations

Sandra Zajkowski, Chief
Systems Support Unit, MMCD
Memorandum

Date: JUL 27 1998

To: Becki Zeidler
San Bernardino Medi-Cal Field Office
1840 South Commercenter Circle
San Bernardino, CA 92408

From: Licensing and Certification Program
1800 Third Street, Suite 210
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 327-4429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

PROVIDER NAME AND ADDRESS:

Fairmont Hospital D/P SNF
15400 Foothill Blvd.
San Leandro, CA 94578

MEDICARE\MEDICAID PROVIDER #: 05-6479

MEDI-CAL PROVIDER #: 

Do not authorize payment for new admissions after August 4, 1998.

If you have any questions, please contact Robin Cridland, Certification Specialist, at (916) 327-4335.

Michael R. Gaddy, P.T., Chief
Provider Certification Unit

Attachments

cc: Vi J. Toney, Jr.
Division Chief, Medi-Cal Operations

Sandra Zajkowski, Chief
Systems Support Unit, MMCD
Memorandum

Date: JUL 3 1998

To: Becki Zeidler
San Bernardino Medi-Cal Field Office
1840 South Commerce Center Circle
San Bernardino, CA 92408

From: Licensing and Certification Program
1800 Third Street, Suite 210
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 327-4429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

PROVIDER NAME AND ADDRESS:

McClure Convalescent Hospital & Rehabilitation Center
2910 McClure Street
Oakland, CA 94609

MEDICARE/MEDICAID PROVIDER #: 55-5067

MEDICAL PROVIDER #: 123456789

Do not authorize payment for new admissions after August 5, 1998.

If you have any questions, please contact Robin Crickland, Certification Specialist, at (916) 327-4335.

[Signature]

Michael R. Gaddy, P.T., Chief Provider Certification Unit

cc. Virgil J. Toney, Jr.
Division Chief, Medi-Cal Operations
Sandra Zajkowsk, Chief Systems support unit, MMCD
The Nursing Inn of Menlo Park
16 Coleman Place
Menlo Park, CA 94025

MEDICARE/MEDICAID PROVIDER #: 05-5133

Do not authorize payment for new admissions after August 13, 1998.

If you have any questions, please contact Robin Cridland, Certification Specialist, at (916) 327-4335.
Memorandum

Date: AUG 11 1998

To: Becki Zeidler
San Bernardino Medi-Cal Field Office
1840 South Commercenter Circle
San Bernardino, CA 92408

From: Licensing and Certification Program
1800 Third street, suite 210
P. 0. Box 942732
Sacramento, CA 94234-7320
(916) 3274429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

**PROVIDER NAME AND ADDRESS:**

Angels Nursing Center Inc
415 S Union Avenue
Los Angeles CA 90017

**MEDICARE/MEDICAID PROVIDER #: 05-5704**

**MEDI-CAL PROVIDER #**

Do not authorize payment for new admissions after August 11, 1998.

If you have any questions, please contact Karen Johns, Certification Specialist, at (916) 322-0470.

cc: Virgil J. Toney, Jr.
Division Chief, Medi-Cal Operations
Sandra Zajkowski, Chief Systems Support Unit, MMCD
Memorandum

Date: August 12, 1998

To: Becki Zeidler
San Bernardino Medi-Cal Field Office
1840 South Commercenter Circle
San Bernardino, CA 92408

From: Licensing and Certification Program
1800 Third Street, Suite 210
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 327-4429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

PROVIDER NAME AND ADDRESS:
Sequoia Hospital b/P SNF
170 Alameda De Las Pulgas
Redwood City, CA 94062

MEDICARE/MEDICAID PROVIDER #: 05-5030

MEDI-CAL PROVIDER #

Do not authorize payment for new admissions after August 19, 1998.

If you have any questions, please contact Robin Cridland, Certification Specialist, at (916) 327-4335.

cc: Virgil J. Toney, Jr.
Division Chief, Medi-Cal Operations

Sandra Zajkowski, Chief
Systems Support Unit, MMCD
Memorandum

Date: AUG 12 1998

to: Becki Zeidler
San Bernardino Medi-Cal Field Office
1840 South Commercenter Circle
San Bernardino, CA 92408

From: Licensing and Certification Program
1800 Third Street, Suite 210
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 327-4429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

PROVIDER NAME AND ID

Ontario Care Center
1661 South Euclid Avenue
Ontario, CA 91761

MEDICARE/MEDICAID PROVIDER #: 05-5707

MEDI-CAL PROVIDER #: 

Do not authorize payment for new admissions after August 19, 1998.

If you have any questions, please contact Sylvia V. Hennan, Certification Specialist, at (916) 322-1346.

cc: Virgil J. Toney, Jr.
Division Chief, Medi-Cal Operations

Sandra Zajkowski, Chief
Systems Support Unit, MMCD
Memorandum

Date:

To: Becki Zeidler
San Bernardino Medi-Cal Field Office
1840 South Commercenter Circle
San Bernardino, CA 92408

From: Licensing and Certification Program
1800 Third Street, Suite 210
P. O. Box 942732
Sacramento, CA 942367320
(916) 327-4429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

PROVIDER NAME AND ADDRESS:

Lake Forest Nursing Center
25652 Old Trabuco Road
Lake Forest CA 92630

MEDICARE/MEDICAID PROVIDER #: 55-5308

Do not authorize payment for new admissions after August 7, 1998.

If you have any questions, please contact Sharron Eaton, Certification Specialist, at (916) 327-4332.

cc: Virgil J. Toney, Jr.
Division Chief, Medi-Cal Operations

Sandra Zajkowski, Chief
Systems Support Unit, MMCD
Memorandum

Date: AUG 27 1998

To: Becki Zeidler
San Bernardino Medi-Cal Field Office
1840 South Commercenter Circle
San Bernardino, CA 92408

From: Licensing and Certification Program
1800 Third Street, Suite 210
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 327-4429 or Calnet 4674429

Subject: Ban on Payment for New Admissions

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

PROVIDER NAME AND ADDRESS

Via Rancho Bernardo Care Center
15720 Bernardo Center Drive
San Diego CA 92127

MEDICARE/MEDICAID PROVIDER #: 55-5318

MEDI-CAL PROVIDER #: 55-5318

Do not authorize payment for new admissions after August 21, 1998.

If you have any questions, please contact Sylvia V. Hennan, Certification Specialist, at (916) 322-1346.

cc: Virgil J. Toney, Jr.
Division Chief, Medi-Cal Operations

Sandra Zajkowski, Chief
Systems Support Unit, MMCD

Michael R. Gaddy, P.T., Chief
Provider Certification Unit
Memorandum

Date: AUG 27 1998

To: Becki Zeidler
San Bernardino Medi-Cal Field Office
1840 South Commercenter Circle
San Bernardino, CA 92408

From: Licensing and Certification Program
1800 Third Street, Suite 210
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 327-4429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

PROVIDER NAME AND ADDRESS:

Westside Care Center
300 Douglas Street
Petaluma, CA 94952

MEDICARE/MEDICAID PROVIDER #: 05-6120

MEDI-CAL PROVIDER #: 

Do not authorize payment for new admissions after August 22, 1998.

If you have any questions, please contact Sylvia V. Hennan, Certification Specialist, at (916) 322-1346.

Michael R. Gaddy, P.T., Chief
Provider Certification Unit

cc: Vi J. Toney, Jr.
Division Chief, Medi-Cal Operations

Sandra Zajkowski, Chief
Memorandum

Date: SEP 3 1998

To: Becki Zeidler
   San Bernardino Medi-Cal Field Office
   1840 South Commercenter Circle
   San Bernardino, CA 92408

From: Licensing and Certification Program
   1800 Third Street, Suite 210
   P.O. Box 942732
   Sacramento, CA 94234-7320
   (916) 327-4429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

**PROVIDER NAME AND ADDRESS:**

Sunrise Care Center Huntington Valley
8382 Newman Avenue
Huntington Valley Ca 92647

**MEDICARE/MEDICAID PROVIDER #:** 05-5888

** Medi-Cal PRCMDER #:**

Do not authorize payment for new admissions after August 15, 1998.

If you have any questions, please contact Sharron Eaton, Certification Specialist, at (916) 327-4332.

cc: Virgil J. Toney, Jr.
   Division Chief, Medi-Cal Operations

Sandra Zajkowski, Chief
   Systems Support Unit, MMCD

Michael R. Gaddy, P.T., Chief
   Provider Certification Unit
Memorandum

Date: SEP 4 1998

To: Becki Zeidler
San Bernardino Medi-Cal Field Office
1840 South Commercenter Circle
San Bernardino, CA 92408

From: Licensing and Certification Program
1800 Third Street, Suite 210
P. a Box 942732
Sacramento, CA 94234-7320
(916) 327-4429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

PROVIDER NAME AND ADDRESS:

Berryman Health - East Whittier
10426 Borgardus
Whittier, CA 90603

MEDICARE/MEDICAID PROVIDER #: 05-5430

MEDICAL PROVIDER #:

Do not authorize payment for new admissions after September 2, 1998.

If you have any questions, please contact Sharron Eaton, Certification Specialist, at (916) 327-4332.

[Signature]
Michael R. Gaddy, P.T., Chief Provider Certification Unit

cc: Virgil J. Toney, Jr.
Division Chief, Medi-Cal Operations
Sandra Zajkowski, Chief Systems Support Unit, MMCD
Memorandum

Date: SEP 9 1998

TO: B&i Zeidler
San Bernardino Medi-Cal Field Office
1840 South Commercenter Circle
San Bernardino, CA 92408

From: Licensing and Certification Program
1800 Third Street, Suite 210
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 327-4429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

Provider Name and Address:
Carlmont Convalescent Hospital
2140 Carlmont Drive
Belmont CA 94002

Medicare/Medicaid Provider #: 55-5657

MEDI-CAL PROVIDER #:

Do not authorize payment for new admissions after September 12, 1998.

If you have any questions, please contact Sharron Eaton, Certification Specialist, at (916) 327-4332.

cc: Virgil J. Toney, Jr.
Division Chief, Medi-Cal Operations

Sandra Zajkowski, Chief
Systems Support Unit, MMCD

Michael R. Gaddy, P.T. Chief
Provider Certification Unit
Memorandum

Date: SEP 16 1998

To: Becki Zeidler
San Bernardino Medi-Cal Field Office
1840 South Commercenter Circle
San Bernardino, CA 92408

From: Licensing and Certification Program
1800 Third Street, Suite 210
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 327-4429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

**PROVIDER NAME AND ADDRESS:**

Clinton Village Convalescent Hospital
1833 10th Avenue
Oakland CA 94606

**MEDICARE/MEDICAID PROVIDER #:** OS-6341

**MEDICAL PRCPMDER #:**

Do not authorize payment for new admissions after September 19, 1998.

If you have any questions, please contact Robin Cridland, Certification Specialist, at (916) 327-4335.

cc: Viil J. Toney, Jr.
Division Chief, Medi-Cal Operations

Sandra Zajkowski, Chief
Systems Support Unit, MMCD
Memorandum

Date: SEP 23 1998

To: Becki Zeidler
San Bernardino Medi-Cal Field Office
1840 South Commercenter Circle
San Bernardino, CA 92408

From: Licensing and Certification Program
1800 Third Street, Suite 210
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 327-4429 or Calnet 467-4429

Subject: BAN ON PAYMENT FOR NEW ADMISSIONS

We have imposed a ban on new Medi-Cal admissions on the facility listed below.

PROVIDER NAME AND ADDRESS:

Asistencia Via Rehabilitation and Care Center
1875 Barton Road
Redlands, CA 92373

MEDICARE/MEDICAID PROVIDER #: 55-5379

MEDICAL PROVIDER #:

Do not authorize payment for new admissions after September 23, 1998.

If you have any questions, please contact Sylvia V. Hennan, Certification Specialist, at (916) 322-1346.

Michael R. Gaddy, P.T., Chief
Provider Certification Unit

cc: Virgil J. Toney, Jr.
Division Chief, Medi-Cal Operations

Sandra Zajkowski, Chief
Systems Support Unit, MMCD

Signature: Sylvia V. Hennan, R.N.