

**DEPARTMENT OF HEALTH SERVICES**

714/744 P Street  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 654-8076

December 10, 1998



## MMCD Policy Letter 98-09

TO:            Prepaid Health Plans  
               Primary Care Case Management Plans  
               Geographic Managed Care Plans  
               County Organized Health Systems  
               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.

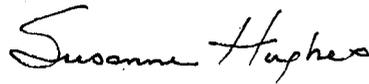
MMCD Policy Letter 98-09

Page 3

December 10, 1998

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. Hennan, R.N.**  
 (916) 322-1346

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  
 Tulara  
**Tuolumne**  
 Yolo

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

Los Angeles

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

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 2 2 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:

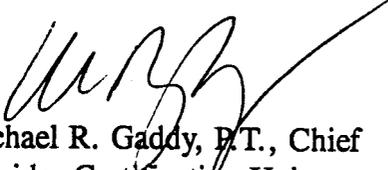
Sunrise Care and Rehabilitation for Escondido East  
1260 **E.** Ohio Street  
Escondido, CA 92025

MEDICARE\MEDICAID PROVIDER #: 05-5337

MEDICAL PROVIDER #:

Do not authorize payment for new admissions after JUN 1 6 1998

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

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

Attachment

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:

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.

  
Michael R. Gaddy, Jr., Chief  
Provider Certification Unit

Attachments

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

# - M e m o r a n d u m

Date : JUL 0 2 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

MEDI-CAL 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 0 2 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:

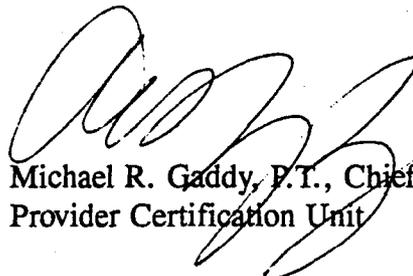
Valley Manor Rehabilitation Center  
3806 Clayton Road  
Concord, CA 94521

MEDICARE\MEDICAID PROVIDER #: 05-5 150

MEDI-CAL PROVIDER #:

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

If you have any questions, please contact Robin Cridland, Certification Specialist, at (9 16) 327-4335.



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

Attachments

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

# 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  
(9 16) 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:

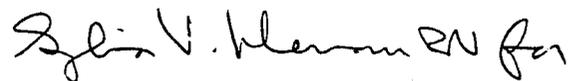
Crystal Springs Rehabilitation Center - D/P SNF  
35 Tower Road  
San Mateo, CA 94402

MEDICARE\MEDICAID PROVIDER #: 55-5034

MEDI-CAL PROVIDER #:

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.



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

Attachments

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

# 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:

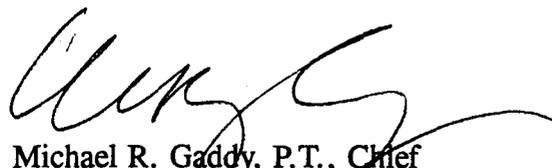
**Napa** Nursing Center, Inc.  
3275 Villa Lane  
**Napa**, CA 94558

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.



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

Attachments

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

State of California

Department of Health Services

**M e m o r a n d u m**

JUL 27 1998

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 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.

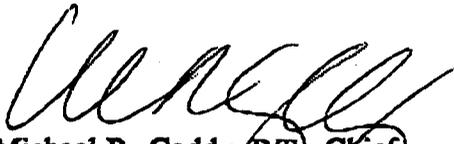
**PROVIDER NAME AND ADDRESS:**

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

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

Do not authorize payment for new admissions after July 28, 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  
Systems Support Unit, MMCD

State of California

# 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

M e m o r a n d u m

Date : JUL 31 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:

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

MEDICARE/MEDICAID PROVIDER #: 55-5067

MEDI-CAL PROVIDER #:

Do not authorize payment for new admissions after August 5, 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

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

Sandra Zajkowski, Chii  
Systems support unit, MMCD

Post-it® Fax Note	767	Date	7/31/98	Page	1 of 1
To	Sandra Zajkowski		From	PCU	
Co. Dept.	MMCD		Co.	DHS	
Phone #			Phone #		

TOTAL P.01

JUL-31-1998 14:42 DEPT OF HEALTH SERVICES 916 324 0609 P.01/01

State of California

Department of Health Services

# Memorandum

Post-It® Fax Note	7671	Date	# of pages ▶
To	Sandra Zajkowski	From	
Co./Dept.	DHS/MMCD	CO.	
Phone #			
Fax #	657-1199	Fax #	

Date : **AUG 06 1998**

\* : **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 Metli-Cal admissions on the **facility** listed below.

PROVIDER NAME AND ADDRESS:

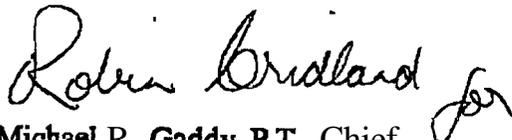
The Nursing Inn of Menlo **Park**  
 16 Coleman Place  
 Menlo Park, CA **94025**

MEDICARE/MEDICAID PROVIDER #: **05-5133**

MEDICAL PROVIDER :

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

If **you** have any questions, please contact Robin **Cridland**, Certification Specialist, at (9 **16**) 327-4335.

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

Attachments

cc: **Viii1 J. Toney, Jr.**  
 Division Chief, **Medi-Cal** Operations

Sandra **Zajkowski**, Chief  
 Systems Support Unit, MMCD

State of California

Department of Health Services

# 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. O.** 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  
(9 16) 322-0470.



**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

State of California

Department of Health Services

# Memorandum

Post-it® Fax Note	7671	Date	8-12-98	# of pages	1
To	S. Zajkowski	From	RCU		
Co./Dept.	DHS/MMCD	Co.	DHS		
Phone #		Phone #			
Fax #	657-1199	Fax #	324-0609		

**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:

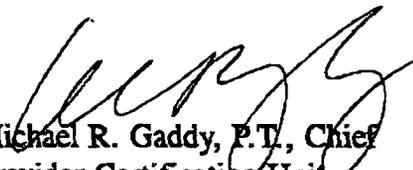
Sequoia Hospital b/P **SNF**  
 170 Alameda De **Las Pulgas**  
 Redwood City, CA 94062

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**.

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

Attachments

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

**Sandra Zajkowski**, Chief  
 Systems Support Unit, MMCD

State of California

**M e m o r a n d u m**

**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 \_\_\_\_\_** -

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.



**Michael R. Gaddy, F.T., Chief**  
**Provider Certification Unit**

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

Sandra **Zajkowski**, Chief  
Systems Support Unit, MMCD

state of California

# Memorandum

Date :

lb : **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 2 10  
**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:**

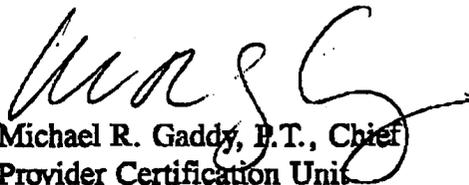
Lake Forest Nursing Center  
25652 Old **Trabuco** Road  
Lake Forest CA 92630

**MEDICARE/MEDICAID PROVIDER #: 55-5308**

**MEDI-CAL PROVIDER&**

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.

  
**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

State of California

**M e m o r a n d u m**

**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:**

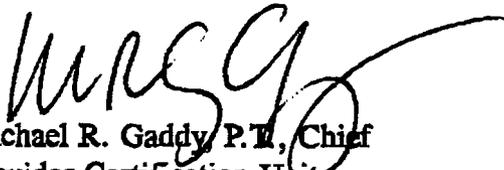
Via **Rancho Bernardo** Care Center  
15720 **Bernardo** Center Drive  
San Diego CA 92127

**MEDICARE/MEDICAID PROVIDER #: 55-5318**

**MEDI-CAL PRWIDER #:**

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.

  
**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

state of **California**

Department of Health Services

**M e m o r a n d u m**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**

Post-it* Fax Note	7671	Date	8-12-98	# of pages	2
To	S. Zajkowski	From	PCW		
Co./Dept.	DHS/MMCD	Co.	DHS		
Phone #		Phone #			
Fax #	657-1199	Fax #	324-0609		

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.

*Sylvia V Hennan RN for*

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

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

**Sandra Zajkowski** Chief

State of California

# 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:**

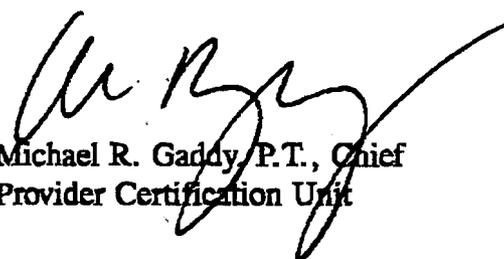
**Sunrise Care** Center **Huntington Valley**  
8382 Newman Avenue  
Huntington Valley **Ca** 92647

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

**MEDI-CAL** PRCDER #:

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

If you have any questions, please contact **Sharron** Eaton , Certification Specialist, at  
(9 16) 327-4332.



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**

State of California

Department of Health Services

# 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

MEDI-CAL 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.



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**

State of California

Department of Health Services

# 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:**

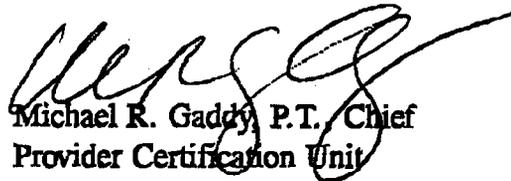
Carlmont Convalescent Hospital  
2140 Carlmont Drive  
Belmont CA 94002

**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.

  
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 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. 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:**

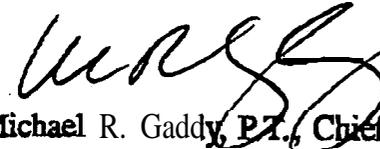
Clinton **Village** Convalescent **Hospital**  
1833 10<sup>th</sup> Avenue  
Oakland CA 94606

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

**MEDI-CAL PRCDER #:**

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**.

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

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

Sandra **Zajkowski**, Chief  
Systems Support Unit, **MMCD**

State of California

# 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. 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:**

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

**MEDICARE/MEDICAID PROVIDER #: 55-5379**

**MEDI-CAL 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