

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
SACRAMENTO, CA 95814  
.916) 445-1912



February 26, 1982

To: All County Welfare Directors

Letter No. 82-9

## IMPORTANT INFORMATION FOR MEDI-CAL NURSING HOME PATIENTS

Attached is a new Medi-Cal form (MC 149) which contains information for Medi-Cal nursing home patients regarding the Medi-Cal coverage of various types of medical equipment, supplies and services that they may need. This form (MC 149) is to be provided to current Medi-Cal long-term care beneficiaries or a family member or representative acting on their behalf at the time of the county welfare department's next contact with such beneficiaries (e.g., redetermination, change in share of cost). For new applicants or current Medi-Cal beneficiaries entering long-term care the MC 149 should be sent to the beneficiary, family member or representative along with the Notice of Action. No special one-time mailing of this form to all long-term care beneficiaries is required. This form (MC 149) is currently available and can be ordered from the Department of Health Services Warehouse, 1723 20th Street, Sacramento, CA 95814.

Also attached is the draft for the Procedures Section of the Medi-Cal Eligibility Manual. Please direct your questions and comments to your Medi-Cal program consultant.

Sincerely,

Original signed by

Barbara V. Carr for  
Madalyn M. Martinez, Chief  
Medi-Cal Eligibility Branch

Attachment

cc: County Liaisons  
Medi-Cal Program Consultants

Expiration Date: August 31, 1982

DRAFT

PROCEDURES MANUAL -- 41

Important Information For Medi-Cal Nursing Home Patients

Following is a Medi-Cal form (MC 149) which contains information for Medi-Cal nursing home patients regarding the Medi-Cal coverage of various types of medical equipment, supplies and services that they may need.

This form is to be provided to Medi-Cal long-term care beneficiaries at the time of initial application for Medi-Cal, at the time of initial entrance to a long-term care facility and at least once a year thereafter and may be provided along with any county welfare department contact with such beneficiaries (e.g., redetermination, change in share of cost, new application).

This form (MC 149) is currently available and can be ordered from the Department of Health Services Warehouse at 1723 20th Street, Sacramento, CA 95814.

## IMPORTANT INFORMATION FOR MEDI-CAL NURSING HOME PATIENTS

1. This is to tell you that Medi-Cal pays nursing homes for certain types of equipment, supplies and services that their Medi-Cal patients need. This means that you do not have to pay separately for them. The items that *are included in the Medi-Cal payment rates to nursing homes* are the following supplies and equipment:

Autoclaves	First Aid supplies (such as, alcohol, merthiolate, bandages, etc.)	Rubbing compounds
Anaesthetics (nonlegend)	Gauze dressings	Rubber goods (such as rectal tubes, catheters, gavage, tubing, soft restraints, incontinence pads, urine bags, colostomy or ileostomy pouches and accessories).
Antiseptics	Hypodermic syringes and needles	Sterilizers
Applicators	Infrared lamps	Scissors
Beds	Irrigating standards	Trapeze bags
Bed rails	Icebags	Thermometers
Bedside utensils (such as, bedpans, basin, irrigating cans, and drinking tubes).	Laxatives (nonlegend)	Tongue depressors
Canes	Lubricants	Wheelchairs
Charting supplies	Mattresses	Walkers
Cradles	Nail files	Weighing scales
Crutches	Oxygen (All equipment necessary for the administration of oxygen other than nasal catheters and positive pressure apparatus).	Other supplies and equipment used in providing intermediate and skilled nursing care.
Footboards	Patient lifts	
Forceps	Patient examining equipment	
Flashlights		

The following supplies and equipment are not included in the payment rate to nursing homes but are included as benefits of the Medi-Cal program and *the provider should bill the Medi-Cal program for such items separately:*

Drugs listed in the California Administrative Code, Title 22, Division 3, Section 59999.

Physician prescribed durable medical equipment which is custom-made or modified to meet a patient's special medical needs which are expected to continue indefinitely.

Physician prescribed prosthetic and orthotic devices for the exclusive use of a patient.

Allied health services which are provided by licensed or certified therapists and which are ordered by an attending physician. Such orders can include physical therapy, occupational therapy, speech therapy and audiology.

3. *Personal items that a patient must pay for, or bring, include:*

Beauty shop services (other than shaves or shampoos performed by the nursing home staff as part of patient care)	Hair combs and brushes	Tooth brushes
Cosmetics	* Personal laundry and dry cleaning	Toothpaste
Denture cleaners	Shaving soap and lotion	Tissue wipes for individual use
	Television rental	Tobacco products and accessories

\* If you choose to pay the nursing home to launder your personal clothing, be sure each item is clearly and indelibly marked with your name to help prevent loss or misplacement.