

ATTACHMENT C-1

Supplies and Services Included in the Basic Daily Rate for Medi-Cal Residents

Room and board
Nursing services
Respiratory therapy
Emergency oxygen and other equipment
Personal hygiene items and services, such as: Denture cleaners Denture adhesives Denture floss Oral cleansing swabs Hair combs and brushes Lotions Shaving soaps/creams Toothbrushes and toothpaste Laundry Tissue wipes Shaves Shampoos Periodic hair trim Periodic nail trim
Commonly used items of equipment, supplies and services used for medical and nursing care, such as: Standard wheelchair (not exclusively for individual patient use) Incontinence supplies
Maintenance therapies Range of motion Getting patients out of bed Providing activities Changing position in bed Assisting with self-care and activities of daily living Maintenance of proper body alignment and joint movement
Non-legend drugs, such as: Aspirin Acetaminophen Cough Syrup

ATTACHMENT C-2
Supplies and Services NOT Included in the Medi-Cal Basic Daily
Rate
That Medi-Cal Will Pay the Dispensing Provider For Separately

Physician services
Optometry services
Dental services
Audiology services
Durable medical equipment, other than as listed in Attachment C-1
∞ Specialty anti-decubitus beds
∞ Oxygen concentrators and accessories
∞ Intermittent Positive Pressure Breathing (IPPB) equipment
∞ Oxygen, except emergency, including administration sets and tanks
∞ Custom equipment for individual patient use (cane, crutches, wheelchair), including parts and repairs
∞ MacLaren or Pogon Buggy
∞ Osteogenesis stimulator device
∞ Precontoured structures (VASCO-PASS, cut out foam)
∞ Variable height beds
Therapy services provided by a licensed therapist, identified in the Minimum Data Set (MDS) and included in the patient's plan of care
∞ Physical therapy
∞ Occupational therapy
∞ Speech therapy
Chiropractic services
Laboratory services
Outpatient heroin detoxification services
Organized outpatient clinic services
Home health agency services
Radioisotope services
Prayer or spiritual healing
Rehabilitation center outpatient services
Prosthetic and orthotic appliances

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ATTACHMENT C-2
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**Supplies and Services NOT Included in the Medi-Cal Basic Daily
Rate
That Medi-Cal Will Pay the Dispensing Provider For Separately**

Hospital outpatient department services
Chronic hemodialysis
Podiatry services
Psychology
Radiology (x-rays)
Early and periodic screening services
Hearing aids
Blood and blood derivatives
Nurse anesthetist services
Inpatient hospital services
Eyeglasses, prosthetic eyes, and other eye appliances
Pharmaceutical services and prescribed drugs
∞ Insulin
∞ Legend drugs
Medical supplies, other than those listed in Attachment C-1
∞ IV trays
∞ IV tubing
∞ Blood infusion sets
∞ Nasal cannula
∞ Reagent testing sets (urine testing)
Other equipment and supplies for which prior authorization has been granted to another provider
Short-Doyle Medi-Cal provider services (mental health)
Traction equipment and accessories
Transportation

ATTACHMENT D-1

Supplies and Services Covered By the Medicare Program For Medicare Residents

The Medicare Program is administered by the federal government, and the federal government defines what supplies and services are covered under the basic daily rate and what additional supplies and services may be available to the Resident that Medicare will pay the dispensing provider for.

The following two pages were excerpted from the brochure entitled **“Your Medicare Benefits”**, which is published by the federal **Centers for Medicare and Medicaid Services** and describe Medicare Skilled Nursing Facility coverage. You can call toll free 1-800-MEDICARE to order a copy of this publication or to get additional information. You can also find this publication and other useful information at the Medicare Internet site at www.medicare.gov

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ATTACHMENT D-1
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**Supplies and Services Covered by the Medicare Program
For Medicare Residents**

Medicare covers skilled care in a skilled nursing facility (SNF) under certain conditions for a limited time. Skilled care is health care given when you need skilled nursing or rehabilitation staff to manage, observe, and evaluate your care. Examples of skilled care include changing sterile dressings and physical therapy. It is given in a Medicare-certified SNF. Care that can be given by non-professional staff is not considered skilled care. Medicare covers certain skilled care services that are needed daily on a short-term basis (up to 100 days).

Medicare will cover skilled care only if **all** these conditions are met:

1. You have Medicare **Part A** (Hospital Insurance) and have days left in your benefit period to use.
2. You have a qualifying hospital stay. This means an inpatient hospital stay of three consecutive days or more, not including the day you leave the hospital. You must enter the SNF within a short time (generally 30 days) of leaving the hospital. After you leave the SNF, if you re-enter the same or another SNF within 30 days, you don't need another 3-day qualifying hospital stay to get additional SNF benefits. This is also true if you stop getting skilled care while in the SNF and then start getting skilled care again within 30 days.
3. Your doctor has decided that you need daily skilled care. It must be given by, or under the direct supervision of, skilled nursing or rehabilitation staff. If you are in the SNF for skilled rehabilitation services only, your care is considered daily care even if these therapy services are offered just 5 or 6 days a week.
4. You get these skilled services in a SNF that has been certified by Medicare.

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**Supplies and Services Covered by the Medicare Program
For Medicare Residents**

5. You need these skilled services for a medical condition that: a) was treated during a qualifying 3-day hospital stay, or b) started while you were getting Medicare-covered SNF care. For example, if you are in the SNF because you had a stroke, and you fall and sprain your wrist.

Medicare **Part A** covered services include a semiprivate room, meals, skilled nursing and rehabilitative services, and other hospital services and supplies, such as anesthesia, limited ambulance service, blood, chemotherapy, clinical trials, kidney dialysis, durable medical equipment, mental health care, hospice care, some types of transplants, physician-prescribed pharmaceutical and medical equipment. Physical therapy, occupational therapy, speech therapy, and other allied health services as physician-prescribed may be included.

This does not include private duty nursing or a television or telephone in your room. It also does not include a private room, unless medically necessary.

In addition, you may be eligible for Medicare **Part B** program. **Contact the Business Office in your facility for further information.**

ATTACHMENT E

AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION

I, _____, hereby
(Resident's Name)
 authorize the Facility, _____,
(Name of Facility)
 to provide information regarding my medical history, mental or physical condition, care, or treatment as specified below:

This authorization is limited to disclosure to the following persons:

This authorization is limited to the following types of medical information:

The persons to whom records and information are disclosed pursuant to this authorization may use those records and information only for the following purposes:

This authorization shall become effective immediately and shall remain in effect until _____.
(Date)

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I understand that a person to whom records and information are disclosed pursuant to this authorization may not further use or disclose the medical information unless another authorization is obtained from me or unless such disclosure is specifically required or permitted by law.

I further understand that I have a right to receive a copy of this authorization upon my request.

I have requested and received a copy of this authorization:

YES _____ NO _____ Initials of Resident _____

Resident Signature: _____ Date: _____

Resident's Representative
Signature: _____ Date: _____