

LAHSA Project Roomkey

Medi-Cal Health Plans: Durable Medical Equipment

Project Roomkey (PRK) is an opportunity to connect people experiencing homelessness to health care services. A majority of individuals in PRK are Medi-Cal members or eligible for Medi-Cal. This document's purpose is to provide PRK providers, onsite nurses, and supportive staff with information on how to connect Medi-Cal beneficiaries to Medi-Cal Health Plans Durable Medical Equipment benefit.

What is Medi-Cal?

California's Medicaid program, which provides comprehensive health care coverage to low-income children, families, and adults.

Who is eligible for Medi-Cal?

Medi-Cal is health insurance coverage for citizens, legal permanent residents, and some other immigrants who are: low-income children and adults; low-income seniors (including some people with Medicare); low-income people with disabilities; and other special categories of individuals.

What is a Medi-Cal Health Plan?

A Medi-Cal Health Plan is an organization that delivers health care through a contracted network of doctors, pharmacies, hospitals, and other services. In Los Angeles County, there are two primary health plans: L.A. Care Health Plan and Health Net.

Durable Medical Equipment (DME)

Individuals staying in PRK may have immediate DME needs. Medi-Cal beneficiaries can request for eligible durable medical equipment. To learn more, a member should consult their primary care physician or call their Medi-Cal Health Plan.

For PRK, to start the process of a DME request, staff can complete the PRK Western Drug DME form. Western Drug is a DME vendor that is contracted with L.A. Care and Health Net. They can also assist with identifying which health plan an individual belongs to.

L.A. Care Project Roomkey DME Process

For L.A. Care Medi-Cal members in Project Roomkey, L.A. Care has an expedited process for specific DME items: gait devices, wheelchairs, bathroom equipment, incontinence supplies, and diabetic supplies. To start this process, PRK providers and nurses need to identify L.A. Care Medi-Cal members and their DME needs. Next, PRK nurses will fill out the PRK Western Drug DME form and submit to Western Drug. Once this form is approved and processed, Western Drug will coordinate with PRK staff for DME delivery and one month initial DME supply. During that month, PRK staff should assist the member with connecting to their PCP to authorize long-term DME supply.

Please note that this expedited DME access process is only in place for L.A. Care Medi-Cal members and is currently authorized through August 31 (extension may be considered if needed).

My Health LA (MHLA)

Is your client an undocumented immigrant? They may be eligible for My Health LA. My Health LA is a no-cost health care program for people who live in Los Angeles County. MHLA is free to individuals and families who do not have and cannot get health insurance, such as Full-Scope Medi-Cal. Visit this [website](#) to learn how to enroll someone into My Health LA. This DME process does not apply to MHLA members.

Step-by-step for Project Roomkey Durable Medical Equipment (DME) requests

1. PRK Nurse or PRK provider identifies PRK client who needs specific DME on the PRK DME form.
2. PRK staff notifies PRK nurse or medical staff about client's DME need.
3. PRK nurse or medical staff reviews the client's DME needs.
4. PRK nurse or medical staff submits PRK DME form to Western Drug.
5. Western Drug reviews form.
 - a. If PRK client is also a **L.A. Care Medi-Cal member**, Western Drug will expedite DME request.
 - i. Western Drug will coordinate with PRK staff to dispense and deliver DME supply. Western Drug will provide only one month of DME supply.
 - ii. To make sure client does not run out of DME supply, PRK staff will work with PRK client's primary care doctor to obtain long-term DME supply authorization.
 - b. If PRK client is not a L.A. Care Medi-Cal member, Western Drug will notify corresponding health plan to process DME request. This will not follow the expedited request.



WESTERN DRUG MEDICAL SUPPLY

In Coordination With

PROJECT ROOM KEY

Tel: (800)891-3661 • Fax: (855) 819-8819

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Patient Name _____

DOB _____

Pt PRK address _____

Tel. _____

Pt PRK hotel name _____

Referring MD (optional) _____

Insurance M/Care Medi-Cal Other _____

ID # _____

Height _____

Weight _____

Diagnosis COPD CHF OSA Diabetes Mellitus (IDDM) Osteoarthritis
 Osteoporosis CVA Myocardial Infarction COVID-19 Other _____

EQUIPMENT

Gait Device a.k.a. mobility device L.O.N. _____

- FWW (E0143) Front wheeled walker
- 4WW (E0143 & E0156) Four wheeled walker
- SPC (E0100) Single Point Cane
- WBQC/NBQC (E0105) Wide base quad cane/Narrow Based quad cane

Bathroom Equipment L.O.N. _____

- Tub Transfer Bench (E0247)
- Shower Chair (E0245)
- All in 1 Commode (E0163)
- Raised Toilet Seat (E0244)

Diabetic Supplies (Pharmacy Benefit)

- Glucometer (E0607)
- Strips (NDC) Qty: 100 Other _____
- Lancets (NDC) Qty: 100 Other _____

Wheelchair L.O.N. _____

- Standard Weight (K0001) Foam Cushion (E2601)
- Lightweight (K0003) Gel Cushion (E2622)
- Hemi Height (K0002)
- Elevating Leg Rests (K0195) Back Cushion (E2611)
- Other _____

Incontinence Supplies

- Liners: (T4535) Moderate: _____ Heavy: _____ Qty: _____
- Briefs / Diaper: HCPC by Size
S (T4521) M (T4522) L (T4523) XL (T4524)
Size: _____ Qty: _____
- Pull On Diaper: HCPC by Size
S (T4525) M (T4526) L (T4527) XL (T4528)
Size: _____ Qty: _____
- Reusable Underwear: (T4536) Size: _____ Qty: _____
- Underpads: (T4541) Qty: _____
- Wash 8oz.: (A4345) Qty: _____
- Cream 9oz.: (A6250) Qty: _____

Please have the assigned registered nurse review the above request for accuracy before this is submitted to the western drug.

PRK assigned Nurse Name _____

PRK assigned Nurse Signature: _____ Date: _____

Please provide two points of contact and the PRK site phone number

Contact 1 name: _____ Phone number: _____

Contact 2 name: _____ Phone number: _____