



# **An Advocate's Guide to Medi-Cal Services**

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**Chapter X: Durable Medical Equipment, Orthotics and Prosthetics,  
and Other Non-Pharmaceutical Items**

# Chapter X: Durable Medical Equipment, Orthotics and Prosthetics, and Other Non-Pharmaceutical Items

## Outline of Medi-Cal Durable Medical Equipment, Orthotics & Prosthetics, and Other Non-Pharmaceutical Items\*

- Durable Medical Equipment (DME)
  - Prescribed by a licensed practitioner
  - Medi-Cal covers the lowest cost item that meets the beneficiary's needs
  - Covered DME, and items excluded from coverage
  - Prior authorization
  - Replacement and repair of DME
- Orthotics and Prosthetics
  - Covered Orthotics and Prosthetics
  - Prior Authorization
  - Other coverage issues
- Medical Supplies
  - Covered medical supplies
  - Prescription required
  - Prior authorization generally not needed if below a certain quantity
- Enteral Nutrition
  - Prescription required
  - Prior Authorization

\*This is a non-exhaustive list of services. It may not include all available services.

In addition to covered services and pharmaceuticals, Medi-Cal covers a wide variety of items used for medical purposes, which fall into the following categories:

- Durable medical equipment (DME),
- Orthoses and prostheses,
- Medical supplies, and
- Enteral nutrition products.

The types of items that may be covered include wheelchairs, hospital beds, bathroom seats, oxygen tanks, orthopedic shoes, artificial arms and legs, diabetic testing strips, and diapers. In order to obtain coverage of such items, a prescription is required and beneficiaries must often obtain prior authorization from Medi-Cal.

## A. Durable Medical Equipment

In Medi-Cal, DME equipment is covered when it withstands repeated uses; serves a medical purpose; is not useful to the beneficiary in the absence of an illness, injury, functional impairment, or congenital anomaly; and is appropriate for use in or out of the beneficiary's home.<sup>1</sup> The definition of DME excludes prosthetics and orthotics, which are discussed in Section B of this chapter.<sup>2</sup>

Medi-Cal will only cover “the lowest cost item that meets a patient’s medical needs.”<sup>4</sup> For example, individuals that need a wheelchair and have their medical needs met by a manual wheelchair may not have a power wheelchair approved. In contrast, if the beneficiary lacks the arm strength to self-propel a manual wheelchair, a power wheelchair may be covered.<sup>5</sup> Note that consistent with the Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) benefit, a beneficiary under age 21 is entitled to services, including DME, when necessary to correct or ameliorate the child or adolescent’s illness or condition. In addition, children eligible for the California Children Services (CCS) program may have their DME covered through that program.<sup>6</sup> (See Chapter VIII of this Guide on Children’s Health Services for more information.)

### ADVOCACY TIP:

✓ Unlike Medicare, Medi-Cal **does not** require that DME have an expected life of at least three years or that the device be appropriate for use in the home.<sup>3</sup> Therefore, a Medi-Cal beneficiary can obtain coverage of DME even if the equipment has an expected life of less than three years and is intended for use outside the home. For example, a beneficiary who needs a wheelchair to travel to doctor’s appointments, but does not need a wheelchair for moving about the house, may be entitled to Medi-Cal coverage of that wheelchair.

### 1. Types of Covered DME

Medi-Cal covers many different types of items as DME, including, but not limited to:<sup>7</sup>

- Ambulation devices such as walkers and gait trainers
- Bathroom equipment such as rails, seats, stools, benches, and shower hoses

- Blood glucose monitors
- Blood pressure equipment
- Hospital beds and accessories, such as mattresses and bedside rails
- Infusion pumps
- Negative Pressure Wound Therapy (NPWT) devices used to treat skin wounds
- Oxygen and respiratory equipment, including Continuous Positive Airway Pressure (CPAP) and Bi-Level Positive Airway Pressure (BIPAP) equipment, nebulizers, oxygen, oxygen racks, and ventilators
- Patient lifts and standing systems, which may include stairway chairlifts and standing frames to allow wheelchair dependent patients to achieve a passive standing position
- Pneumatic compressors
- Portable ramps (non-portable ramps that are fixed are not covered)
- Pulsed Irrigation Enhanced Evacuation (PIEE)
- Speech Generating Devices (SGD) and services
- Spinal Electrical Devices
- Therapeutic Anti-Decubitus Mattresses and Bed Products, such as pressure sore products and replacement pads
- Wheelchairs and scooters, including manual wheelchairs, power wheelchairs and other power mobility devices (PMD), lightweight and heavy-duty wheelchairs, pediatric adjustable wheelchairs, and seating and positioning components

Medi-Cal also covers DME to assist parents, stepparents, foster parents, or legal guardians with disabilities care for a child.<sup>8</sup>

Medi-Cal excludes several items from coverage as DME:<sup>9</sup>

- Air conditioners, air filters, or heaters
- Bicycles, tricycles, or exercise equipment (subject to certain exceptions)
- Books or other items of a primarily educational nature
- Food blenders
- Household items
- Modification of automobiles/or other highway motor vehicles
- Orthopedic mattresses, recliners, rockers, seat lift chairs, or other furniture items

### ADVOCACY TIP:

- ✓ Even if an item is not on Medi-Cal's list of covered DME, a beneficiary may still be able to obtain coverage of the item if it is medically necessary.
- ✓ The Medi-Cal Provider Manual includes helpful information on covered DME services, which is split into the following groups (each with its own manual section): Infusion Equipment; Oxygen and Respiratory Equipment; Speech Generating Devices; Therapeutic Anti-Decubitus Mattresses and Bed Products; Wheelchairs and Wheelchair Accessories; and Other DME Equipment.

- Reading lamps, or other lighting devices
- Television sets
- Waterbeds

## 2. Prior Authorization of DME

Medi-Cal has detailed rules regarding DME approval. DME items may be covered as medically necessary “only to preserve bodily functions essential to activities of daily living or to prevent significant physical disability.”<sup>10</sup> DME is only covered if a beneficiary has a prescription for the DME, and often prior authorization is also required.<sup>11</sup> For example, all DME above certain price thresholds is subject to prior authorization. If the beneficiary is seeking to purchase DME, then Medi-Cal prior approval is required if the cost exceeds \$100 (this cost may include multiple DME items if purchased in the same month).<sup>12</sup> If the DME is being rented, authorization is required if the cost of renting will exceed \$50 in a 15-month period.<sup>13</sup> Repair and/or maintenance of DME are subject to prior approval if the cost exceeds \$250.<sup>14</sup> Oxygen tanks are subject to prior approval if more than two “H” tanks are provided in a month, and “unlisted” DME – that is, DME that does not appear on Medi-Cal’s list of covered items – is always subject to prior approval.<sup>15</sup> Since most items of DME exceed these cost thresholds, a beneficiary typically will need to obtain Medi-Cal’s prior approval before receiving DME.

DME is also subject to a “face-to-face” encounter requirement, meaning the DME can be prescribed to a beneficiary only after a practitioner (e.g., a physician, nurse practitioner, clinical nurse specialist, or physician assistant) has physically examined the beneficiary (examinations via telehealth are permitted). The face-to-face encounter must “relate[] to the primary reason the recipient requires the DME item.”<sup>16</sup> For example, if a beneficiary is seeking a wheelchair, then the face-to-face encounter should address the beneficiary’s mobility issues. The practitioner prescribing the DME need not be the same practitioner who examined the beneficiary, but if they are different individuals then the clinical findings from the examining practitioner must be communicated to the prescribing practitioner. Moreover, the encounter must occur within six months of the date of the prescription.

## 3. Replacement and Repair of DME

Medi-Cal covers the replacement of DME. The frequency of replacement depends on the nature of the item. For example, Medi-Cal will provide up to three aerosol masks in a given month, but crutches and wheelchair accessories may be replaced only once every five years.<sup>17</sup> However, exceptions can be made to these limits. Under state law, Medi-Cal must “allow the replacement of durable medical equipment and medical supplies when necessary because of loss or destruction due to circumstances beyond the beneficiary’s control.”<sup>18</sup>

Thus, if an item of DME is stolen, then a beneficiary may be able to obtain coverage of a replacement item even if Medi-Cal policies indicate that the beneficiary is not yet entitled to a replacement. In addition, state law requires the DME vendor to replace “substandard or unsuitable items” at no additional cost to Medi-Cal or the beneficiary.<sup>19</sup>

Beneficiaries are responsible for the appropriate use and care of DME.<sup>20</sup> If an item of DME is destroyed or damaged due to the beneficiary’s fault, then Medi-Cal may not be required to replace the item.

Medi-Cal also covers repairs of DME under certain circumstances. Under Medi-Cal, a warranty period must extend for at least six months from the date of purchase.<sup>21</sup> If the item needs repair during this warranty period, then the DME supplier is responsible for having the item repaired for free, and Medi-Cal will not pay for the repairs.<sup>22</sup> A separate warranty period applies for at least three months after the date of repair: if an item needs a second repair during the warranty period, then the vendor who initially repaired the item must conduct another repair without billing Medi-Cal a second time.<sup>23</sup> If the warranty has expired, then Medi-Cal will pay a separate claim for repairs. Both the labor costs of repair and the costs of parts may be covered.

A beneficiary can only obtain coverage of a replacement or repair of DME if the beneficiary has a prescription. In some cases, the existing prescription may cover the replacement or repair, but if a year has passed since the date on the prescription, then the beneficiary is required to obtain a new prescription.<sup>24</sup>

## B. Orthotics and Prosthetics

Under Medi-Cal, “orthosis” is “an externally applied appliance used to modify the structural and functional characteristics of the neuromuscular and skeletal systems.” A “prosthesis” is “an externally applied appliance used to replace wholly, or in part, an absent or deficient body part.”<sup>26</sup> A common example of an orthosis is a neck brace and a common example of a prosthesis is an artificial arm or leg. In addition to the actual prosthetic or orthotic appliance, prosthetic or orthotic services are covered. Such services include medical examinations related to the provision of appliances, laboratory work necessary for the construction of the appliance, adjustment of appliances, application of dressings, and fitting of appliances.<sup>27</sup>

### 1. Types of Covered Orthotics and Prosthetics

Covered orthotic appliances include:<sup>28</sup>

- Compression burn garments
- Gradient compression stockings
- Lower limb orthotic devices, such as knee, ankle-foot, or hip orthoses

- Orthopedic shoes
- Shoe supplies for people who have diabetes
- Spinal orthoses, such as cranial orthoses (helmets) and cervical orthoses (collars)
- Upper limb orthotic devices, such as shoulder or elbow orthoses

Covered prosthetic appliances include:<sup>29</sup>

- Breast prostheses
- Lower limb prostheses, such as an artificial foot
- Terminal devices such as hooks
- Upper limb prostheses, such as an artificial hand or arm

Medi-Cal does not cover appliances whose sole purpose is cosmetic restoration, nor does it cover backup appliances except when the primary appliance must be worn by the beneficiary 24 hours per day or when the appliance must be cleaned on a regular basis and cannot be dried overnight.<sup>30</sup>

## 2. Prior Authorization

The prosthetics and orthotic appliance coverage rules mirror the DME rules in many respects. As with DME, prosthetics and orthotic appliances are covered only if a patient has a prescription.<sup>31</sup> Prior authorization for orthotics is required if the cumulative costs of purchase, replacement, and repair exceed \$250 in a 90-day period; the threshold is \$500 in a 90-day period for prosthetic appliances.<sup>32</sup> If the orthotic or prosthetic appliance does not appear on Medi-Cal's list of covered appliances, then it can be obtained only via prior authorization.<sup>33</sup> In addition, prior authorization is always required if the item is furnished by a podiatrist.<sup>34</sup> As is the case with DME, only the lowest cost appliance that meets the beneficiary's needs is covered, but the EPSDT benefit applies for children.<sup>35</sup>

Prosthetic and orthotic appliances are covered only if the appliance is "medically necessary for the restoration of bodily functions, to support a weakened or deformed body member or for the replacement of a body part and is reasonable and necessary to protect life, to prevent significant illness or disability, or to alleviate severe pain."<sup>36</sup> In addition, the appliance must be "essential to performing activities of daily living or instrumental activities of daily living."<sup>37</sup> In other words, Medi-Cal does not cover appliances prescribed for the sole purpose of restoring functions beyond activities of daily living or instrumental activities of daily living, nor does it cover appliances intended to improve the beneficiary's abilities beyond those that existed prior to the onset of the disability or injury.<sup>38</sup>

### 3. Other Coverage Issues

As is the case with DME, Medi-Cal covers replacement of orthotic and prosthetic appliances according to a set schedule.<sup>39</sup> Medi-Cal also covers the replacement of an orthosis or a prosthesis if the device is lost or destroyed due to circumstances beyond the beneficiary's control.<sup>40</sup>

Generally, an orthosis or prosthesis must be furnished by an orthotist, a prosthetist, a physician, a podiatrist, a mastectomy fitter, or a California Children's Services (CCS) provider.<sup>41</sup> However, for certain categories of prosthetic and orthotic appliances, a Medi-Cal beneficiary can obtain such devices from a pharmacy.<sup>42</sup>

### C. Medical Supplies

Common medical supplies covered by Medi-Cal include:<sup>43</sup>

- Diabetic testing strips and lancets
- Incontinence medical supplies, such as diapers, undergarments, liners and pants, adult pant systems, barrier creams for the skin, and incontinence washes
- Needles
- Tracheostomy supplies
- Urinary catheters
- Wound care dressings

Common household items such as rubbing alcohol, cotton balls and swabs, Q-tips, hydrogen peroxide, non-prescription shampoos, and dry skin oils are not covered as medical supplies.<sup>44</sup> Medi-Cal typically is more generous in its coverage of supplies than Medicare, which generally only covers supplies as part of a home health visit.

Medical supplies are only covered if a physician has issued a prescription for such supplies. If a beneficiary seeks to obtain supplies more than one year after the prescription has been issued, the beneficiary must obtain a new prescription.<sup>45</sup>

Because medical supplies are typically less expensive than DME and orthotic and prosthetic appliances, they often can be obtained without prior authorization if the prescription is below a certain quantity limit. For example, up to 100 insulin syringes (U-500) can be provided in a 27-day period without prior authorization.

#### **ADVOCACY TIP:**

- ✓ DHCS has posted online a spreadsheet with medical supply billing codes, units, quantity limits, and prior authorization information.<sup>46</sup>



Other supplies, such as a tracheostomy speaking valve, are always subject to prior authorization.

Incontinence medical supplies are covered only for use in chronic pathologic conditions causing the beneficiary's incontinence. Generally, children under the age of five cannot receive coverage of incontinence medical supplies, given that the need for diapers for young children is not considered a medical condition. However, such supplies may be covered for children under five under EPSDT, where the incontinence is due to a chronic physical or mental condition.<sup>47</sup>

## D. Enteral Nutrition

Enteral nutrition is a means of delivering nutrition directly to an individual's digestive tract, sometimes referred to as tube feeding. Medi-Cal beneficiaries may require enteral nutrition if they have a form of cancer that makes it difficult to swallow food or some other disease or trauma that interferes with the ability to eat.

Enteral nutrition products are only covered for Medi-Cal beneficiaries who have medical conditions that preclude the use of regular food.<sup>48</sup> Regular food, including pureed foods, infant formula, shakes, bars, gels, and products for weight loss assistance are not covered by Medi-Cal.<sup>49</sup> Because enteral nutrition products are only covered for those who cannot eat regular food, they are not covered for individuals who use such products as a convenient alternative to eating regular food.<sup>50</sup>

A beneficiary can only obtain an enteral nutrition product if the beneficiary has obtained a physician's prescription for such product.<sup>51</sup> In addition, such products are always subject to prior authorization.<sup>52</sup>

Beneficiaries can obtain coverage of products on the Medi-Cal list of covered enteral nutrition products. If a beneficiary is taking a product that is deleted from the list, the beneficiary may continue to receive that product if a claim for that product continues to be submitted on behalf of the beneficiary at least every 100 days.<sup>53</sup> Medi-Cal is required to notify beneficiaries at least 60 days prior to the deletion of a product from the list of covered enteral nutrition products.<sup>54</sup>

# Endnotes

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- <sup>1</sup> CAL. CODE REGS. tit. 22, § 51160.
- <sup>2</sup> Cal. Dep't Health Care Servs., *Allied Health Provider Manual – Part 2: Durable Medical Equipment and Medical Supplies, Durable Medical Equipment (DME): Wheelchair and Wheelchair Accessories Guidelines* 21 (2021), <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/durawheelguide.pdf> [hereinafter *Wheelchair Guidelines*].
- <sup>3</sup> Compare CAL. CODE REGS. tit. 22, § 51160 (Medi-Cal definition of DME) with 42 C.F.R. § 414.202 (Medicare definition of DME).
- <sup>4</sup> CAL. CODE REGS. tit. 22, § 51321(g); see also Cal. Dep't Health Care Servs., *Allied Health Provider Manual – Part 2: Durable Medical Equipment and Medical Supplies, Durable Medical Equipment (DME): An Overview* 1 (2022), <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/dura.pdf> [hereinafter *DME Overview*].
- <sup>5</sup> Cal. Dep't Health Care Servs., All Plan Letter 15-018 at 6 (July 9, 2015), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2015/APL15-018.pdf>.
- <sup>6</sup> See also Alicia Emanuel & Michelle Lilienfeld, Nat'l Health Law Prog., *Helping Families Obtain Durable Medical Equipment and Supplies Through The California Children's Services (CCS) Program* (June 11, 2021), <https://healthlaw.org/resource/helping-families-obtain-durable-medical-equipment-and-supplies-through-the-california-childrens-services-ccs-program/>.
- <sup>7</sup> *DME Overview*, *supra* note 4, at 1–2 (listing general categories of covered DME, each of which is detailed in separate manual sections); *Wheelchair Guidelines*, *supra* note 2, at 2, 6–13; Cal. Dep't Health Care Servs., *Allied Health Provider Manual – Part 2: Durable Medical Equipment and Medical Supplies, Durable Medical Equipment (DME): Infusion Equipment* 1 (2021), <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/durainf.pdf>; Cal. Dep't Health Care Servs., *Allied Health Provider Manual – Part 2: Durable Medical Equipment and Medical Supplies, Durable Medical Equipment (DME): Oxygen and Respiratory Equipment* 2 (2022), <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/duraoxy.pdf>; Cal. Dep't Health Care Servs., *Allied Health Provider Manual – Part 2: Durable Medical Equipment and Medical Supplies, Durable Medical Equipment (DME): Therapeutic Anti-Decubitus Mattresses and Bed Products* 2 (2021), <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/durathp.pdf>; Cal. Dep't Health Care Servs., *Allied Health Provider Manual – Part 2: Durable Medical Equipment and Medical Supplies, Durable Medical Equipment (DME): Other DME Equipment* 2 (2022), <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/duraother.pdf>.

- <sup>8</sup> CAL. WELF. & INST. CODE § 14132(m).
- <sup>9</sup> CAL. CODE REGS. tit. 22, § 51321(e); *see also DME Overview, supra* note 4, at 3.
- <sup>10</sup> *DME Overview, supra* note 4, at 2.
- <sup>11</sup> CAL. CODE REGS. tit. 22, §§ 51160, 51321(b).
- <sup>12</sup> *Id.* § 51321(b)(1).
- <sup>13</sup> *Id.* § 51321(b)(2).
- <sup>14</sup> *Id.*
- <sup>15</sup> *Id.* § 51321(b)(3).
- <sup>16</sup> *DME Overview, supra* note 4, at 6.
- <sup>17</sup> Cal. Dep't Health Care Servs., *Allied Health Provider Manual – Part 2: Durable Medical Equipment and Medical Supplies, Durable Medical Equipment (DME) Billing Codes: Frequency Limits* (2022), <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/duracdfre.pdf>.
- <sup>18</sup> CAL. WELF. & INST. CODE § 14132(m).
- <sup>19</sup> CAL. CODE REGS. tit. 22, § 51224.5(a)(6)(F).
- <sup>20</sup> *Id.* § 51321(i).
- <sup>21</sup> *Id.*
- <sup>22</sup> *Id.* § 51224.5(a)(6)(B).
- <sup>23</sup> *Id.* § 51521(i).
- <sup>24</sup> *DME Overview, supra* note 4, at 6.
- <sup>25</sup> CAL. CODE REGS. tit. 22, § 51161(ppp).
- <sup>26</sup> *Id.* § 51161(yyy).
- <sup>27</sup> *Id.* § 51161(gggg).
- <sup>28</sup> *Id.* § 51315.1.
- <sup>29</sup> *Id.* § 51315.2.
- <sup>30</sup> *Id.* § 51315(d); Cal. Dep't Health Care Servs., *Allied Health Provider Manual – Part 2: Orthotics and Prosthetics, Orthotic and Prosthetic Appliances and Services 2* (2020), <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/ortho.pdf> [hereinafter *Orthotic and Prosthetic Appliances and Services*].
- <sup>31</sup> CAL. CODE REGS. tit. 22, § 51315(a).
- <sup>32</sup> *Id.* § 51315(b); *see also* CAL. WELF. & INST. CODE § 14132.765.
- <sup>33</sup> CAL. CODE REGS. tit. 22, § 51315(b).
- <sup>34</sup> *Orthotic and Prosthetic Appliances and Services, supra* note 30, at 5.
- <sup>35</sup> CAL. CODE REGS. tit. 22, § 51315(c)(5).
- <sup>36</sup> *Id.* § 51315(c)(1).

- <sup>37</sup> *Id.* § 51315(c)(2).
- <sup>38</sup> *Id.* § 51315(c)(3), (d)(3).
- <sup>39</sup> See Cal. Dep't Health Care Servs., *Allied Health Provider Manual – Part 2: Orthotics and Prosthetics, Frequency Limits for Orthotics* (2022), <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/orthocdfre1.pdf>; Cal. Dep't Health Care Servs., *Allied Health Provider Manual – Part 2: Orthotics and Prosthetics, Frequency Limits for Prosthetics* (2022), <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/orthocdfre2.pdf>.
- <sup>40</sup> CAL. WELF. & INST. CODE § 14132(k).
- <sup>41</sup> *Orthotic and Prosthetic Appliances and Services*, *supra* note 30, at 3.
- <sup>42</sup> CAL. WELF. & INST. CODE § 14105.21(b).
- <sup>43</sup> Cal. Dep't Health Care Servs., *Allied Health Provider Manual – Part 2: Durable Medical Equipment and Medical Supplies, Medical Supplies 1* (2022) <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/mcsup.pdf> [hereinafter *Medical Supplies*]; Cal. Dep't Health Care Servs., *Allied Health Provider Manual – Part 2: Durable Medical Equipment and Medical Supplies, Incontinence Medical Supplies 1* (2022), <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/incont.pdf> [hereinafter *Incontinence Medical Supplies*].
- <sup>44</sup> *Medical Supplies*, *supra* note 43, at 4; see also CAL. CODE REGS. tit. 22, § 51320(b).
- <sup>45</sup> *Medical Supplies*, *supra* note 43, at 2.
- <sup>46</sup> Cal. Dep't Health Care Servs., *Medical Supplies Billing Codes, Units, and Quantity Limits* (2022), <http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/mcsupbilling.xlsx/>.
- <sup>47</sup> *Incontinence Medical Supplies*, *supra* note 43, at 1.
- <sup>48</sup> CAL. CODE REGS. tit. 22, § 51313.3(e)(2).
- <sup>49</sup> Cal. Dep't of Health Care Servs., *Allied Health Provider Manual – Part 2: Durable Medical Equipment and Medical Supplies, Enteral Nutrition Products 2* (2022), <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/enteral.pdf>.
- <sup>50</sup> *Id.*
- <sup>51</sup> *Id.* at 3.
- <sup>52</sup> CAL. WELF. & INST. CODE § 14105.8(i).
- <sup>53</sup> *Id.* § 14105.8(g).
- <sup>54</sup> *Id.* § 14105.8(h).