

California Code of Regulations
Title 22. Social Security
Division 3. Health Care Services
Subdivision 1. California Medical Assistance Program
Chapter 2. Determination of Medi-Cal Eligibility and Share of Cost

(1) Amend section 50179 to read as follows:

§ 50179. Notice of Action – Medi-Cal-Only Determinations or Redeterminations.

(a) County departments shall notify applicants and beneficiaries in writing of their Medi-Cal-only eligibility or ineligibility, and of any changes made in their eligibility status or share of cost. This notification shall be called the “Notice of Action.”

(b) Except for notices required pursuant to sections 14005.31 and 14005.32 of the Welfare and Institutions Code, The a Notice of Action shall be on a form prescribed by the Department and shall include the name and telephone number of the ~~eligibility worker who completed the eligibility determination~~ county department worker, county department call center, or other appropriate county department contact that is able to assist applicants and beneficiaries with questions about their Notice of Action, and the date the form was completed. A copy of the Notice of Action shall be placed in the case file.

(c) The Notice of Action shall include the following:

(1) The approval, denial or discontinuance of eligibility, the rescission of a denial or discontinuance, or the change in the share of cost and the effective date of the action.

(2) The amount of the share of cost, if any, and the amount of the net nonexempt income used to determine the share of cost.

(3) The reason an action is being taken and the law or regulation that requires the action, if the action is a denial, discontinuance or increase in share of cost.

(4) The right to request a State hearing if dissatisfied with:

(A) Any action or inaction by the county department that affects the applicant's or beneficiary's Medi-Cal eligibility or share of cost, except as limited in Section 50951(a).

(B) Any action taken by, or on behalf of, the Department that affects the applicant's or beneficiary's Medi-Cal benefits.

(5) The procedures for requesting a State hearing and the time limits within which a State hearing must be requested.

(6) The circumstances under which aid will be continued if a State hearing is requested.

(7) A statement, when appropriate, regarding the information or action necessary to reestablish eligibility or determine a correct share of cost.

(d) The Notice of Action shall be mailed for:

(1) Adverse actions, at least 10 calendar days prior to the first of the month in which the action becomes effective, excluding the date of mailing.

(2) Discontinuances or increases in the share of cost which are not adverse actions, in sufficient time to reach the beneficiary by the effective date of the action.

(3) All other instances, no later than the date the county department takes the action.

(e) Duplicate Notices of Action shall be mailed to the administrator of the long-term care facility in which the applicant or beneficiary resides, if the applicant or beneficiary or person acting on their behalf has made such a request.

(f) Conditional notices, which advise applicants or beneficiaries that eligibility will be denied or discontinued unless specified actions are taken by the applicants or beneficiaries, shall not be considered to meet the Notice of Action requirements of (a).

Note: Authority cited: Section 20, Health and Safety Code; Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 10950, 10951, 11002, 11004, 11052, 11055, 14000, 14005, 14016, 14016.2, 14023, 14023.7 and 14124.90, Welfare and Institutions Code.