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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 2@ Determination of Medi-Cal Eligibility and Share of Cost

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Article 1@ DEFINITIONS, ABBREVIATIONS AND PROGRAM TERMS

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Section 50015@ Adverse Action

## **50015 Adverse Action**

### **(a)**

Adverse action means an action taken by a county department which discontinues Medi-Cal eligibility or increases an MFBU's share of cost. The following shall not be considered to be adverse actions: (1) Discontinuance due to any of the following reasons: (A) Death, for a one-person MFBU. (B) The whereabouts of the beneficiary is unknown and the post office has returned county department mail directed to the beneficiary indicating no forwarding address. (C) Admission to an institution which renders the beneficiary ineligible. (D) The beneficiary also has Medi-Cal eligibility under another identity or category, or in another county or state; or will have such dual eligibility as of the first of the coming month if discontinuance action is not taken. (E) Receipt of the beneficiary's clear and signed written statement that does either of the following: 1. States the beneficiary no longer wishes Medi-Cal benefits. 2. Gives information that requires discontinuance and includes the beneficiary's acknowledgment that this must be the consequence of supplying such information. (2) An increase in an MFBU's share of cost due to either of the following: (A) The voluntary inclusion of eligible family members who currently are not receiving benefits under any Medi-Cal program. (B) Receipt of the beneficiary's clear and signed statement which gives information which requires an increase in the share of cost and includes the beneficiary's acknowledgment that this must be the consequence of supplying such information.

**(1)**

Discontinuance due to any of the following reasons: (A) Death, for a one-person MFBU. (B) The whereabouts of the beneficiary is unknown and the post office has returned county department mail directed to the beneficiary indicating no forwarding address. (C) Admission to an institution which renders the beneficiary ineligible. (D) The beneficiary also has Medi-Cal eligibility under another identity or category, or in another county or state; or will have such dual eligibility as of the first of the coming month if discontinuance action is not taken. (E) Receipt of the beneficiary's clear and signed written statement that does either of the following: 1. States the beneficiary no longer wishes Medi-Cal benefits. 2. Gives information that requires discontinuance and includes the beneficiary's acknowledgment that this must be the consequence of supplying such information.

**(A)**

Death, for a one-person MFBU.

**(B)**

The whereabouts of the beneficiary is unknown and the post office has returned county department mail directed to the beneficiary indicating no forwarding address.

**(C)**

Admission to an institution which renders the beneficiary ineligible.

**(D)**

The beneficiary also has Medi-Cal eligibility under another identity or category, or in another county or state; or will have such dual eligibility as of the first of the coming month if discontinuance action is not taken.

**(E)**

Receipt of the beneficiary's clear and signed written statement that does either of the following: 1. States the beneficiary no longer wishes Medi-Cal benefits. 2. Gives information

that requires discontinuance and includes the beneficiary's acknowledgment that this must be the consequence of supplying such information.

**1.**

States the beneficiary no longer wishes Medi-Cal benefits.

**2.**

Gives information that requires discontinuance and includes the beneficiary's acknowledgment that this must be the consequence of supplying such information.

**(2)**

An increase in an MFBU's share of cost due to either of the following:(A) The voluntary inclusion of eligible family members who currently are not receiving benefits under any Medi-Cal program. (B) Receipt of the beneficiary's clear and signed statement which gives information which requires an increase in the share of cost and includes the beneficiary's acknowledgment that this must be the consequence of supplying such information.

**(A)**

The voluntary inclusion of eligible family members who currently are not receiving benefits under any Medi-Cal program.

**(B)**

Receipt of the beneficiary's clear and signed statement which gives information which requires an increase in the share of cost and includes the beneficiary's acknowledgment that this must be the consequence of supplying such information.