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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
|->
Article 2@ ADMINISTRATION
|->
Section 50116.5@ Appeal of Quality Control Review Findings
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50116.5 Appeal of Quality Control Review Findings

(a)

When the Department finds a sampled case that includes an ineligible person or a person with an understated share of cost, written notification which describes the error shall be sent to the county department.

(b)

The county department shall respond to the Department in writing within two weeks from receipt of notification of the error and shall indicate whether it agrees or disagrees with the findings.

(c)

If the county disagrees, the Department shall reevaluate the error findings, taking into consideration any additional facts contained in the county's response.

(d)

The Department shall again notify the county of the Department's findings.

(e)

The county may then appeal to the Chief, Medi-Cal Policy Division, requesting that the Department review the case and render a final decision.