

50148 Application for Retroactive Medi-Cal

(a)

A person or family applying for retroactive Medi-Cal shall: (1) Submit a completed application form to the county department, if the application is for retroactive coverage only. (2) Request retroactive coverage in one of the following ways if the request for retroactive Medi-Cal is made in conjunction with, or after, an application for public assistance or Medi-Cal:(A) On the application form. (B) On the Statement of Facts. (C) By submitting a written request.

(1)

Submit a completed application form to the county department, if the application is for retroactive coverage only.

(2)

Request retroactive coverage in one of the following ways if the request for retroactive Medi-Cal is made in conjunction with, or after, an application for public assistance or Medi-Cal:(A) On the application form. (B) On the Statement of Facts. (C) By submitting a written request.

(A)

On the application form.

(B)

On the Statement of Facts.

(C)

By submitting a written request.

(b)

An application for retroactive coverage pursuant to (a)(2) must be submitted within one year of the month for which retroactive coverage is requested.