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California Code Of Regulations
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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 4@ Beneficiary Application Process
|->
Section 50189@ Redetermination -Frequency and Process
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50189 Redetermination -Frequency and Process

(a)

Persons or families determined to be eligible for Medi-Cal shall have their eligibility redetermined at least once every 12 months.

(b)

At the time of the redetermination, the beneficiary shall complete a new Statement of Facts.

(c)

The county department shall: (1) Complete the redetermination within 12 months of the most recent of the following: (A) Approval of eligibility on any application, reapplication or restoration which required a Statement of Facts form. (B) Last redetermination. (2) Inform beneficiaries in writing that income and eligibility information, including tax information, will be obtained through the IEVS. (3) Verify information on the Statement of Facts in accordance with Section 50169(d). (4) Send a Notice of Action if there is a change in the beneficiary's eligibility status or share of cost. (5) Provide an informational pamphlet on the CHDP program to the beneficiary which describes the CHDP benefits available, and how and where the benefits are provided in the county, if there are persons under 21 years of age in the family.

(1)

Complete the redetermination within 12 months of the most recent of the following:

(A) Approval of eligibility on any application, reapplication or restoration which required a Statement of Facts form. (B) Last redetermination.

(A)

Approval of eligibility on any application, reapplication or restoration which required a Statement of Facts form.

(B)

Last redetermination.

(2)

Inform beneficiaries in writing that income and eligibility information, including tax information, will be obtained through the IEVS.

(3)

Verify information on the Statement of Facts in accordance with Section 50169(d).

(4)

Send a Notice of Action if there is a change in the beneficiary's eligibility status or share of cost.

(5)

Provide an informational pamphlet on the CHDP program to the beneficiary which describes the CHDP benefits available, and how and where the benefits are provided in the county, if there are persons under 21 years of age in the family.

(d)

A face-to-face interview shall be required at the time of redetermination for all MFBUs which contain at least one AFDC-MN or MI member, except for MFBUs consisting of any of the following: (1) Persons who receive Medi-Cal through the Aid for Adoption of Children program. (2) Persons who have a government representative, such as a public guardian, acting on their behalf. (3) MI children who are not living with a parent or relative and for whom a public agency is

assuming financial responsibility in whole or in part.

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