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 4@ Beneficiary Application Process
|->
Section 50155@ Withdrawal of Application -Request for Discontinuance

## CA

## 50155 Withdrawal of Application -Request for Discontinuance

(a)

An applicant or beneficiary may withdraw an application for or request discontinuance from Medi-Cal by any of the following methods:(1) Completion of a Request for Withdrawal of Application or Discontinuance of Eligibility form. (A) The original shall be placed in the case file. (B) A copy shall be given to the applicant. (2) Submission of a signed request for withdrawal or discontinuance. The request for withdrawal or discontinuance shall be placed in the case file. (3) Failing to respond to a Notice of Action which requests that the beneficiary contact the county to indicate a desire to continue eligibility.

**(1)** 

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(A)

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(B)

A copy shall be given to the applicant.

(2)

Submission of a signed request for withdrawal or discontinuance. The request for

withdrawal or discontinuance shall be placed in the case file.

(3)

Failing to respond to a Notice of Action which requests that the beneficiary contact the county to indicate a desire to continue eligibility.