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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 4@ Beneficiary Application Process

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Section 50175@ Denial or Discontinuance Due to Lack of Information, Noncooperation or Loss of Contact

50175 Denial or Discontinuance Due to Lack of Information, Noncooperation or Loss of Contact

(a)

The application shall be denied or eligibility shall be discontinued under any of the following circumstances: (1) There is insufficient information available to make an eligibility determination, after the county department has made a reasonable effort to obtain the necessary information. (2) The applicant or person completing the Statement of Facts fails, without good cause, to provide necessary verification or to cooperate with the county department in resolving incomplete, inconsistent or unclear information on the Statement of Facts. (3) The beneficiary fails, without good cause, to return a status report required under Section 50191(a) or (b). (4) The applicant or beneficiary fails, without good cause, to participate in the face-to-face interview in accordance with Section 50157. (5) The applicant or beneficiary fails, without good cause, to respond within 10 days to a letter from the county department identifying information received from the IEVS and requesting further information. (6) The county department, after reasonable attempts to contact the applicant or beneficiary, determines that there is loss of contact. (7) The applicant or beneficiary; (A) Refuses to assign to the state all rights to medical support and payments as specified in Section 50185(a)(11). (B) Fails to cooperate with the state, county department, and the district attorney's office, without good cause, as specified in Section 50771.5 in: 1. Providing information

to establish paternity for a child under eighteen years of age born out of wedlock for whom Medi-Cal is requested; 2. Obtaining medical support and payments; and 3. Identifying and providing information to assist the state, county, or district attorney in pursuing any third party who is or may be liable to pay for medical care, services, or support. In the case of a refusal to assign rights or to cooperate in (B) above, the parent or caretaker relative will be given the opportunity to withdraw his/her application. Refusal to withdraw the application shall result in his/her ineligibility as specified in Section 50379.

(1)

There is insufficient information available to make an eligibility determination, after the county department has made a reasonable effort to obtain the necessary information.

(2)

The applicant or person completing the Statement of Facts fails, without good cause, to provide necessary verification or to cooperate with the county department in resolving incomplete, inconsistent or unclear information on the Statement of Facts.

(3)

The beneficiary fails, without good cause, to return a status report required under Section 50191(a) or (b).

(4)

The applicant or beneficiary fails, without good cause, to participate in the face-to-face interview in accordance with Section 50157.

(5)

The applicant or beneficiary fails, without good cause, to respond within 10 days to a letter from the county department identifying information received from the IEVS and requesting further information.

(6)

The county department, after reasonable attempts to contact the applicant or beneficiary, determines that there is loss of contact.

(7)

The applicant or beneficiary; (A) Refuses to assign to the state all rights to medical support and payments as specified in Section 50185(a)(11). (B) Fails to cooperate with the state, county department, and the district attorney's office, without good cause, as specified in Section 50771.5 in: 1. Providing information to establish paternity for a child under eighteen years of age born out of wedlock for whom Medi-Cal is requested; 2. Obtaining medical support and payments; and 3. Identifying and providing information to assist the state, county, or district attorney in pursuing any third party who is or may be liable to pay for medical care, services, or support. In the case of a refusal to assign rights or to cooperate in (B) above, the parent or caretaker relative will be given the opportunity to withdraw his/her application. Refusal to withdraw the application shall result in his/her ineligibility as specified in Section 50379.

(A)

Refuses to assign to the state all rights to medical support and payments as specified in Section 50185(a)(11).

(B)

Fails to cooperate with the state, county department, and the district attorney's office, without good cause, as specified in Section 50771.5 in: 1. Providing information to establish paternity for a child under eighteen years of age born out of wedlock for whom Medi-Cal is requested; 2. Obtaining medical support and payments; and 3. Identifying and providing information to assist the state, county, or district attorney in pursuing any third party who is or may be liable to pay for medical care, services, or support. In the case of a refusal to assign rights or to cooperate in (B) above, the parent or caretaker relative will be given the opportunity to withdraw his/her application. Refusal to withdraw the application shall result in

his/her ineligibility as specified in Section 50379.

1.

Providing information to establish paternity for a child under eighteen years of age born out of wedlock for whom Medi-Cal is requested;

2.

Obtaining medical support and payments; and

3.

Identifying and providing information to assist the state, county, or district attorney in pursuing any third party who is or may be liable to pay for medical care, services, or support. In the case of a refusal to assign rights or to cooperate in (B) above, the parent or caretaker relative will be given the opportunity to withdraw his/her application. Refusal to withdraw the application shall result in his/her ineligibility as specified in Section 50379.

(b)

A person or family whose eligibility is denied or discontinued for any of the reasons specified in (a) may: (1) Reapply at any time, including the original month of application. (2) Have the denial or discontinuance rescinded by providing evidence that the person or family had good cause for not meeting the conditions specified by the county department.

(1)

Reapply at any time, including the original month of application.

(2)

Have the denial or discontinuance rescinded by providing evidence that the person or family had good cause for not meeting the conditions specified by the county department.

(c)

For purposes of this section good cause includes, but is not limited to: (1) Failure

of the county to provide the beneficiary with the required status report form or with the information that failure to complete and return the form may result in discontinuance. (2) Failure of the postal system to deliver the required status report forms in a timely manner. (3) Physical or mental illness or incapacity of the beneficiary and the authorized representative which precludes their completion or return of the completed status report form in a timely manner, or which precludes their participation in the face-to-face interview. (4) A level of literacy of the beneficiary and the authorized representative which, in conjunction with other social or language barriers, precludes the beneficiary and the authorized representative from completing the status report. (5) Failure of the county to process properly the submitted Statement of Facts or status report form. (6) Unavailability of transportation to the county department for the face-to-face interview. (7) A determination by the county department that the applicant or beneficiary (1) failed to cooperate in obtaining medical support and payments for himself/herself and for any other individual for whom he/she is applying; in identifying and providing information to assist the state, county, and/or district attorney in pursuing any third party who is or may be liable to pay for medical care, services, and support; and in establishing paternity, but (2) met the good cause criteria specified in Section 50771.5.

(1)

Failure of the county to provide the beneficiary with the required status report form or with the information that failure to complete and return the form may result in discontinuance.

(2)

Failure of the postal system to deliver the required status report forms in a timely manner.

(3)

Physical or mental illness or incapacity of the beneficiary and the authorized representative which precludes their completion or return of the completed status report form in a timely manner, or which precludes their participation in the face-to-face interview.

(4)

A level of literacy of the beneficiary and the authorized representative which, in conjunction with other social or language barriers, precludes the beneficiary and the authorized representative from completing the status report.

(5)

Failure of the county to process properly the submitted Statement of Facts or status report form.

(6)

Unavailability of transportation to the county department for the face-to-face interview.

(7)

A determination by the county department that the applicant or beneficiary (1) failed to cooperate in obtaining medical support and payments for himself/herself and for any other individual for whom he/she is applying; in identifying and providing information to assist the state, county, and/or district attorney in pursuing any third party who is or may be liable to pay for medical care, services, and support; and in establishing paternity, but (2) met the good cause criteria specified in Section 50771.5.