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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 14@ MEDI-CAL CARD USE AND ISSUANCE

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Section 50743@ Medi-Cal Card Issuance by the County Department - No Share of Cost

50743 Medi-Cal Card Issuance by the County Department - No Share of Cost

(a)

The county department shall issue a current or past month Medi-Cal card as limited by Section 50746, to each person who meets all of the following conditions:(1) Is eligible for SSI/SSP. The county department shall verify SSI/SSP eligibility by obtaining information from the SDX data available to the county. If the SDX data on the individual does not appear to be accurate or complete, proof of eligibility shall be any of the following:(A) The SSI/SSP check for the month for which the card is requested. (B) Documentation from the Social Security Administration verifying eligibility. (C) An SSI/SSP award letter received that month. (D) An approved Title XVI emergency loan for that month. (E) Other proof of eligibility as specified by the Department. (2) Is not enrolled in a comprehensive PHP for the month for which a card is requested. (3) Needs any of the following: (A) Additional or duplicate POE labels. (B) A replacement for a mutilated card. (C) A replacement for a card containing erroneous data. (D) A replacement Medi-Cal card because the original card was not received. In this case, the SSI/SSP recipient shall complete and sign form MC 110.

(1)

Is eligible for SSI/SSP. The county department shall verify SSI/SSP eligibility by obtaining information from the SDX data available to the county. If the SDX data on the

individual does not appear to be accurate or complete, proof of eligibility shall be any of the following: (A) The SSI/SSP check for the month for which the card is requested. (B) Documentation from the Social Security Administration verifying eligibility. (C) An SSI/SSP award letter received that month. (D) An approved Title XVI emergency loan for that month. (E) Other proof of eligibility as specified by the Department.

(A)

The SSI/SSP check for the month for which the card is requested.

(B)

Documentation from the Social Security Administration verifying eligibility.

(C)

An SSI/SSP award letter received that month.

(D)

An approved Title XVI emergency loan for that month.

(E)

Other proof of eligibility as specified by the Department.

(2)

Is not enrolled in a comprehensive PHP for the month for which a card is requested.

(3)

Needs any of the following: (A) Additional or duplicate POE labels. (B) A replacement for a mutilated card. (C) A replacement for a card containing erroneous data. (D) A replacement Medi-Cal card because the original card was not received. In this case, the SSI/SSP recipient shall complete and sign form MC 110.

(A)

Additional or duplicate POE labels.

(B)

A replacement for a mutilated card.

(C)

A replacement for a card containing erroneous data.

(D)

A replacement Medi-Cal card because the original card was not received. In this case, the SSI/SSP recipient shall complete and sign form MC 110.

(b)

The county department may issue current or past month Medi-Cal cards, as limited by Section 50746, to all other Medi-Cal eligibles who meet all of the following conditions: (1) Do not have a share of cost. (2) Are not enrolled in a comprehensive PHP for the month for which a card is requested. (3) Did not receive a Medi-Cal card. In this case, the beneficiary shall complete and sign form MC 110.

(1)

Do not have a share of cost.

(2)

Are not enrolled in a comprehensive PHP for the month for which a card is requested.

(3)

Did not receive a Medi-Cal card. In this case, the beneficiary shall complete and sign form MC 110.