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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 17@ DIALYSIS MEDI-CAL PROGRAM
|->
Section 50819@ Verification Requirements - Medi-Cal Special Treatment Programs
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## 50819 Verification Requirements - Medi-Cal Special Treatment Programs

(a)

All Medi-Cal Special Treatment Program applicants or beneficiaries shall provide the following: (1) Applicable verification required under Article 4. (2) A copy of the Social Security statement of Medicare status to the county department within ten days of receipt.

**(1)** 

Applicable verification required under Article 4.

(2)

A copy of the Social Security statement of Medicare status to the county department within ten days of receipt.

(b)

Dialysis Program beneficiaries shall provide verification of Medicare status at the following times: (1) Annual redetermination, if previous verification does not indicate current status. (2) Each month in which it appears there may be a change in Medicare eligibility status if the beneficiary is currently ineligible for Medicare.

**(1)** 

Annual redetermination, if previous verification does not indicate current status.

(2)

Each month in which it appears there may be a change in Medicare eligibility status if

the beneficiary is currently ineligible for Medicare.