

## **56420 Member Enrollment**

### **(a)**

A Medi-Cal beneficiary is enrolled upon completion of all of the following events:

(1) The voluntary signing and dating of a designation form by the Medi-Cal beneficiary. (2) Departmental validation of the beneficiary's designation form. (3) Departmental verification of the beneficiary's Medi-Cal eligibility. (4) Addition of the beneficiary's name to the approved list of members, furnished by the Department to the PCCM plan, which is effective at the first of any given month.

#### **(1)**

The voluntary signing and dating of a designation form by the Medi-Cal beneficiary.

#### **(2)**

Departmental validation of the beneficiary's designation form.

#### **(3)**

Departmental verification of the beneficiary's Medi-Cal eligibility.

#### **(4)**

Addition of the beneficiary's name to the approved list of members, furnished by the Department to the PCCM plan, which is effective at the first of any given month.

### **(b)**

Enrollment shall be voluntary.

### **(c)**

Enrollment shall be limited to Medi-Cal beneficiaries who reside within the PCCM

plan's service area.

**(d)**

A Medi-Cal beneficiary shall not be enrolled in more than one PCCM plan, Prepaid Health Plan, or any other Medi-Cal capitated plan providing the same services at any one time.

**(e)**

Dependent minor children or persons legally judged incapable of acting on their own behalf may be enrolled in a PCCM plan by a parent, legal guardian or conservator.