

Explanation of Changes Without Regulatory Effect

The Department of Health Care Services (Department) proposes changes without regulatory effect that would amend Title 22, California Code of Regulations (CCR), Section 50195 - Period of Eligibility, Section 50197 - Retroactive Eligibility, Section 50256 - Qualified Disabled and Working Individual Program, Section 50258 - Qualified Medicare Beneficiary Program, Section 50258.1 - Specified Low-Income Medicare Beneficiary Program (SLMB), Section 50262 - Special Zero Share of Cost Programs for Pregnant Women and Infants, Section 50268 - Tuberculosis (TB) Program, Section 50815 - Application Process – Medi-Cal Special Treatment Programs and Section 51000.53 - Deactivation of a Provider Number(s) or Location(s). The proposed amendments contained in the accompanying regulation text are changes without regulatory effect pursuant to Title 1, CCR, Section 100(a)(4).

Specifically, Title 1, CCR, Section 100(a)(4) allows for the revising of structure, syntax, cross-reference, grammar, or punctuation of a regulatory provision only if the change does not materially alter any requirement, right, responsibility, condition, prescription or other regulatory element of any CCR provision.

Background

On August 9, 2000, the Department filed a regulation package with the Office of Administrative Law, OAL Number - 00-0809-03. This regulatory package contained changes without regulatory effect that renumbered and relocated sections in CCR, Title 22. This package was approved and became effective on October 19, 2000. Accordingly, the following changes were implemented: Title 22, CCR, Sections 50701, 50703, 50710 and 50715 were renumbered to Sections 50193, 50195, 50197, and 50199, respectively. Additionally, these provisions were relocated from Article 13. Period of Eligibility to Article 4. Beneficiary Application Process. However, many CCR sections that cross-referenced these sections (as 50701, 50703 and 50710) were overlooked and not amended. This package will resolve this issue.

The Department proposes to revise Sections 50195, 50197, 50256, 50258, 50258.1, 50262, 50268 and 50815 to correct outdated cross-references. The amendments are as follows:

- Sections 50195(a), (b), (c) and (d), 50256(b) and 50258(b) are amended to correct the cross-reference from Section 50701 to Section 50193.
- Sections 50197(a), 50256(b) and 50258(b) are amended to correct the cross-reference from Section 50703 to Section 50195.
- Sections 50256(b), 50258(b), 50258.1(b), 50262(b)(3), 50268(b) and 50815(e) are amended correct the cross reference from Section 50710 to Section 50197.

Updating these cross-references to the correct (renumbered) provisions will alleviate confusion in case resolution dealing with the eligibility of a beneficiary for Medi-Cal

services and involving providers seeking reimbursement for services to beneficiaries whose dates of eligibility are at issue.

Additionally, this package proposes to revise grammar by correcting misspelled words. Specifically, the Department proposes to amend:

- Section 50197(a)(2) to correct the spelling of the word “heath” to “health”.
- Section 51000.53(b) to correct the spelling of the word “subections” to “subsections”.

Lastly, this package proposes changes to update the authority and reference citations.

The Department requests these amendments as changes without regulatory effect, as they do not materially alter any requirement, right, responsibility, condition, prescription or other regulatory element of any CCR provision.