STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

GRAY DAVIS, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-0258

December 6, 2000

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
All County Pickle Coordinators

Letter No.: 00-63

PICKLE PACKETS OF FORMS AND NOTICE, TYPE 51

Ref.: Pickle Handbook Sections 3-1 through 3-3

The purpose of this letter is to advise the counties that in December 2000 a package of forms will be mailed with the 503 leads Type 51 Pickle Notice to potential recipients of the Pickle program.

Group A Counties:

Potential Pickle beneficiaries, Group A, who reside in the Statewide Automated Welfare System (SAWS) counties (36) of Alpine, Amador, Butte, Calveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Mariposa, Marin, Mendocino, Modoc, Mono, Monterey, Napa, Nevada, Plumas, San Benito, San Joaquin, San Luis Obispo, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba and in addition (37), the MAGIC county of Merced will be receiving a package of the following forms: SAWS 1, **SAWS 2**, MC 13, MC 219, MC 239, DHS 7044 along with the Type 51 Notice (enclosed).

Group B Counties:

Potential Pickle beneficiaries in the remaining counties (21), Group B, will receive the following packet of forms along with the Type 51 Notice: SAWS 1, **SAWS 210**, MC 13, MC219, MC 239, DHS 7044.

Counties are to determine the Medi-Cal Eligibility of the 503 Leads individuals (individuals in Group A and B above) and follow the procedures in Pickle Handbook Section 3-1 through 3-3 in a timely manner.

If you have any questions, please contact Cecilia Kelley of my staff at (916) 657-0168.

Sincerely,

ORIGINAL SIGNED BY
MARLENE RATNER for

Glenda Arellano
Acting Chief
Medi-Cal Eligibility

Enclosure

ENCLOSURE

SAMPLE: This notice is updated annually.

State of California – Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 51
NOTICE PREPARATION DATE:
December 12, 1994

MEDI-CAL NOTICE

DISCONTINUANCE OF SSI/SSP MEDI-CAL – EXTENDED MEDI-CAL ELIGIBILITY
(503 Leads - Pickle)

PN00026

TO: Medi-Cal Beneficiaries Discontinued
From SSI/SSP On January 1, 1995

RE: CONTINUED MEDI-CAL BENEFITS AND FOOD STAMPS

You were recently told by the Social Security Administration (SSA) that your Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits have stopped. That notice also instructed you to contact your county welfare department within 30 days of that notice if you wanted your Medi-Cal benefits to continue. You should ignore the information included in the notice that related to your Medi-Cal Benefits.

The reason your SSI/SSP checks were stopped is that you received an increase in your Social Security benefits. Although this increase makes you ineligible for the SSI/SSP check, you will continue to receive Medi-Cal benefits under the federal law called the Pickle Amendment until the county evaluates your eligibility. Those who are Pickle eligible will continue to receive Medi-Cal without a share of cost.

If you want Medi-Cal coverage, please complete the enclosed forms:

- The Application for Medical Assistance/Food Stamps
- Statement of Facts
- Statement of Citizenship, Alienage, and Immigration Status
- Important Information for Persons Requesting Medi-Cal
- Statement of Living Arrangements, In-Kind Support, etc.

Within 30 days of the date of this notice, mail the forms to the office listed below. If you do not hear from the county by March 15, be sure to contact a worker at your local county welfare department.

You may also be eligible for food stamps. Food stamps are coupons that can be used to pay for food. Your local county welfare office will tell you more about food stamps and whether you are eligible to receive them – and even help you apply.

If you are receiving SSI/SSP benefits, please ignore this notice.

If you need help in completing the forms or have questions about Medi-Cal, contact the county welfare department at the phone number listed below.

CONTACT: