TATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY PETE WILSON, Governor

EPARTMENT OF HEALTH SERVICES
14/744 P Street
O. Box 942732
acramento, CA 94234-7320
16) 657-2941

January 5, 1998

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

Letter No.: 98-03

TWO NEW COMBINED PICKLE AND DISABLED ADULT CHILD(REN) (DAC) FORMS, DHS 7026 P/D (9/97) AND 7027 P/D (9/97)

The purpose of this All County Welfare Directors Letter is to advise the counties that two Pickle forms have been revised to include the DAC program. Upon advice from the Medi-Cal Eligibility Branch's Forms Committee, the existing Pickle form DHS 7026 (enclosed) was expanded to include a DAC Notice of Action (NOA) Denying/Discontinuing DAC eligibility and the DHS 7027 (enclosed) was expanded to include the DAC, Approval NOA. We have included both of the existing Pickle forms, DHS 7026 (8/96) and 7027 (8/96) in this letter with a sample of the new forms, DHS 7026 P/D (9/97) and DHS 7027 P/D (9/97). The Pickle Coordinators will receive an advance copy of the letter including camera-ready copies of the new forms.

Currently, there are 15,000 (each) of the existing Pickle, DHS 7026 (8/96) and 7027 (8/96) forms remaining in the warehouse. We would like the counties to continue using these forms for Pickle program eligibility determinations until they are exhausted in the warehouse.

The new English Pickle/DAC forms (DHS 7026 (9/97) and 7027 (9/97) have been reproduced and are in the warehouse. We also recommend that counties order a small number of these new Pickle/DAC forms to meet the county's current DAC program needs in as much as the DAC program does not have any forms. When the existing Pickle forms, DHS 7026 (8/96) and DHS 7027 (8/96) are exhausted, warehouse staff have been advised to substitute the Pickle/DAC DHS 7026 (9/97) or 7027 (9/97) for the former forms, so the counties can use the new forms for both the Pickle and DAC programs. Please remind county staff to mark/check one box on each of the forms being used to designate under which program (Pickle or DAC) the individual was evaluated.

Also, please be aware that Spanish language forms are available for the existing DHS 7026 and 7027 forms. Spanish forms for the new Pickle/DAC forms have been ordered but unfortunately were delayed. We will forward samples of the new Spanish forms as soon as they are available and/or they will be included in the Pickle Handbook Letter No. 15.

Please fill out a Warehouse Order Form, DHS 2031, to order the new forms from the Warehouse located at 1037 North Market Boulevard, Suite 9, Sacramento, California 95834. The Warehouse will be closed for inventory from January 5 through 9, 1998.

If you have any questions concerning the Pickle or DAC programs, please contact Ms. Sylvia Finberg of my staff at (916) 657-0080.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

Existing Form

MEDI-CAL
NOTICE OF ACTION
DENIAL/DISCONTINUANCE
(PICKLE AMENDMENT)

(County Stamp)

State Number: _____

District: _____

_____

Notice for: _____

_____
(Names)

have reviewed your case and the information that you gave us and we find that you are NOT currently eligible, under the kle Amendment, to receive NO COST Medi-Cal benefits because:

_____

_____

_____

_____

_____

e Pickle Amendment provides Medi-Cal benefits, without any cost, for people who, at any time after April 1977, receivec h Social Security and SSI/SSP checks in the same month, ***and*** who now receive only Social Security, ***and*** who would be gible for SSI/SSP if they had not received cost of living increases in their Social Security benefits.

TE: THIS DENIAL WILL NOT AFFECT ANY MEDI-CAL BENEFITS THAT YOU MAY BE CURRENTLY RECEIVING UNDER ANY OTHER MEDI-CAL PROGRAM.

NOT THROW AWAY YOUR BENEFITS ID CARD (BIC). YOU MAY BE ABLE TO USE IT AGAIN.

YOU DISAGREE AND WANT TO APPEAL THIS DECISION, YOU MAY REQUEST A STATE HEARING BY FOLLOWING E INSTRUCTIONS ON THE BACK OF THIS NOTICE.

is notice is a result of a court decision in the case of *Lynch v. Rank,* Number C83-2340 WHO U.S. District Court, Norther strict of California.

ou have any questions about this notice or if there are additional facts which you have not reported to us, please contac ur eligibility worker immediately. We will answer your questions or make an appointment to see you in person. Pleas nember that you may reapply at any time.

_____ Eligibility Worker

_____ Phone

_____ Date

Sí Ud. necesita una traducción de este aviso en español, pongase en contacto con su oficina de bienestar del condado.

Existing Form

NOTICE OF MEDI-CAL ELIGIBILITY

PICKLE AMENDMENT

Your application for Medi-Cal benefits, without a share of cost, under the Pickle Amendment has been approved. You are entitled to receive no-share-of-cost Medi-Cal benefits beginning _____.

You have or will receive a plastic Benefits Identification card (BIC). TAKE THIS PLASTIC ID CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

For additional information, contact:

New Form

Department of Health Services

MEDI-CAL
NOTICE OF ACTION
DENIAL/DISCONTINUANCE
(PICKLE AMENDMENT OR DISABLED ADULT CHILD [DAC] PROGRAM)

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name/number: _____

Worker telephone number: _____

Denial/discontinuance for: _____
(Name)

We have reviewed your case and the information that you gave us and we find that you are NOT currently eligible, under the ☐ Pickle Amendment/☐ DAC program, to receive NO COST Medi-Cal benefits because: _____

_____

_____

☐ The Pickle Amendment provides Medi-Cal benefits, without any cost, for people who, at any time after April 1977, received both Social Security and SSI/SSP checks in the same month, ***and*** who now receive only Social Security, ***and*** who would be eligible for SSI/SSP if they had not received cost of living increases in their Social Security benefits.

This Pickle notice is a result of a court decision in the case of *Lynch v. Rank*, Number C83-2340 WHO U.S. District Court, Northern District of California.

☐ The DAC program provides Medi-Cal benefits, without any cost, to eligible blind or disabled people age 18 or over who became blind or disabled before or at age 22. Eligible persons must currently receive child's Social Security benefits on the basis of blindness or disability, and must have been discontinued from SSI/SSP after July 1987, due to receipt of, or an increase in those child's Social Security benefits according to 42 U.S.C., Section 1383c(c).

OTE: THIS DENIAL/DISCONTINUANCE WILL NOT AFFECT ANY MEDI-CAL BENEFITS THAT YOU MAY BE URRENTLY RECEIVING OR ARE ENTITLED TO RECEIVE UNDER ANY OTHER MEDI-CAL PROGRAM.

YOU DISAGREE AND WANT TO APPEAL THIS DECISION, YOU MAY REQUEST A STATE HEARING BY OLLOWING THE INSTRUCTIONS ON THE BACK OF THIS NOTICE.

O NOT THROW AWAY YOUR BENEFITS IDENTIFICATION CARD (BIC). YOU MAY BE ABLE TO USE IT AGAIN.

you have any questions about this notice or if there are additional facts which you have not reported to us, please ntact your eligibility worker immediately. We will answer your questions or make an appointment to see you in person. ease remember that you may reapply at any time.

Jd. necesita una traducción de este aviso en español, pongase en contacto con su oficina de bienestar del condado.

New Form

MEDI-CAL
NOTICE OF ACTION
Approval of Benefits
(PICKLE AMENDMENT OR
DISABLED ADULT CHILD (DAC) PROGRAM)

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name/number: _____

Worker telephone number: _____

Approval for: _____
(Name)

] Your application for Medi-Cal benefits, without a share of cost, under the Pickle Amendment, has been approved. You are entitled to receive no-share-of-cost Medi-Cal benefits beginning _____
_____.

] Your application for Medi-Cal benefits, without a share of cost, under the DAC program has been approved. You are entitled to receive no-share-of-cost Medi-Cal benefits beginning _____
_____.

You have or will receive a Benefits Identification Card (BIC). TAKE YOUR BIC TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. This BIC is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR BIC.

additional information, contact your eligibility worker.

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