STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

GRAY DAVIS, Governor

DEPARTMENT OF HEALTH SERVICES
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December 4, 1999

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

Letter No.: 99-68

LYNCH V. RANK ANNUAL STUFFER, 1999

As required by the Permanent Injunction in the Lynch v. Rank lawsuit, the enclosed 1999 stuffer will be sent to individuals in Aid Codes 14, 17, 24, 27, 64, and 67 in December 1999. The enclosed 1999 version was changed in 1996 to clarify the Pickle program is for the aged, blind, and disabled. In addition, the Spanish version was simplified for the general public, it utilizes more commonly used phrases. The revised stuffer was also reviewed by the Forms Committee.

In past years, some beneficiaries receiving this stuffer have alleged they were unable to secure from their county welfare department (CWD) answers to their questions about the Pickle program. So, it is critical that clear information be transmitted to those who may call, especially since a large number of people will receive the stuffer this year (158,000 people will receive a stuffer this year).

Please ensure that all persons in your CWD who may be contacted by someone receiving this stuffer are familiar with the procedures that you have established for determining Medi-Cal eligibility under Lynch v. Rank (Pickle) or other Title II disregard programs such as the Disabled Adult Child(ren)s Program.

Thank you for your assistance. If you have any questions, please contact Ms. Cecilia Kelley, Medi-Cal Policy Analyst in the Medi-Cal Eligibility Branch, at (916) 657-0168.

ORIGINAL SIGNED BY

ANGELINE MRVA, Chief
Medi-Cal Eligibility Branch

Enclosure

PICKLE AMENDMENT

IMPORTANT NOTICE REGARDING YOUR MEDI-CAL ELIGIBILITY

If you are aged, blind, or disabled, you may be eligible for Medi-Cal benefits without a share of cost if you qualify under the Pickle Amendment. To qualify, **ALL** of the following must apply to you.

1. You currently receive Social Security Title II (RSDI) benefits; and
2. You received and were entitled to receive both RSDI and Title XVI, Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits simultaneously in any month since April 1977; and
3. You no longer receive SSI/SSP benefits; and
4. Your countable income and property are within Pickle Amendment limits.

If you would like an evaluation for the Pickle Amendment, you should contact your county welfare department eligibility worker. If you do not currently receive Medi-Cal, you will need to fill out some forms at your county welfare department to apply for Medi-Cal under the Pickle Amendment.

ENMIENDA PICKLE

AVISO IMPORTANTE SOBRE SU ELEGIBILIDAD PARA MEDI-CAL

Si usted es anciano(a), ciego o incapacitado, y si cumple con los requisitos de la Enmienda Pickle, es posible que sea elegible para recibir beneficios de Medi-Cal sin parte del costo. Para cumplir con los requisitos, **TODAS** las siguientes deben corresponderle:

1. Está recibiendo beneficios del Título II (RSDI) del Seguro Social; y
2. Recibió y tuvo derecho a recibir simultáneamente en cualquier mes desde abril de 1977 beneficios de RSDI y Título XVI, Seguridad de Ingreso Suplemental/Programa Suplementario del Estado (SSI/SSP); y
3. Ha dejado de recibir SSI/SSP; y
4. Su ingreso contable y propiedades están dentro de los límites de la Enmienda Pickle.

Si desea obtener una evaluación para la Enmienda Pickle, deberá ponerse en contacto con el trabajador a cargo de elegibilidad del departamento de bienestar público de su condado. Si no está recibiendo Medi-Cal actualmente, necesitará llenar varios formularios en el departamento de bienestar público de su condado para solicitar Medi-Cal bajo la Enmienda Pickle.