STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

March 21, 1988

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICER'S

Letter No.:88-20

SUBJECT: Lynch v. Rank (Pickle) Notice of Medi-Cal Eligibility (DHS 7027)

We have been informed on numerous occasions that some counties are still using an outdated "Pickle" form (DHS 7027) which was revised in March of 1984. This outdated notice refers beneficiaries to either Evelyn R. Frank, Legal Aid Society of Alameda County and/or Byron Gross, Legal Aid Foundation of Los Angeles if additional information is needed. We revised the notice to delete this referral and added lines for counties to indicate their address and phone number. Also, the outdated form refers to possible retroactive reimbursement for medical expenses. As you know, the retroactive period for reimbursement for medical expenses under the Lynch v. Rank order has expired.

Please be advised that counties are to immediately cease the use of the outdated notice and begin using the October 1985 revision of DHS 7027. A copy of the correct notice is attached for counties to photocopy until an order is placed and a supply from the DHS warehouse is received.

If you have any questions, please contact RaNae M. Dunne at (916) 324-4955/ATSS 454-4955.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: March 1, 1989

NOTICE OF MEDI-CAL ELIGIBILITY
AVISO DE ELEGIBILIDAD PARA RECIBIR MEDI-CAL BAJO LA

(PICKLE AMENDMENT/ENMIENDA PICKLE)

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 _____ .

Carry your Medi-Cal card with you at all times and be prepared to present it to your doctor or any other health care provider when you are requesting medical services.

For additional information, contact/para más información, póngase en contacto con:

_____

_____

_____

_____

Su solicitud para recibir los beneficios de Medi-Cal bajo la Enmienda Pickle, es decir sin costo alguno, ha sido aprobada. Usted tiene el derecho a recibir los beneficios de Medi-Cal sin costo alguno a partir del _____

Lleve siempre consigo su tarjeta de Medi-Cal y esté preparado a presentarla ya sea a su médico o a cualquier proveedor de los servicios de salud cuando Ud. solicite servicios médicos.