STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

November 27, 1989

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 89-99

SUBJECT: LYNCH V. RANK ANNUAL STUFFER

As required by the Permanent Injunction in the Lynch v. Rank lawsuit the enclosed stuffer will be sent with the December 1989 month of eligibility Medi-Cal cards.

In past years, the plaintiffs' attorneys in this case have received complaints that beneficiaries receiving this stuffer were unable to secure, through the county welfare department (CWD), answers to their questions.

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 processing Lynch v. Rank (Pickle) Medi-Cal applications.

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

Sincerely,

Original signed by

Frank Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: December 31, 1990

PICKLE AMENDMENT
IMPORTANT NOTICE REGARDING YOUR MEDI-CAL ELIGIBILITY

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 conditions must apply to you.

1. You currently receive Social Security benefits; and,

2. You were eligible for and received RSDI and Title XVI, Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits simultaneously in any month after April 1977; and,

3. You no longer receive SSI/SSP benefits.

If you believe that you are eligible for Medi-Cal under the Pickle Amendment, you should immediately contact your county welfare department eligibility worker.

ENMIENDA DE LEY, PICKLE

AVISO IMPORTANTE

Si califica bajo la Enmienda de Ley, Pickle, es posible que califique para los beneficios de Medi-Cal sin tener que pagar una parte del costo. Para calificar, TODAS las siguientes condiciones a continuación deben aplicar a usted:

1. Actualmente recibe los beneficios del Seguro Soical; y,

2. Fue elegible para y recibió, simultaneamente, los beneficios del Seguro para Jubilación, Sobrevivientes & Incapacidad (RSDI) y Seguridad de Ingreso Suplemental/Programa Suplementario del Estado (SSI/SSP) proveniente del Título XVI, en cualquier mes a partir de abril de 1977; y

3. Ya no recibe los beneficios SSI/SSP.

Si cree que sea elegible para Medi-Cal bajo la Enmienda de Ley, Pickle, póngase en contacto con el trabajador de elegibilidad del departamento de bienestar de su condado.