



DEPARTMENT OF HEALTH SERVICES

214 744 P. STALEY
SACRAMENTO, CA 95814

December 24, 1987

TO: All County Welfare Directors
All County Administrative Officers

Letter: 87 - 79

SUBJECT: SSI/SSP RECIPIENTS DISCONTINUED EFFECTIVE
JANUARY 1988 (LYNCH V. RANK (PICKLE)
POTENTIAL ELIGIBLES)REFERENCE: All County Welfare Directors Letter
84-57 and 86-61Listing and Notices

The 503 Leads File Report containing the names and addresses of Medi-Cal beneficiaries who will be discontinued from SSI/SSP in January 1988 due to the Title II (RSDI) cost-of-living increase will be mailed to the Pickle Coordinator the first week in January 1988. These individuals have received a notice (Attachment I) from the Department of Health Services (DHS) advising them that if they are not contacted by their local county welfare department (CWD) by March 5, 1988 they are to contact the CWD in the county in which they live. In addition, these individuals will receive a second notice (Attachment II) advising them of their discontinuance effective April 30, 1988 if the county welfare department has not taken action to reestablish their ongoing Medi-Cal eligibility by notifying DHS via MEDS. Alpine, Amador, Mariposa, Mono, San Benito, and Sierra Counties do not have any of these beneficiaries residing in their county. Attachment III is a sample layout of the 503 Leads File Report.

Please note, the listing may include the names of some individuals whose SSI/SSP benefits were scheduled to be discontinued effective January 1, 1988 but whose benefits have been reinstated prior to that date. The notice from DHS contains a disclaimer stating "If your SSI/SSP benefits have been reinstated since January 1, 1988 please disregard this notice". These individuals must be contacted by the CWD to verify that they understood the message and that a Pickle eligibility determination is not necessary.

The procedures to follow when making this contact are described in All County Welfare Directors Letter 84-57.

You will receive another copy of this listing in February, March and April 1988. Additional names will not be added to the listings, however the names of those individuals who have been reinstated on SSI/SSP, whose Pickle status has been updated, or who have been determined eligible for Medi-Cal as a Pickle eligible

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will be deleted. Once all the names have been deleted, your county will no longer receive a listing.

The individuals listed on the 503 Leads File Report have been granted up to four months of continuing Medi-Cal eligibility (January through April 1988), pending a Pickle eligibility determination by the CWD. If Medi-Cal eligibility is established as a Pickle aid type, CWDs will submit updates to the Medi-Cal Eligibility Data System (MEDS), to establish ongoing eligibility. Since these records have a future term date, an EW20 transaction must be submitted as an Inter Program Transfer (IPT). The Pickle status code will automatically be updated by these transactions.

However, if a beneficiary is determined to be currently ineligible for Medi-Cal benefits as a Pickle aid type, CWDs are required to submit an EW60 transaction, (Modify Pickle Status Information), to MEDS, to update the Pickle status to show the beneficiary is potentially Pickle eligible (Tickler file). Submission of this transaction will indicate that the county has contacted the beneficiary and that he/she is not eligible for Medi-Cal as a Pickle aid type at this time. In this instance only, the update of the Pickle status by an EW60 will cause renewal to terminate the beneficiary's Medi-Cal eligibility effective the end of that month. For persons not Pickle eligible who are found to be ABD Medically Needy eligible, normal reporting procedures are to be followed after the EW60 transaction. ^{ESAC=3}

Due to the continuing reporting requirements resulting from the Lynch v. Rank court order and the need for accountability for this program, at both the state and county level, it is necessary at this time that each county designate a permanent Pickle contact person. This should be the person responsible for the day-to-day maintenance of the program. Please report the name, address and telephone number of this person to RaNae Dunne, DHS, Medi-Cal Eligibility Branch, 714 P Street, Room 1650, Sacramento, California 95814; (916) 324-4955 no later than January 26, 1988.

Thank you for your assistance. Any policy questions should be directed to RaNae Dunne at (916) 324-4955, ATSS 454-4955. MEDS questions should be directed to your State MEDS liaison.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

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Attachment I to Medi-Cal
Policy Liaisons only

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: December 31, 1988

MEDI-CAL
NOTICE OF ACTION

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

PN00001

LAST FIRST MI
FIRST MI LAST
FIRST ADDRESS LINE
SECOND ADDRESS LINE
THIRD ADDRESS LINE ZIP CODE

: Medi-Cal Beneficiaries Discontinued
From SSI/SSP On January 1, 1988

: CONTINUED MEDI-CAL BENEFITS

You were recently notified by the Social Security Administration (SSA) that your SSI/SSP benefits were discontinued. That notice also instructed you to contact your county welfare department within 30 days if you wanted your Medi-Cal benefits to continue. You should disregard the information contained in that notice that pertained to your Medi-Cal benefits.

The reason your SSI/SSP checks were discontinued is that you received an increase in your Social Security benefits. Although this increase makes you ineligible for your SSI/SSP checks, you will continue to receive Medi-Cal benefits until your county welfare department notifies you otherwise.

If you do not hear from your county welfare department by March 15 or if you have any questions about your Medi-Cal benefits, you should contact the county welfare department in the county in which you live. To assist you, we have listed below the address and telephone number of the county welfare department in your area.

If you have already been in contact with the county welfare department and you know that your application for Medi-Cal has been processed, or is being processed, follow the instructions that the county provided at the time of your interview. There is no need for you to contact them again, unless requested to do so by the county, or if you are in doubt as to your Medi-Cal status.

If your SSI/SSP benefits have been reinstated since January 1, 1988 please disregard this notice.

Alpine County
Dept of Social Services
P. O. Box 277
Markleeville, Ca 96120
916-694-2235

WELFARE - CALIFORNIA ELIGIBILITY DATA SYSTEM

REPORT NO. 503 TITLE REPORT WORKER
MC-NE0620-R003 12/15/87 503 LEADS FILE REPORT A1

CASE-NAME COUNTY-ID MEDS-ID PICKLE-TICKLER SSI LAST-RECEIVED SEX ELIG-STATUS
DOE 99-99-9999999-9-99 999-99-9999 CO 12-87 F 001

DOB JANE A ZIP
ANY PLACE ANY STREET ANY TOWN, CALIFORNIA

CASE-NAME COUNTY-ID MEDS-ID PICKLE-TICKLER SSI LAST-RECEIVED SEX ELIG-STATUS
SMITH 99-99-9999999-9-99 999-99-9999 CO 12-86 N 001

DOB JOHN Z ZIP
ANY PLACE ANY STREET ANY TOWN, CALIFORNIA

CASE-NAME COUNTY-ID MEDS-ID PICKLE-TICKLER SSI LAST-RECEIVED SEX ELIG-STATUS
NEUMAN 99-99-9999999-9-99 999-99-9999 CO 12-87 M 003

DOB ALFRED E ZIP
ANY PLACE ANY STREET ANY TOWN, CALIFORNIA

CASE-NAME COUNTY-ID MEDS-ID PICKLE-TICKLER SSI LAST-RECEIVED SEX ELIG-STATUS
BOND 99-99-9999999-9-99 999-99-9999 CO 12-87 M 596

DOB JAMES ZIP
ANY PLACE ANY STREET ANY TOWN, CALIFORNIA

744 P STREET SACRAMENTO CA 95814