



JENNIFER KENT  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

January 16, 2019

Medi-Cal Eligibility Division Information Letter No.: I 19-06

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL COUNTY MEDS LIAISONS  
ALL COUNTY PICKLE COORDINATORS

SUBJECT: LYNCH VS. RANK ANNUAL STUFFER, 2019

As required by the permanent injunction in the Lynch v. Rank lawsuit, the enclosed stuffer will be sent to individuals in aid codes 14, 17, 24, 27, 64 and 67 in January of 2019. The enclosed version was changed in 1996 to clarify that the Pickle program is for the aged, blind, and disabled. In addition, the Spanish version was simplified for the public; it utilizes more commonly used phrases.

In past years, some beneficiaries receiving this stuffer have reported they were unable to secure, from their Local County Office, answers to their questions about the Pickle program. It is critical that clear information be transmitted to those who may call.

Please ensure that all persons in your Local County Office, 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) Program.

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If you have any questions or if we can provide further information, please contact Sara McDonald at (916) 345-8061 or by email at [Sara.McDonald@dhcs.ca.gov](mailto:Sara.McDonald@dhcs.ca.gov).

Original Signed By

Karen Chang, Chief  
Policy Development Branch  
Medi-Cal Eligibility Division

## **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.