

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-2941



August 31, 2001

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Specialists/Liaisons
All County Health Executives
All County Mental Health Directors
All County Pickle Coordinators

Letter No.: 01-51

SPECIAL MAILING OF THE PICKLE PACKETS OF FORMS AND NOTICE, TYPE 51

Ref.: Pickle Handbook Sections 3-1 through 3-3

The purpose of this letter is to advise the counties that in July 2001 a package of forms was mailed with the 503 Leads Type 51 Pickle Notice to potential recipients of the Pickle program affected by a Consumer Price Index (CPI) error.

The Bureau of Labor Statistics discovered an error in the way the CPI was calculated for 1999. That error meant that the Social Security cost-of-living adjustment at the beginning of 2000 was 1/10 of 1 percent lower than it would have been had the error not occurred (2.4 percent rather than 2.5 percent). Most of the individuals on Supplemental Security Income/State Supplementary Payment (SSI/SSP) did not lose their SSI/SSP eligibility.

Group A Counties:

Potential Pickle beneficiaries, Group A, who reside in the Interim Statewide Automated Welfare System (ISAWS) counties (35) of Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Mariposa, Marin, Mendocino, Modoc, Mono, Monterey, Napa, Nevada, Plumas, San Benito, San Joaquin, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba and, in addition, the MAGIC county of Merced and the Calvin Consortium county of San Luis Obispo, will be receiving a package of the following forms: SAWS 1, **SAWS 2**, MC 13, MC 219, MC 239, DHS 7044 along with the Type 51 Notice (enclosed).



Group B Counties:

Potential Pickle beneficiaries in the remaining counties (21), Group B, will receive the Following packet of forms along with the Type 51 Notice: SAWS 1, **MC 210**, MC 13, MC 219, MC 239, DHS 7044.

Counties are to determine the Medi-Cal eligibility of the 503 Leads individuals (individuals in Group A and B above) and follow the procedures in Pickle Handbook Section 3-1 through 3-3. The Department of Health Services (DHS) will authorize zero share-of-cost Medi-Cal eligibility through the October month of eligibility (MOE) for this group of Medi-Cal beneficiaries. Beginning with November MOE, DHS will discontinue this Medi-Cal authorization. At that time, the appropriate county of residence must assume responsibility for authorizing Medi-Cal to persons on this list unless they have been determined ineligible through the redetermination process.

If you have any questions, please contact Cecilia Kelley of my staff at (916) 657-0168.

Sincerely,

ORIGINAL SIGNED BY

Shar Schroepfer, Chief
Medi-Cal Eligibility Branch

Enclosure



State of California - Health and Human Services
Department of Health Services
Medical Assistance

NOTICE TYPE 51
NOTICE PREPARATION DATE:
JULY 2, 2001

MEDI-CAL NOTICE

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

PN00001

DOE JOHN A
JOHN A DOE

1111 MAIN ST
SACRAMENTO CA 95817

TO: Medi-Cal Beneficiaries Discontinued
From SSI/SSP On August 1, 2001

RE: CONTINUED MEDI-CAL BENEFITS & FOOD STAMPS

You were recently told by the Social Security Administration (SSA) that your Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits have stopped. That notice also instructed you to contact your county welfare department within 30 days of that notice if you wanted your Medi-Cal benefits to continue. You should ignore the information included in the notice that related to your Medi-Cal Benefits.

The reason your SSI/SSP checks were stopped is that you received an increase in your Social Security benefits. Although this increase makes you ineligible for the SSI/SSP check, you will continue to receive Medi-Cal benefits under the federal law called the Pickle Amendment until the county evaluates your eligibility. Those who are Pickle eligible will continue to receive Medi-Cal without a share of cost.

If you want Medi-Cal coverage, please complete the enclosed forms:

- o The Application for Medical Assistance/Food Stamps
- o Statement of Facts
- o Statement of Citizenship, Alienage, & Immigration Status
- o Important Information for Persons Requesting Medi-Cal
- o Statement of Living Arrangements, In-Kind Support etc.

Within 30 days of the date of this notice, mail the forms to the office listed below. If you do not hear from the county by October 15, be sure to contact a worker at your local county welfare department.

You may also be eligible for food stamps. Food stamps are coupons that can be used to pay for food. Your local county welfare office will tell you more about food stamps and whether you are eligible to receive them -- and even help you apply.

If you are receiving SSI/SSP benefits, please ignore this notice.

If you need help in completing the forms or have questions about Medi-Cal, contact the county welfare department at the phone number listed below.

CONTACT: Sample County
Department of Human Assistance
1111 Capitol Mall
Sample, CA 91111
(916) 111-1111