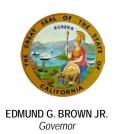


# State of California—Health and Human Services Agency Department of Health Care Services



January 21, 2015

To: ALL COUNTY WELFARE DIRECTORS Letter No.: 15-07

ALL COUNTY ADMINISTRATIVE OFFICERS

ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS

ALL COUNTY HEALTH EXECUTIVES

ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY PICKLE COORDINATORS

ALL COUNTY MEDS LIAISONS

Subject: Lynch VS. Rank Annual Stuffer 2015

As required by the settlement of the Lynch v. Rank lawsuit, the Department of Health Care Services (DHCS) will mail the enclosed stuffer to individuals in aid codes 14, 17, 24, 27, 64 and 67 in January of 2015. In 1996, the enclosed version was updated to clarify that the Pickle program is for the aged, blind, and disabled. In addition, the revised Spanish version received changes to simplify the language for the public to utilize more commonly used phrases.

#### Background

In the past, beneficiaries receiving the Lynch v. Rank stuffer indicated that they were unable to obtain answers to their questions about the Pickle program. DHCS provides this All County Welfare Directors Letter for clarity to county public contact personnel on the specifics concerning the Pickle program to share with beneficiaries once DHCS releases the stuffer in January 2015.

Please ensure that all staff in your County Welfare Department, who may have contact by someone receiving this stuffer, are familiar with the procedures that your county established for determining Medi-Cal eligibility under Lynch v. Rank (Pickle) or other Title II disregard programs such as the Disabled Adult Child(rens) Program.

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If you have any questions or need additional copies of the Pickle Handbook for your staff, please contact Sherilyn Walden at (916) 552-9472 or via email at Sherilyn.Walden@dhcs.ca.gov.

Original Signed By:

Alice Mak, Acting Chief Medi-Cal Eligibility Division

Attachment

### **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
- 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 Titulo II (RSDI) del Seguro Social; y
- Recibió y tuvo derecho a recibir simultáneamente en cualquier mes desde abril de 1977 beneficios de RSDI y Titulo 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 limites 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.