

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

November 15, 1983

To: All County Welfare Directors

Letter No. 83-74

LYNCH VS. RANK IMPLEMENTATION

Reference 83-16, 83-38, 83-46, 83-53

Background

On August 24, 1983, the U.S. District Court of Northern California issued a Preliminary Injunction in the above-named case. The subject of this lawsuit was whether California had correctly implemented the Pickle Amendment to the Social Security Act. This amendment provides that certain Title II (OASDI) recipients who are also former Title XVI (SSI) recipients are entitled to zero share-of-cost Medi-Cal benefits as categorically needy persons. Individuals who meet these requirements are referred to in this letter as Pickle persons.

In the past, DHS has referred to these individuals as Title II Disregard persons and treated them in accordance with Title 22, CAC, Sections 50564 and 50660, and Medi-Cal Eligibility Procedures Manual, Section 10I. This All County Welfare Directors Letter, with attachments, supersedes those instructions and provides direction necessary to comply with the Court Order.

Notice to Potential Pickle Eligibles (Notice 1)

During the week of November 14, 1983, the attached notice (Notice 1) was sent to some 95,000 individuals who are potentially eligible for Medi-Cal under the Pickle Amendment. These individuals are instructed that if they bring the Notice to their local county welfare department, their Pickle eligibility will be determined. Counties will be provided lists of those people who received the Notice.

These lists identify the verified date that each person was discontinued from SSI/SSP. If the person is on your list use the date from your list to verify the last receipt of SSI/SSP. Do not use the date on the notice. If the person's name does not appear on your list, contact Kristi Banion at (916) 324-4955. SSI/SSP discontinuance dates for all other applicants must be verified in accordance with Title 22, CAC, Section 50167. Persons who wish to apply for Pickle eligibility and who are not presently on the Medi-Cal program must be given an application for Medi-Cal which should be processed within the time limits specified in Title 22, CAC, Section 50177.

For those people desiring a Spanish translation of the notice, you should prepare a copy of the translation provided with this letter. The SSI/SSP discontinuance date must be included on these notices also.

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Eligibility for this group must be determined by using the forms and instructions in the attachment (Procedure Section 10-I) to this letter. These forms and instructions will be incorporated into the Medi-Cal Eligibility Manual shortly, as will the information in this letter.

Other Notices

Notice 2 (copy attached) is the denial that must be sent to each person who is determined ineligible under the Pickle Amendment. For people currently on the Medi-Cal program the denial notice must say -- "even though you are not eligible under the Pickle Amendment your share-of-cost/no share-of-cost Medi-Cal benefits will continue". Persons not presently on Medi-Cal must have their eligibility determined under the medically needy program. If the person is subsequently determined ineligible for medically needy Medi-Cal, the MC 239 normally used in that situation must also be sent.

Notice 3 (copy attached) must be sent if the person is approved for Pickle eligibility. All Pickle eligible people should be granted zero share-of-cost Medi-Cal beginning November 1, and be assigned an aid code of 16 (aged), 26 (blind) or 66 (disabled).

Case Review of Open Cases

Counties are required to review all open Medi-Cal cases of ABD-MNs who receive Title II (OASDI) benefits to determine if eligibility under the Pickle Amendment exists. This review process must be conducted in conjunction with the Title II (OASDI) COLAs, must begin no later than January 1, 1984 and must be completed no later than March 1, 1984. All ABD-MNs with Title II (OASDI) income have potential eligibility and they should be evaluated using the new forms and instructions. The county must not contact the beneficiary unless the information in the beneficiary's case file and on the list supplied by the Department is insufficient to make a determination. If the beneficiary is found to be eligible under the Pickle Amendment, he/she must be sent a copy of Notice 3. Additionally, he/she must be granted zero share-of-cost Medi-Cal beginning with the January month of eligibility and be assigned an aid code of 16 (aged), 26 (blind), or 66 (disabled). If the person is found to be ineligible under the Pickle Amendment, a copy of Notice 2 must be sent.

At this time, there has been no retroactive relief granted by the court. This issue is expected to be addressed at some time in the near future. In anticipation that relief may be granted, counties must develop a method of flagging all cases containing ABD-MN persons who may be eligible for retroactive benefits.

Tickler System

Counties must immediately establish a tickler system for each case involving a person currently receiving OASDI and who was discontinued from SSI/SSP at some time after April 1977, but in the review process is determined ineligible under the Pickle Amendment. These people must have a redetermination completed in

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the month prior to or the month following all future Title II (OASDI) cost-of-living increases. Depending on the result of this redetermination, a copy of Notice 2 (Denial), or Notice 3 (Approval) must be sent.

The Department is presently exploring the possibility of instituting a system, on MEDS, to take over this function. However, because of time constraints, it will be necessary for the counties to immediately establish a list and to record each individual's name, address and date of last receipt of SSI/SSP.

Each county must inform the Department in writing by December 15, 1983, what system it intends to employ to be able to identify these individuals at the time of next Title II cost-of-living increase. The county shall not replace the list with the system it has designed until it receives approval from DHS to do so.

Training

Regional training for county staff will be held no later than November 1983. Due to state budget constraints, we will only be able to train in three areas: San Bernardino, San Mateo and Sacramento. Counties will be notified of specific dates, times and locations. Attendance at this training by appropriate county staff is mandatory.

MFBU Composition

The Pickle person is categorically needy and as such must be in his/her separate case. For purposes of setting up this case for the remaining members of the household, a Pickle beneficiary is treated the same as if he/she were still a Public Assistance (PA) recipient, except that any of his/her gross income (earned or unearned) in excess of the current SSI/SSP payment level is allocated to the family. The allocated amount is entered on the MC 176M (July 1982) in Column 1, Line 4 as "Pickle Income Available".

Example:

Mr. S. has \$680 of gross earned and unearned income. He has been determined eligible as a Pickle person. He has a wife and two children who are also applying for Medi-Cal. The current SSI/SSP payment level is \$461 so Mr. S. must allocate \$219 of his income to his family.

The Pickle person is not listed as a member of his/her family's MFBU and none of his/her medical expenses are to be used in meeting the family's share of cost.

Reporting Requirements

Beginning November 1, 1983, counties must maintain a master list showing the name, Medi-Cal number, and current address of each person determined eligible under the Pickle Amendment. Pursuant to the court's requirements, a copy of this list must be sent by March 15, 1984 to Kristi Banion - Department of Health Services, 714 P Street, Room 1692, Sacramento, CA 95814.

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After the ABD-MN case review and the eligibility determination of those persons who received Notice 1 are completed, and no later than March 15, 1984, counties must report, to Kristi Banion at the above address, the following information:

1. The number of people who responded to the Notice.
2. The total number of cases reviewed where Title II income was received.
3. The number of persons found eligible under the Pickle Amendment.
4. The number of persons found ineligible under the Pickle Amendment, broken down by one of the following reasons for ineligibility:
 - (a) No SSI/SSP received after April 1977;
 - (b) No concurrent receipt of SSI/SSP and OASDI in any month after April 1977;
 - (c) Excess resources;
 - (d) No longer disabled;
 - (e) Would not qualify for other reasons (i.e., loss of contact, residency);
 - (f) Lack of necessary verification;
 - (g) Not currently receiving OASDI;
 - (h) Failure to cooperate;
 - (i) Other.

Thank you for your patience and assistance in implementing this court order. Kristi Banion is available to answer any questions regarding these procedures and can be reached at (916) 324-4955.

Sincerely,

ORIGINAL SIGNED BY

Caroline Cabias, Chief
Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

NOTICE OF POSSIBLE MEDI-CAL ELIGIBILITY
WITHOUT A SHARE OF COST



Our records indicate that you *may* be eligible for Medi-Cal under the 1976 Pickle Amendment to the Social Security Act. If you are now receiving Medi-Cal without a share of cost, you do not have to do anything about this notice. *However, if you are not now receiving Medi-Cal or if you are required to meet a share of cost before you receive your Medi-Cal card, this notice is important.* PLEASE READ IT CAREFULLY!

If you are one of the persons covered by the Pickle Amendment, you will be eligible for Medi-Cal without a share of cost. To be eligible, *all* of the following conditions must apply to you:

1. You now receive Social Security benefits (green checks);
2. At any time after April 1977, you received both SSI/SSP benefits (gold checks) and Social Security benefits (green checks) in the same month; *and*
3. You no longer receive SSI/SSP benefits (gold checks).

To find out if you are entitled to receive Medi-Cal without a share of cost, contact your county welfare department.

TAKE THIS NOTICE WITH YOU TO THE WELFARE OFFICE

If you are eligible for Medi-Cal under the Pickle Amendment, you may be able to be reimbursed for medical expenses that you have been required to pay.

SAVE BILLS AND RECEIPTS, OR CANCELLED CHECKS, FOR MEDICAL SERVICES OR DRUGS THAT YOU OR YOUR FAMILY HAVE RECEIVED SINCE YOUR LAST SSI/SSP GOLD CHECK.

Do not take these documents with you to the county welfare department. If you are eligible for reimbursement, you will be contacted at a later date.

This notice is the result of a court decision in the case of *Lynch v. Rank* No. C83-2340 WHO (U.S. District Court, Northern District of California).

For additional information, you may contact plaintiff's attorneys:

Evelyn R. Frank
Legal Aid Society of Alameda County
2357 San Pablo Avenue
Oakland, CA 94612

Byron Gross
Legal Aid Foundation of Los Angeles
1550 West 8th Street
Los Angeles, CA 90017

or your local legal aid office.

AVISO DE POSIBLE ELEGIBILIDAD PARA RECIBIR MEDI-CAL
SIN PAGAR PARTE DEL COSTO

Nuestros archivos indican que Ud. *puede* ser elegible para recibir Medi-Cal bajo la Enmienda Pickle 1976 (Pickle Amendment) hecha al Acta del Seguro Social. Si Ud. está ahora recibiendo Medi-Cal sin pagar una parte del costo, Ud. no tiene que tomar en cuenta este aviso. *Sin embargo, si Ud. no está ahora recibiendo Medi-Cal o si se le exige pagar una parte del costo antes de recibir su tarjeta de Medi-Cal, este aviso es importante.* IPOR FAVOR, LEALO CUIDADOSAMENTE!

Si Ud. es una de las personas favorecidas por la Enmienda Pickle, Ud. será elegible para recibir Medi-Cal sin pagar parte del costo. Para ser elegible, Ud. debe reunir *todas* las condiciones indicadas más abajo:

1. En la actualidad Ud. recibe los beneficios del Seguro Social (cheques verdes);
2. En cualquier momento después de Abril de 1977, Ud. recibió en el mismo mes los beneficios de los programas SSI/SSP (cheques dorados) y del Seguro Social (cheques verdes); y
3. Usted ya no recibe los beneficios SSI/SSP (cheques dorados).

Para saber si Ud. tiene derecho a recibir Medi-Cal sin pagar parte del costo, póngase en contacto con su departamento de bienestar del condado.

LLEVE ESTE AVISO CONSIGO A LA OFICINA DE BIENESTAR

Si Ud. es elegible para recibir Medi-Cal bajo la Enmienda Pickle, Ud. puede estar calificado para que se le reembolse los gastos médicos que a Ud. se le había exigido pagar.

GUARDE LAS FACTURAS Y RECIBOS O CHEQUES CANCELADOS POR SERVICIOS MEDICOS O POR MEDICINAS QUE UD. O SU FAMILIA HAN RECIBIDO DESDE SU ULTIMO CHEQUE DORADO SSI/SSP.

No lleve estos documentos al departamento de bienestar del condado. Si Ud. es elegible para que se le reembolse por los gastos en que ha incurrido, ellos se pondrán en contacto con Ud. en fecha posterior.

Este aviso es el resultado de una decisión de la corte en el caso *Lynch v. Rank* No. C83-2340 WHO (Distrito de la Corte de los EE. UU., Distrito Norte de California (U. S. District Court, Northern District of California)).

Para más información, Ud. puede ponerse en contacto con los abogados del demandante:

Evelyn R. Frank
Legal Aid Society of Alameda County
2357 San Pablo Avenue
Oakland, CA 94612

Byron Gross
Legal Aid Foundation of Los Angeles
1550 West 8th Street
Los Angeles, CA 90017

o su oficina local de ayuda legal.

NOTICE 2

DENIAL OF MEDI-CAL BENEFITS UNDER THE PICKLE AMENDMENT

The _____ Welfare Department has reviewed your case and the information that you provided and has determined that you are not currently eligible, under the Pickle Amendment, to receive no cost Medi-Cal benefits because _____

The Pickle Amendment provides for Medi-Cal benefits, without any cost, for people who, at any time after April 1977, received both Social Security (green check) and SSI/SSP (gold check) in the same month, *and* who now receive only Social Security, *and* who would be eligible for SSI/SSP if they had not received cost of living increases in their Social Security benefits.

If you have additional information that you would like considered, please contact your county eligibility worker immediately.

IF YOU DISAGREE AND WANT TO APPEAL THIS DECISION, YOU MAY REQUEST A STATE HEARING BY FOLLOWING THE INSTRUCTIONS ON THE BACK OF THIS NOTICE.

IF YOU STILL THINK YOU ARE ELIGIBLE UNDER THE PICKLE AMENDMENT, SAVE BILLS AND RECEIPTS, OR CANCELLED CHECKS, FOR MEDICAL SERVICES AND DRUGS THAT YOU OR YOUR FAMILY HAVE RECEIVED SINCE YOUR LAST SSI/SSP GOLD CHECK.

Do not take these documents with you to the county welfare department. If you are eligible for reimbursement, you will be contacted at a later date.

This notice is a result of a court decision in the case of *Lynch v. Rank* Number C83-2340 WHO U. S. District Court, Northern District of California.

For additional information, you may contact plaintiff's attorneys:

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Oakland, CA 94612

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1550 West 8th Street
Los Angeles, CA 90017

or your local legal aid office.

Si Ud. necesita una traducción de este aviso en español, póngase en contacto con su oficina de bienestar del condado.

If you are dissatisfied with the action described on the other side, or if another county action, you may request a state hearing before a hearing Officer of the State Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your county worker can help you request a hearing. If you decide to request a hearing, you must do so WITHIN 90 DAYS OF THE DATE OF THIS NOTICE.

A state hearing and aid paid pending described below will not be available if the only action you object to is an automatic change in your eligibility which is required by state or federal law. This denial of a state hearing is required by Title 22, C.A.C. Section 50951.

Aid Paid Pending

If you are now receiving Medi-Cal and ask for a state hearing before the effective date of this notice, you will delay the county's action, but your Medi-Cal will continue until the hearing begins.

State Regulations Available

State regulations, including those covering state hearings, are available at the local office of the county welfare department.

Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, attorney or any other person, but you are expected to arrange for the representative yourself. You can get help locating free legal assistance by calling the toll-free number of Public Inquiry and Response Unit (800) 952-5253.

Information Practices Act Notice

The information you are asked to write in below is needed to process your request, and processing may be delayed if your request is incomplete. A case file will be set up by the Chief Referee. You have a right to examine the materials that make up the record for decision and may locate this record by contacting Public Inquiry and Response Unit (phone number shown above). Any information you

provide may be shared with the county welfare department, with the U.S. Department of Health and Human Services, Authority: W&IC 10950.

How to Request a State Hearing

The best way to request a hearing is to fill in and send this entire notice to:

Office of Chief Referee
State Department of Social Services
744 P Street, Mail Station 19-36
Sacramento, CA 95814

Los Angeles County residents send to:

Fair Hearing Section
P.O. Box 10280
Glendale, California 91209

You may also request a hearing by calling the toll-free number of Public Inquiry and Response Unit.

Public Inquiry and Response (Public Information)

Toll-Free Number: (800) 952-5253*

Teletypewriter (TTY) only: (800) 952-5434*

*You will have to dial "1" first.

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights or files. Assistance is also available in some languages other than English, including Spanish. You may phone, write, or come in.

Public Inquiry and Response
State Department of Social Services
744 P Street, Mail Station 16-23
Sacramento, CA 95814

REQUEST FOR A STATE HEARING

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

I am requesting a state hearing because of an action by the welfare department of _____ county related to Medi-Cal.

Reasons for my request:

I speak a language other than English and need an interpreter for my hearing. (The State will provide the interpreter at no cost to you.)

Language _____ Dialect _____

NEGATIVA DE LOS BENEFICIOS DE MEDI-CAL BAJO LA ENMIENDA PICKLE

El Departamento de Bienestar del Condado de _____ ha revisado su caso y la información que Ud. dio, y ha determinado que en la actualidad Ud. no es elegible para recibir, bajo la Enmienda Pickle, los beneficios de Medi-Cal sin costo alguno porque _____

La enmienda Pickle proporciona los beneficios de Medi-Cal sin costo alguno: a las personas que en cualquier momento, después de Abril de 1977, recibieron juntos en el mismo mes, Seguro Social (cheque verde) y SSI/SSP (cheque dorado); a aquellas que ahora reciben solamente Seguro Social y a las que serían elegibles si no hubieran recibido aumentos por el costo de vida en sus beneficios del Seguro Social.

Si Ud. tiene información adicional que le gustaría que nosotros consideremos, por favor póngase inmediatamente en contacto con su trabajador de elegibilidad del condado.

SI UD. NO ESTA DE ACUERDO Y DESEA APELAR ESTA DECISION, UD. PUEDE SOLICITAR UNA AUDIENCIA ESTATAL SIGUIENDO LAS INSTRUCCIONES EN EL REVERSO DE ESTE AVISO.

SI UD. PIENSA TODAVIA QUE ES ELEGIBLE BAJO LA ENMIENDA PICKLE, GUARDE LAS FACTURAS Y RECIBOS O CHEQUES CANCELADOS POR SERVICIOS MEDICOS O POR MEDICINAS QUE UD. O SU FAMILIA HAN RECIBIDO DESDE SU ULTIMO CHEQUE DORADO SSI/SSP.

No lleve estos documentos al departamento de bienestar del condado. Si Ud. es elegible para que se le reembolse por los gastos en que ha incurrido, ellos se pondrán en contacto con Ud. en fecha posterior.

Este aviso es el resultado de una decisión de la corte en el caso *Lynch v. Rank* No. C83-2340 WHO (Distrito de la Corte de los EE. UU., Distrito Norte de California (U. S. District Court, Northern District of California)).

Para más información, Ud. puede ponerse en contacto con los abogados del demandante:

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2357 San Pablo Avenue
Oakland, CA 94612

Byron Gross
Legal Aid Foundation of Los Angeles
1550 West 8th Street
Los Angeles, CA 90017

o su oficina local de ayuda legal.

SUS DERECHOS A APELAR ESTA ACCION

Si Ud. no está de acuerdo con la acción descrita al reverso, o cualquier otra acción del condado, puede solicitar una audiencia estatal ante un funcionario de audiencia del Departamento de Servicios Sociales del Estado (Hearing Officer of the State Department of Social Services). Esta audiencia será llevada a cabo en forma informal para asegurar que todos los presentes tienen la libertad de expresarse. Su trabajador del condado puede ayudarlo a pedir una audiencia. Si Ud. decide solicitar una audiencia, debe hacerlo DENTRO DE LOS 90 DIAS DE LA FECHA DE ESTE AVISO.

Una audiencia estatal y la ayuda pendiente de pago descritas más abajo no serán disponibles si la única acción que Ud. objeta es un cambio automático en su elegibilidad la cual es requerida por el estado o ley federal. Esta negativa de una audiencia estatal es exigida por el Título 22, del Código Administrativo de California, Sección 50951.

Pago de Ayuda Pendiente

Si Ud. está ahora recibiendo Medi-Cal y solicita una audiencia estatal antes de la fecha en vigencia de este aviso, Ud. demorará la acción del condado, de esta manera su Medi-Cal continuará hasta que la audiencia comience.

Disponibilidad de los Reglamentos del Estado

Estos reglamentos, incluyendo aquellos relacionados con las audiencias estatales, están disponibles en la oficina local del departamento de bienestar del condado.

Representante Autorizado

Usted puede representarse a si mismo en la audiencia estatal. Puede también ser representado por un amigo, abogado o cualquier otra persona, pero se espera que Ud. haga los arreglos necesarios para representarse. Usted puede conseguir ayuda legal gratis llamando al número gratuito de la Oficina Pública de Preguntas y Respuestas (Public Inquiry and Response Unit) (800) 952-5253.

Prácticas de Información sobre Avisos de Acción

La información que le solicitamos más abajo es necesaria para procesar su solicitud, la cual puede ser demorada si Ud. da los datos incompletos. Una carpeta con sus datos será arreglada por el Jefe de

Arbitros (Chief Referee). Usted tiene el derecho de examinar su expediente y puede localizarlo llamando a la Oficina Pública de Preguntas y Respuestas (el número telefónico está indicado más arriba). Cualquier información que Ud. proporcione puede ser compartida con el departamento de bienestar del condado, con autoridades del Departamento de Salud y Servicios Humanos de los Estados Unidos (U.S. Department of Health and Human Services, Authority: W&IC 10950).

Como Solicitar una Audiencia Estatal

La mejor forma de hacerlo es llenar y enviar este aviso a:

Office of Chief Referee
State Department of Social Services
744 P Street, Mail Station 19-36
Sacramento, CA 95814

Los residentes del condado de Los Angeles enviarlo a:
Fair Hearing Section
P.O. Box 10280
Glendale, CA 91209

Usted también puede solicitar una audiencia llamando al número gratuito de la Oficina Pública de Preguntas y Respuestas.

Preguntas y Respuestas para el Público (Información para el Público)

Número Telefónico Gratuito: (800) 952-5253*

Teletipo (TTY) solamente: (800) 952-5434*

*Usted tiene que marcar "1" primero.

La Oficina para el Público de Preguntas y Respuestas del estado puede proporcionarle más información acerca de sus derechos sobre las audiencias o expedientes. Hay ayuda también en otros idiomas además del inglés, incluyendo español. Usted puede telefonar, escribir o acercarse personalmente.

Public Inquiry and Response
State Department of Social Services
744 P Street, Mail Station 16-23
Sacramento, CA 95814

SOLICITUD PARA UNA AUDIENCIA ESTATAL

Nombre _____ Número Telefónico _____

Dirección _____ Ciudad _____ Estado _____ Código de Correos _____

Estoy solicitando una audiencia estatal relacionada con Medi-Cal debido a la acción del departamento de bienestar del condado de _____

Razones por mi solicitud:

Hablo un idioma que no es inglés y necesito un intérprete para mi audiencia. (El estado le proporcionará un intérprete sin costo alguno).

Idioma _____ Dialecto _____

NOTICE OF MEDI-CAL ELIGIBILITY UNDER THE PICKLE AMENDMENT

Your application for Medi-Cal benefits, without a share of cost, under the Pickle Amendment has been approved. You are entitled to receive no share of cost Medi-Cal benefits beginning _____.

Carry your Medi-Cal card with you at all times and be prepared to present it to your doctor or any other health care provider when you are requesting medical services.

Since you are eligible for Medi-Cal under the Pickle Amendment, you may be able to be reimbursed for medical expenses that you have been required to pay.

PLEASE SAVE YOUR BILLS AND RECEIPTS, OR CANCELLED CHECKS, FOR MEDICAL SERVICES AND DRUGS THAT YOU OR YOUR FAMILY HAVE RECEIVED SINCE YOUR LAST SSI/SSP GOLD CHECK.

Do not take these documents with you to the county welfare department. If you are eligible for reimbursement, you will be contacted at a later date.

For additional information, you may contact plaintiff's attorneys:

Evelyn R. Frank
Legal Aid Society of Alameda County
2357 San Pablo Avenue
Oakland, CA 94612

Byron Gross
Legal Aid Foundation of Los Angeles
1550 West 8th Street
Los Angeles, CA 90017

or your local legal aid office.

AVISO DE ELEGIBILIDAD PARA RECIBIR MEDI-CAL BAJO LA ENMIENDA PICKLE

Su solicitud para recibir los beneficios de Medi-Cal bajo la Enmienda Pickle, es decir sin costo alguno, ha sido aprobada. Usted tiene el derecho a recibir los beneficios de Medi-Cal sin costo alguno a partir del _____

Lleve siempre consigo su tarjeta de Medi-Cal y esté preparado a presentarla ya sea a su médico o a cualquier proveedor de los servicios de salud cuando Ud. solicite servicios médicos.

Puesto que Ud. es elegible para recibir Medi-Cal bajo la Enmienda Pickle, Ud. puede estar calificado para que se le reembolse por los gastos médicos que se le ha exigido pagar.

GUARDE LAS FACTURAS Y RECIBOS O CHEQUES CANCELADOS POR SERVICIOS MEDICOS O POR MEDICINAS QUE UD. O SU FAMILIA HAN RECIBIDO DESDE SU ULTIMO CHEQUE DORADO SSI/SSP.

No lleve estos documentos al departamento de bienestar del condado. Si Ud. es elegible para que se le reembolse por los gastos en que ha incurrido, ellos se pondrán en contacto con Ud. en fecha posterior.

Para más información, Ud. puede ponerse en contacto con los abogados del demandante:

Evelyn R. Frank
Legal Aid Society of Alameda County
2357 San Pablo Avenue
Oakland, CA 94612

Byron Gross
Legal Aid Foundation of Los Angeles
1550 West 8th Street
Los Angeles, CA 90017

o su oficina local de ayuda legal.

ANNUAL STUFFER

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 (green checks);
2. At any time after April 1977, you received both SSI/SSP benefits (gold checks) and Social Security benefits (green checks) in the same month; *and*
3. You no longer receive SSI/SSP benefits (gold checks).

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

Si Ud. necesita una traducción de este aviso en español, póngase en contacto con su oficina de bienestar del condado.

ARTICULO DE INFORMACION ANUAL
AVISO IMPORTANTE EN RELACION CON SU
ELEGIBILIDAD PARA MEDI-CAL

Usted puede ser elegible para recibir los beneficios de Medi-Cal sin pagar parte del costo si Ud. es calificado bajo la Enmienda Pickle. Para calificarse Ud. debe reunir *todas* las condiciones indicadas más abajo:

1. En la actualidad Ud. recibe los beneficios del Seguro Social (cheques verdes);
2. En cualquier momento después de Abril de 1977, Ud. recibió en el mismo mes los beneficios de los programas SSI/SSP (cheques dorados) y del Seguro Social (cheques verdes); y
3. Usted ya no recibe los beneficios SSI/SSP (cheques dorados).

Si Ud. cree que es elegible para recibir Medi-Cal bajo la Enmienda Pickle, Ud. debe ponerse inmediatamente en contacto con su trabajador de elegibilidad del condado.

101 - TITLE II DISREGARD
ELIGIBILITY DETERMINATIONS

1. Background:

The basis for the Title II (OASDI) income disregard is the 1976 Pickle Amendment to the Social Security Act. This amendment requires that zero share-of-cost Medicaid (Medi-Cal) benefits be provided to any aged, blind or disabled (ABD) person or couple meeting all of the following conditions:

- (1) Currently receives OASDI benefits.
- (2) Received OASDI and SSI/SSP benefits simultaneously in any month after April 1977.
- (3) Was discontinued from SSI/SSP after April 1977.
- (4) Received an OASDI cost of living adjustment (COLA) since being discontinued from SSI/SSP and is currently not entitled to receive SSI/SSP benefits.
- (5) Would be entitled to receive SSI/SSP benefits if the OASDI COLAs received after SSI/SSP ineligibility are disregarded.

For purposes of this Manual Section, persons to whom this amendment applies are referred to as Pickle eligibles.

2. Screening Process:

At the time of application for Medi-Cal, all ABD individuals and ABD couples with OASDI income must be evaluated for potential Pickle eligibility. For each of these people a Screening Worksheet should be completed and retained in the case file. When evaluating an ABD couple, it is necessary to complete individual Screening Worksheets for each applicant. If both people meet the criteria established in the screening process, they have potential eligibility as a Pickle couple. As a Pickle couple, both persons receive a zero share-of-cost Medi-Cal card.

3. Financial Eligibility:

The following is a general overview of Pickle financial eligibility. Detailed information on completing the various worksheet line items is found in the instructions for each worksheet. Once the screening process has been completed and the ABD applicant has been determined to have potential Pickle eligibility, a Financial Eligibility Worksheet must be completed. If both members of a couple are potentially eligible, as determined in the screening process, use one financial eligibility worksheet and combine the income. This worksheet is used to determine if actual eligibility exists.

To determine financial eligibility, it is necessary to disregard the amount of the OASDI COLA(s) received by the ABD individual or couple since he/she (they) was (were) last discontinued from SSI/SSP. This is to be accomplished by using the Disregard Computation Worksheet and entering the result in the Combined Incomes portion of the Financial Eligibility Worksheet. If the applicant has an *ineligible spouse who also receives OASDI benefits, the COLAs actually received by the spouse since the applicant was discontinued from SSI/SSP should also be disregarded. To accomplish this, a separate Disregard Computation Worksheet should be used and the result entered on the Financial Eligibility Worksheet.

In the case of an eligible ABD couple, separate Disregard Computation Worksheets must be completed. The total amount of the disregard for both must then be entered in the Combined Incomes portion of the Financial Eligibility Worksheet. This disregard is then subtracted from the combined unearned income of the couple.

For applicants with an ineligible spouse or child, the allocation to the child and the deeming must first be completed by using the Financial Eligibility Worksheet. If the ineligible spouse's total income, after allocations, is less than 1/2 the **FBR for an individual, none of the ineligible spouse's income is used in determining the countable income of the applicant, and the current SSI/SSP payment level for an individual must be used in the Pickle Eligibility Calculation portion of the Financial Eligibility Worksheet. If the total income after allocation is greater than 1/2 the FBR for an individual, the deeming computation must continue and the current SSI/SSP payment level for a couple must be used in the Pickle Eligibility Calculation.

* For purposes of a Pickle eligibility determination, an ineligible spouse is one who does not meet the test in the screening process and is ineligible as a Pickle Person.

** Federal Benefit Rate (see attached table).

I. INDIVIDUAL SCREENING WORKSHEET

Case Name _____

Case Number _____

SSI/SSP Last Received On _____
(Must be verified in accordance with Title 22, CAC, Section 50167)

NOTE: If SSI/SSP was never received or was last received prior to April 1977 do not continue. The person is not eligible as a Pickle person.

Screening Process:

1. Does this person currently receive Title II Benefits (OASDI, Social Security green check)? _____
2. Since April 1977, has this person received both OASDI and SSI/SSP in the same month? _____
3. Has this person been discontinued from SSI/SSP? _____
4. Has this person received an OASDI COLA increase in any month since SSI/SSP was last discontinued? _____

If the answer to all of the above questions is yes, complete the evaluation on the Financial Eligibility Worksheet.

If the answer to any of the above questions is no, the person is currently ineligible as a Pickle person. In that situation, this form, noting the reason for ineligibility, and the verified date of last receipt of SSI/SSP, must be completed. It must then be retained in the case file until the annual re-evaluation is completed.

Reason for Ineligibility _____

Eligibility Worker _____

Date _____

TITLE II DISREGARD COMPUTATION

This computation is used to compute the amount of the Title II (OASDI) benefit that is to be disregarded for potential Pickle eligibles. A separate Disregard Computation Worksheet must be completed for each member of a couple, and for an ineligible spouse receiving OASDI benefits. When using the worksheet, it must first be determined (1) when SSI/SSP was last received, (2) if the ineligible spouse receives OASDI benefits subject to the disregard, including the date benefits began, and (3) the current OASDI benefit amounts for both the applicant(s) and the ineligible spouse. The disregard may only be applied from the date of the first COLA received by the applicant(s) after SSI/SSP was discontinued. For the ineligible spouse, the disregard only applies to the period after the applicant's SSI/SSP discontinuance when OASDI benefits were actually received by the ineligible spouse. If the applicant is a child there is no disregard for the parent's OASDI COLAs.

Step 1:

Divide the current OASDI benefit amount by the percentage amount of the previous year's cost of living increase. This will provide the person's benefit level prior to the COLA. This computation should be done for each OASDI COLA received by the applicant(s) and his or her ineligible spouse after the applicant was last discontinued from SSI/SSP.

1. Current OASDI benefit amount = Benefit before (Previous Benefit
1.074 (7/82 OASDI increase) 7/82 COLA Amount)
2. Benefit before 7/82 COLA = Benefit before
1.112 (7/81 OASDI increase) 7/81 COLA
3. Benefit before 7/81 COLA = Benefit before
1.143 (7/80 OASDI increase) 7/80 COLA
4. Benefit before 7/80 COLA = Benefit before
1.099 (7/79 OASDI increase) 7/79 COLA
5. Benefit before 7/79 COLA = Benefit before
1.072 (7/78 OASDI increase) 7/78 COLA
6. Benefit before 7/78 COLA = Benefit before
1.0686 (7/77 OASDI increase) 7/77 COLA

GO TO STEP 2

Step 2:

The calculation below determines the amount of the COLAs to be disregarded when computing Pickle eligibility. When making this determination you must disregard all COLAs since the applicant received his/her last SSI/SSP check.

Current Benefit Amount
- Benefit Before COLA(s)
Amount of Increase to be Disregarded

In Step 2, any disregarded amounts of \$.50 or more should be rounded to the next highest dollar.

Example: Mr. C. received his last SSI/SSP check in 6/77. His current OASDI benefit amount is \$500.

$\begin{array}{r} \$500 = \$465.54 \\ 1.074 \end{array}$	$\begin{array}{r} \$465.54 = \$418.65 \\ 1.112 \end{array}$	$\begin{array}{r} \$418.65 = \$366.28 \\ 1.143 \end{array}$
$\begin{array}{r} \$366.28 = \$332.28 \\ 1.099 \end{array}$	$\begin{array}{r} \$333.28 = \$310.90 \\ 1.072 \end{array}$	$\begin{array}{r} \$310.90 = \$290.94 \\ 1.0686 \end{array}$

\$291 was Mr. C's OASDI benefit amount prior to the 7/77 COLA.

The total dollar amount of the COLAs received since his last SSI/SSP check (7/77) is computed by subtracting the benefit amount prior to the 7/77 COLA from the current benefit amount (\$500 - \$291 = \$209). \$209 is the amount of the COLAs to be disregarded when computing this person's Pickle eligibility.

DISREGARD COMPUTATION WORKSHEET
 PICKLE ELIGIBLE OR COUPLE AND/OR INELIGIBLE SPOUSE
 WITH TITLE II INCOME

Case Name _____ Case Number _____

Step 1:

(a)	(b)	(c)
1982 Increase	1.074	= \$ _____ (Previous Benefit Amount)
1981 Increase	1.112	= _____
1980 Increase	1.143	= _____
1979 Increase	1.099	= _____
1978 Increase	1.072	= _____
1977 Increase	1.0686	= _____

Step 2:

1. Enter current benefit amount \$ _____
2. Using Step 1, enter last previous benefit amount completed in column (c) - _____
3. Disregard amount (Subtract 2 from 1) \$ _____
 (Enter on Financial Eligibility Worksheet)

INSTRUCTIONS
DISREGARD COMPUTATION WORKSHEET

Step 1:

Divide the current OASDI (Title II) benefit amount by the percentage amount of the previous year's COLA (column (b)). The quotient (column (c)) provides the benefit amount received by this person in the previous year (before the COLA). This is necessary in order to determine how much Title II income we are required to disregard in determining eligibility under the Pickle Amendment.

Starting with the current year, this computation must be done for each year until reaching the last Title II COLA the person received after last being discontinued from SSI/SSP. In no case should you go beyond the COLA received in July 1977. Persons last discontinued from SSI/SSP prior to April 1977 are not eligible under the Pickle Amendment.

Examples:

Mr. K receives Title II benefits and has not received SSI/SSP since Sept. 1977. In doing the disregard computation, only deduct the COLAs received since July 1978. (The first COLA after he was discontinued from SSI/SSP.)

Ms. J receives Title II benefits and has also received SSI/SSP in the past. She was discontinued from SSI/SSP in March 1977 for having excess resources and was reinstated in August 1977. She was discontinued again in May 1979 because she moved to New York, but she returned and was reinstated in August 1981. She was discontinued in May 1982 due to excess income from a widow's pension and has not been reinstated. In doing her disregard computation only deduct the COLAs received since July 1982 because that was the first COLA received since her last SSI/SSP discontinuance.

Step 2:

Subtract the Title II benefit amount received before the COLAs from the current Title II benefit amount. This will give you the amount to be disregarded when computing financial eligibility.

FINANCIAL ELIGIBILITY WORKSHEET
PICKLE ELIGIBLES: INDIVIDUAL OR COUPLE,
OR APPLICANT WITH AN INELIGIBLE SPOUSE

Case Name _____

Case Number _____

Part I. Ineligible Spouse's Unearned Income

1. Ineligible spouse's total unearned income _____
2. Title II COLA Disregard Amount _____
3. Countable Unearned Income (Subtract I-2 from I-1). _____
4. Allocation for ineligible children. (If no children, enter zero in I-4c. and I-5.) _____

	Child#1	Child#2	Child#3	Child#4	Child#5
a. Allocation (1/2 FBR for an individual)	-	-	-	-	-
b. Minus child's income	-	-	-	-	-
c. Subtotal Allocation	+	+	+	+	=
5. Total Allocation for Ineligible Children (total of line c)	-				
6. Remaining unearned income (Subtract I-5 from I-3)	-				

Part II. Ineligible Spouse's Earned Income

1. Ineligible spouse's gross earned income _____
2. Unused portion of allocation for ineligible child(ren) _____
3. Remaining earned income (Subtract II-2 from II-1) _____

Part III. Ineligible Spouse's Total Income After Allocations (Add I-6 and II-3.) (If less than 1/2 the FBR for an individual, deeming not applicable. Make no entry for ineligible spouse's income in Part IV).

Part IV. Combined Incomes (eligible individual or couple and/or ineligible spouse after ineligible child allocations)

1. Applicant's unearned income _____
2. Applicant's Title II COLA's _____
3. Applicant's countable unearned income (Subtract line IV-2 from line IV-1) _____
4. Spouse's unearned income (Line I-6) _____
5. Combined unearned income (add lines IV-3 and IV-4) _____
6. Subtract general income exclusion _____
7. Combined countable unearned income. _____ -20
8. Earned income of applicant and spouse (Use amount from line II-3 for spouse). _____
9. Subtract balance of general exclusion not offset by unearned income (Line IV-6) _____
10. Remaining earned income _____
11. Subtract work expense exclusion _____ -65
12. Remaining earned income _____
13. Subtract 1/2 remainder. _____
14. Countable earned income _____
15. Total countable income (Add lines IV-7 and IV-14) _____

Part V. Pickle Eligibility Calculation

1. Current SSI/SSP payment level (If income is deemed, use payment level for couples). _____
2. Subtract total countable income (Line IV-15). _____
 If countable income is less than current SSI/SSP payment level, this person/couple is/are Pickle eligible as an aid code 16, 26, or 66. _____

INSTRUCTIONS
FINANCIAL ELIGIBILITY WORKSHEET
PICKLE ELIGIBLES INDIVIDUAL OR, COUPLE, OR APPLICANT
WITH AN INELIGIBLE SPOUSE

I. Ineligible Spouse's Unearned Income

Line I-1

Enter the ineligible spouse's unearned income.

Line I-2

If ineligible spouse has Title II income subtract all Title II cost of living increases received since the applicant was discontinued from SSI/SSP. Use amount from Disregard Computation Worksheet -- Step 2, line 3.

Line I-3

Subtract Line I-2 from Line I-1 and enter the difference.

Line I-4 (If there are no children, enter zero on line 4c.)

Enter each child's first name in boxes provided. On line 4a enter the allocations for any ineligible child(ren) not on public assistance. On line 4b, subtract from 4a any income for each of the children, excluding \$1200 per quarter or \$1620 per year of student income. Enter the remainder for each child on line 4c.

Line I-5 (If there are no children, enter zero.)

Total the allocations for all children from line 4c and enter here.

Line I-6

Subtract line I-5 from line I-3 (countable unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line I-5) exceeds line I-3 (countable unearned income). In the latter case, the negative figure on line I-6 is carried over to line II-2 (Unused portion of allocation).

II. Ineligible Spouse's Earned Income

Line II-1

Enter the ineligible spouse's earned income.

Line II-2

Enter the amount of any allocation for ineligible children that is not offset by countable unearned income (line I-5 minus line I-3). If line I-3 is equal to or greater than line I-5, enter zero in line II-2.

Line II-3

Subtract the allocation amount on line II-2 from line II-1 (gross earned income), and enter the difference.

III. Ineligible Spouse's Total Income After Allocations

Add the amounts in lines I-6 and II-3 to determine the total income after allocations.

NOTE: If at this point (after the allocation for ineligible children and the Title II Disregard), the total income amount, earned and unearned, is less than 1/2 the FBR for an individual, there is no income available for deeming to the applicant. In this case, use only the applicant's income in Part IV and the current SSI/SSP payment level for an individual in Part V. If there is earned and/or unearned income remaining in excess of 1/2 the FBR, use the amounts from lines I-6 and II-3 in Part IV and the current SSI/SSP payment amount for a couple in Part V.

IV. Combined Income

Line IV-1

Enter the applicant's or couple's unearned income.

Line IV-2

Enter the applicant's or couple's Title II cost of living increases from the Disregard Computation worksheet.

Line IV-3

Subtract the COLAs from the applicant's or couple's unearned income and enter the difference.

Line IV-4

Enter the ineligible spouse's unearned income from line I-6; unless the total income amount in Part III is less than 1/2 the FBR for an individual, in which case, enter zero in line IV-4.

Line IV-5

Enter combined unearned income of applicant(s) (line IV-3) and ineligible spouse (line IV-4).

Line IV-6

Enter the \$20 any income exclusion.

Line IV-7

Subtract line IV-6 from line IV-5 and enter the difference. (If line IV-5 is less than \$20, enter zero in line IV-7.)

Line IV-8

Enter combined earned income of applicant(s) and ineligible spouse. Use Line II-3 for spouse's income. If the total income amount in Part III is less than 1/2 the FBR for an individual, enter only the applicant's earned income in line IV-8.

Line IV-9

Enter unused portion of the \$20 any income exclusion not offset in Line IV-7.

Line IV-10

Subtract line IV-9 from line IV-8 and enter difference.

Line IV-11

\$65 work expense exclusion.

Line IV-12

Subtract line IV-11 from line IV-10 and enter the difference.

Line IV-13

Enter 1/2 of the amount of line IV-12.

Line IV-14

Subtract line IV-13 from line IV-12 and enter the difference.

Line IV-15

Add line IV-7 and line IV-14 and enter total. This is the amount of income to be considered in determining Pickle eligibility. Enter on line V-2.

III. Pickle Eligibility Calculation

Line V-1

Enter the current, appropriate SSI/SSP level from chart.

Line V-2

Subtract total countable income from line V-1 and enter the difference.

If line V-2 (total countable income) is less than the current SSI/SSP payment level the applicant(s) is/are categorically needy and entitled to a zero share-of-cost Medi-Cal card (Pickle Person). If both members of a couple meet the eligibility criteria they are both eligible.

NOTE: If an amount is deemed from an ineligible spouse the SSI/SSP payment level for a couple must be used.

**FINANCIAL ELIGIBILITY WORKSHEET
PICKLE INELIGIBLE PARENT(S)
TO AN ELIGIBLE CHILD**

Case Name _____ Case Number _____

Part I. Ineligible Parent's Unearned Income

1. Parent's Unearned Income _____
2. Allocation For Ineligible Children (If no children, enter zero in I-2c and I-3.) _____

	Child #1	Child#2	Child #3	Child #4
a. Allocation (1/2 FBR for an individual)				
b. Minus child's income				
c. Subtotal Allocation	+	+	+	=
3. Total Allocation (Total of line 2c)	-			
4. Remaining unearned income (Subtract line 3 from line 1)	-			

Part II. Ineligible Parent's Earned Income

1. Parent's gross earned income _____
2. Unused portion of allocation for ineligible child(ren). . . - _____
3. Remaining earned income (Subtract II-2 from II-1). _____

4. Ineligible Parents Total Income After Allocations For Siblings (Add I-4 and II-3) _____
(If there is no income remaining, either earned or unearned, do not deem. If there is income proceed with Part III.)

Part III. Combined Incomes -- Parent's Allocation

IF REMAINING INCOME IS

Earned and Unearned Income		Unearned Income Only		Earned Income Only	
	Month		Month		Month
Remaining Unearned Income (after allocation)		Remaining Unearned Income		Remaining Earned Income	
Subtract General Income Exclusion	-20	Subtract General Income Exclusion	-20	Subtract Income Disregard	- 85
Countable Unearned Income		Remainder Unearned Income		Remainder Earned Income	
Earned Income		Subtract Parent Allocation (1 x FBR)		Subtract Parent Allocation (2 x FBR)	
Subtract Balance of General Income Exclusion		Deemed Income		Deemed Income	
Remainder		Part IV. PICKLE ELIGIBILITY CALCULATION			
Subtract Work Expense Exclusion	-65	1. Deemed income from Part III			
Remainder		2. Add eligible child's own OASDI income			
Subtract 1/2 Remainder		3. Subtract Title II COLA's			-
Countable Earned Income		4. Total countable OASDI			
Add Countable Unearned Income	+	5. Other unearned income			
Total Countable Income		6. Subtract general income exclusion			-20
*Subtract Parent Allocation	-	7. Total countable unearned income			
Deemed Income		8. Add countable earned income			+
		9. Total countable income			
		10. Current SSI/SSP payment level			
		11. Subtract total countable income			-
		12. If countable income is less than current SSI/SSP level this person is eligible as an aid code 16, 26, or 66			

*1 x FBR if one parent lives with child, 2 x FBR if both

INSTRUCTIONS
FINANCIAL ELIGIBILITY WORKSHEET
PICKLE INELIGIBLE PARENT(S) WORKSHEET
TO AN ELIGIBLE CHILD

I. Ineligible Parent's Unearned Income

Line I-1

Enter the ineligible parents' unearned income.

Line I-2 (If no ineligible siblings, enter zero in I-2c.)

Enter the first name of any ineligible child(ren) in the box provided. On line 2a enter the allocations for any ineligible child(ren) not on public assistance. On line 2b, enter any income for each of the children, excluding \$1200 or \$1620/year if student income. Subtract line 2b from 2a and enter the remainder for each child on line 2c.

Line I-3 (If no ineligible siblings, enter zero in I-3.)

Total the allocations for all siblings (from line I-2c) and enter here.

Line I-4

Subtract line I-3 from line I-1 (unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line I-3) exceeds line I-1 (unearned income). In the latter case, the negative figure on line I-4 is carried over to line II-2 (Unused portion of allocation).

II. Ineligible Parent's Earned Income

Line II-1

Enter the parents' earned income.

Line II-2

Enter the amount of any allocation for ineligible children that is not offset by unearned income (line I-3 minus line I-1). If line I-1 is greater than line I-3, enter zero in line II-2.

Line II-3

Subtract the allocation amount on line II-2 from line II-1 (gross earned income) and enter the difference.

Line II-4

Add lines I-4 and II-3).

NOTE: If at this point (after the allocation for ineligible children) there is no income remaining either earned or unearned, there is no income available for deeming to the eligible child(ren). In this case, proceed to Part IV. If there is earned and/or unearned income remaining, complete both Parts III and IV.

III. Combined Incomes

If the remaining income is both earned and unearned, use the column headed "Earned and Unearned Income" and follow the instructions on each line.

If the remaining income consists of unearned income only, use the column headed "Unearned Income Only".

If the remaining income consists of earned income only, use the column headed "Earned Income Only".

In all situations (no matter which of the three columns noted above are used) the entry on the last line of the column (i.e., the "Deemed Income" line) is carried over to the first line (also titled "Deemed Income") of Part IV, "Pickle Eligibility Calculation".

IV. Pickle Eligibility Calculation

Line IV-1

Enter the deemed income from one of the three columns in Part III. The deemed income is treated as unearned income.

Line IV-2

Enter the child's OASDI income.

Line IV-3

Enter any Title II cost of living increases that this person has received since being discontinued from SSI/SSP. (Use Disregard Worksheet.)

Line IV-4

Subtract Line III-3 from III-2 and enter difference.

Line IV-5

Enter any other unearned income of eligible child.

Line IV-6

Enter the \$20 any income exclusion.

Line IV-7

Add together the amounts in lines IV-1, IV-4, and IV-5; and then subtract the \$20 any income exclusion (line IV-6) to obtain the total countable unearned income amount.

Line IV-8

Enter the child's countable earned income (i.e., earned income after exclusions including the \$65 work expense exclusion and 1/2 the remainder).

Line IV-9

Add the amounts in lines IV-7 and IV-8 to obtain the total countable income.

Line IV-10

Enter the current SSI/SSP payment level.

Line IV-11

Subtract the total countable income amount (line IV-9) from line IV-10 to determine Pickle eligibility.

Line IV-12

If the total countable income is less than the current SSI/SSP payment level this person is a categorically needy person and entitled to a zero share-of-cost Medi-Cal card (Pickle Person).

NOTE: If parent(s) have Title II income their cost of living increases are not subtracted. Also, there is no allocation to a parent who is receiving public assistance.

CALIFORNIA PAYMENT LEVEL
FOR SSI/SSP
JULY 1, 1983 THROUGH DECEMBER 31, 1983

Category	Living Arrangements			
	Independent	Household of Another	Independent (No Cooking Facilities)	Non-Medical Board & Care
Individuals				
Aged	461.00	359.57	509.00	520.00
Disabled	461.00	359.57	509.00	520.00
Blind	516.00	414.57	N/A	520.00
Disabled Minor	*368.00	266.57	N/A	520.00
Couples				
Aged/Aged	853.00	700.87	950.00	1035.00
Disabled/Aged	853.00	700.87	950.00	1035.00
Disabled/ Disabled	853.00	700.87	950.00	1035.00
Blind/Blind	1000.00	847.87	N/A	1035.00
Aged/Blind	944.00	791.87	N/A	1035.00
Disabled/Blind	944.00	791.87	N/A	1035.00

*This payment amount should be used if the disabled minor resides in the home of a relative.

FEDERAL BENEFIT RATE (FBR)

Individual

Aged, Blind or Disabled	\$304.30
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Couple

Aged, Blind or Disabled	\$456.40
-------------------------	----------

NOTICE 1

NOTICE PREPARATION DATE:
NOVEMBER 7, 1983

Si Ud. necesita un interprete, favor de comunicarse
con su trabajador del condado.

Beneficiary ID Number:
23-0-4-570501111

NOTICE OF POSSIBLE MEDI-CAL ELIGIBILITY
WITHOUT A SHARE OF COST

Last Month SSI/SSP Received:
00/00

LXR 23-0-4-570501111
FIRST MI LAST4
FIRST4 MI LAST
XXXXXXXXXX
XXXXXXXXXX
2165 CORONADO AVE
RENO NV 84559

Our records indicate that you may be eligible for Medi-Cal under the 1976 Pickle Amendment to the Social Security Act. If you are now receiving Medi-Cal without a share of cost, you do not have to do anything about this notice. However, if you are not now receiving Medi-Cal or if you are required to meet a share of cost before you receive your Medi-Cal card, this notice is important. PLEASE READ IT CAREFULLY!

If you are one of the persons covered by the Pickle Amendment, you will be eligible for Medi-Cal without a share of cost. To be eligible, all the following conditions must apply to you:

1. You now receive Social Security benefits (green checks); and
2. At any time after April 1977, you received both SSI/SSP benefits (gold checks) and Social Security benefits (green checks) in the same month; and
3. You no longer receive SSI/SSP benefits (gold checks).

To find out if you are entitled to receive Medi-Cal without a share of cost, contact your county welfare department.

TAKE THIS NOTICE WITH YOU TO THE WELFARE OFFICE

If you are eligible for Medi-Cal under the Pickle Amendment, you may be able to be reimbursed for medical expenses that you have been required to pay.

SAVE BILLS AND RECEIPTS, OR CANCELLED CHECKS, FOR MEDICAL SERVICES OR DRUGS THAT YOU OR YOUR FAMILY HAVE RECEIVED SINCE YOUR LAST SSI/SSP GOLD CHECK.

Do not take these documents with you to the county welfare department. If you are eligible for reimbursement, you will be contacted at a later date.

This notice is the result of a court decision in the case Lynch v. Rank No. C83-2340 WHO (U.S. District Court, Northern District of California).

For additional information, you may contact plaintiff's attorneys:

Evelyn R. Frank
Legal Aid Society of
Alameda County
2357 San Pablo Avenue
Oakland, CA 94612

Byron Gross
Legal Aid Foundation of
Los Angeles
1550 West 8th Street
Los Angeles, CA 90017

or your local legal aid office.

Aviso de Posible Elegibilidad para Recibir Medi-Cal
sin Pagar Parte del Costo

Nuestros archivos indican que Ud. puede ser elegible para recibir Medi-Cal bajo la Enmienda Pickle 1976 (Pickle Amendment) hecha al Acta del Seguro Social. Si Ud. está ahora recibiendo Medi-Cal sin pagar una parte del costo, Ud. no tiene que tomar en cuenta este aviso. Sin embargo, si Ud. no está ahora recibiendo Medi-Cal o si se le exige pagar una parte del costo antes de recibir su tarjeta de Medi-Cal, este aviso es importante. ¡POR FAVOR, LEALO CUIDADOSAMENTE!

Si Ud. es una de las personas favorecidas por la Enmienda Pickle, Ud. será elegible para recibir Medi-Cal sin pagar parte del costo. Para ser elegible, Ud. debe reunir todas las condiciones indicadas más abajo:

1. En la actualidad Ud. recibe los beneficios del Seguro Social (cheques verdes); y
2. En cualquier momento después de Abril de 1977, Ud. recibió en el mismo mes los beneficios de los programas SSI/SSP (cheques dorados) y del Seguro Social (cheques verdes); y
3. Usted ya no recibe los beneficios SSI/SSP (cheques dorados).

Para saber si Ud. tiene derecho a recibir Medi-Cal sin pagar parte del costo, póngase en contacto con su departamento de bienestar del condado.

LLEVE ESTE AVISO CONSIGO A LA OFICINA DE BIENESTAR

Si Ud. es elegible para recibir Medi-Cal bajo la Enmienda Pickle, Ud. puede estar capacitado para que se le reembolse por los gastos médicos que se le exige pagar.

GUARDE LAS FACTURAS Y RECIBOS O CHEQUES CANCELADOS POR SERVICIOS MEDICOS O POR MEDICINAS QUE UD. O SU FAMILIA HAN RECIBIDO DESDE SU ULTIMO CHEQUE DORADO SSI/SSP.

No lleve estos documentos al departamento de bienestar del condado. Si Ud. es elegible para que se le reembolse por los gastos en que ha incurrido, ellos se pondrán en contacto con Ud. en fecha posterior.

Este aviso es el resultado de una decisión de la corte en el caso Lynch v. Rank No. C83-2340 WHO (Distrito de la Corte de los EE. UU., Distrito Norte de California (U. S. District Court, Northern District of California)).

Para más información, Ud. puede ponerse en contacto con los abogados del demandante:

Evelyn R. Frank
Legal Aid Society of
Alameda County
2357 San Pablo Avenue
Oakland, CA 94612

Byron Gross
Legal Aid Foundation of
Los Angeles
1550 West 8th Street
Los Angeles, CA 90017

o su oficina local de ayuda legal.