

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320



November 8, 1991

Letter No.: 91-102

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

SUBJECT: LYNCH V. RANK ANNUAL STUFFER

As required by the Permanent Injunction in the Lynch v. Rank lawsuit, the attached stuffer will be sent with the December Medi-Cal cards.

Please ensure that all persons in your county welfare department (CWD) who may be contacted by someone receiving this stuffer are familiar with the procedures that you have established for processing Lynch v. Rank (Pickle) Medi-Cal applications.

In past years, the plaintiffs' attorneys in this case have received complaints that beneficiaries receiving this stuffer were unable to secure, through the CWD, answers to their questions.

Thank you for your assistance. If you have any questions, please contact Sylvia Finberg at (916) 657-0080/CALNET 437-0080.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosure

### **PICKLE AMENDMENT**

#### **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 Title II (RSDI) benefits; and
2. You received or 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.

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

### **ENMIENDA DE LEY, PICKLE AVISO IMPORTANTE**

Si califica bajo la Enmienda de Ley, Pickle, es posible que califique para los beneficios de Medi-Cal sin tener que pagar una parte del costo. Para calificar, **TODAS** las condiciones a continuación deben aplicar a usted:

1. Actualmente recibe los beneficios del Título II (RSDI) del Seguro Social; y,
2. Recibió o tenía derecho a recibir, simultáneamente, tanto los beneficios del Seguro para Jubilación, Sobrevivientes e Incapacidad (RSDI) como Seguridad de Ingreso Suplemental/Pago Suplementario del Estado (SSI/SSP) provenientes del Título XVI, en cualquier mes desde abril de 1977; y
3. Ya no recibe los beneficios de SSI/SSP.

Si cree que sea elegible para Medi-Cal bajo la Enmienda de Ley, Pickle, póngase en contacto con su trabajador de elegibilidad del departamento de bienestar de su condado.