

DEPARTMENT OF HEALTH SERVICES

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August 5, 1996

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

Letter No.: 96-41

PETITION FOR WRIT OF MANDATE, RAMIREZ V. BELSHÉ: AUTHORIZED REPRESENTATIVES

Ref.: All County Welfare Directors Letters (ACWDL) 93-84 and 94-99

On June 26, 1996, the Los Angeles Superior Court ruled in the above case that ACWDLs 93-84 (Authorized Representatives) and 94-99 (Required Appointment of Representative Form for Authorized Representatives-Competent Individuals) are invalid. The Court found that ACWDL 93-84 and 94-99 are "invalid 'underground regulations'" in that these Letters were issued prior to the adoption of formal regulations.

Pursuant to the Court's decision, all county welfare departments are directed to inform Medi-Cal staff that policies stated in ACWDL 93-84 and 94-99 **ARE NOT TO BE ENFORCED OR RELIED UPON**. Specifically, counties are instructed as follows:

1) Counties must accept any form of written authorization that an applicant or beneficiary signs and dates that permits another individual to assist them in the application and attainment of Medi-Cal benefits. Such forms are to be recognized for one year from the date signed. The MC 306 (Appointment of Representative) form may continue to be used but is no longer required and may be substituted with any authorization form of the authorized representative's choice.

2) Any individual who has been designated to act as an authorized representative is permitted to review the applicant's or beneficiary's case record with or without the applicant or beneficiary being present. Counties must ensure that material is not removed from the case files or altered. Copies of documents which the applicant or recipient has submitted may be made for the authorized representative if requested. Counties may charge for these copies per normal county policy.

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This court order **does not invalidate** or address ACWDL 94-62 (Long-Term Care and Incompetent Medi-Cal Applicants), 94-42 (Non-Profit Agencies Acting as Authorized Representatives) or 94-70 (Authorized Representatives with Durable Powers of Attorney). The policies contained in these ACWDLs are still valid and are to be enforced.

This court order, in no way, changes regulations already in place. Authorized representatives **may not** attend the face-to-face interview in lieu of the applicant or beneficiary or complete the Statement of Facts for the applicant or beneficiary. Counties are referred to Title 22, California Code of Regulations, Sections 50157, 50161, 50163, 50171, and 50185 for specific information concerning the actions which **only** the applicant or beneficiary or the family of the applicant or beneficiary must perform.

These directions are to be implemented immediately.

If you have any further questions concerning this issue, please direct them to Gary Varner of my staff at (916) 654-5321.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, CHIEF
Medi-Cal Eligibility Branch

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**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.

COMP-MCE 8 (5/88)

**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.

COMP-MCE 8 (5/88)