



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

January 16, 2019

Medi-Cal Eligibility Division Information Letter No.: I 19-07

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS
ALL COUNTY PICKLE COORDINATORS

SUBJECT: *LYNCH V. RANK* (PICKLE) – TICKLER SYSTEM
(Reference: Pickle Handbook, Section 4, Pages 4-1 through 4-13)

The purpose of this All County Welfare Directors Letter is to inform you that the Department of Health Care Services has mailed the Pickle Tickler Notices of Action (NOAs) the week of January 8, 2019, to individuals who:

- Currently receive Title II Retirement, Survivor's, and Disability Insurance Social Security benefits;
- Have been discontinued from Supplemental Security Income/State Supplementary Payment program since December 2016 (for any reason); or
- Were determined ineligible during the Pickle screening process.

A copy of the NOA (Notice Type 52) is enclosed.

Counties should have received their individual Pickle Tickler report the week of January 8, 2019. Additionally, pursuant to the *Lynch v. Rank* lawsuit, each potentially eligible Pickle individual must receive a Pickle Medi-Cal notice for three consecutive years. Therefore, the December 2018 Tickler report will now only list potential individuals eligible for Pickle for years 2016, 2017, and 2018. Individuals listed during previous years will be dropped from the report.

Medi-Cal Eligibility Division Information Letter No.: I 19-07
Page 2
January 16, 2019

In addition, the lawsuit requires that each of the individuals on the Pickle Tickler listing, who has an active Medi-Cal case or who brings the NOA into the county welfare department to apply under the Pickle amendment, shall have an eligibility determination completed in accordance with Welfare and Institutions Code, Section 14005.37. The eligibility determination shall take place by Friday, March 29, 2019.

Please refer to Section 4, pages 4-1 through 4-13 of your Pickle Handbook for specific instructions on county responsibilities for completing Pickle determinations

If you have any questions or if we can provide further information, please contact Sara McDonald at (916) 345-8061 or by email at Sara.McDonald@dhcs.ca.gov.

Original Signed By

Karen Chang, Chief
Policy Development Branch
Medi-Cal Eligibility Division

Enclosure

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.

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.

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

NOTICE TYPE 52
NOTICE PREPARATION DATE:
DECEMBER 28, 2018

MEDI-CAL NOTICE

Lynch v. Rank Tickler Notice

01 PT09140

DOE JANE A

JANE A DOE

1234 ANYPLACE BLVD
ANYTOWN CA 99999

TO: Medi-Cal Beneficiaries Discontinued from SSI/SSP

RE: CONTINUED MEDI-CAL BENEFITS

We have been told that you received Supplemental Security Income and/or State Supplemental Program (SSI/SSP) benefits some time after April 1977. We have also been told that your benefits have stopped. If we are wrong and you have never received SSI/SSP, or you are now getting SSI/SSP benefits, please ignore this notice.

The purpose of this notice is to let you know that under a federal law called the Pickle amendment, Medi-Cal eligibility continues without a share of cost for certain individuals whose SSI/SSP benefits were stopped.

What does this mean to you? Because you once received SSI/SSP and are still on our list, you may be evaluated for Medi-Cal under the Pickle legislation. If eligible, you will receive Medi-Cal with no share of cost.

How do you apply? Call your local county welfare office within 30 days if you want your Medi-Cal eligibility determined under the Pickle Amendment. They will send you an application and/or make an appointment for you. Be sure to save this notice.

What if you already get Medi-Cal but have to pay a share of cost? Call your worker at your local welfare office and ask that your case be evaluated for "Pickle" eligibility.

What if you already get Medi-Cal and have no share of cost? Just ignore this notice unless you start to receive a share of cost.

What if you are now getting SSI/SSP benefits? You should ignore this notice. Persons who receive SSI/SSP automatically receive Medi-Cal at no share of cost.

If you have any questions about your Medi-Cal benefits as a Pickle eligible, you should contact the county welfare department for the county in which you live. To help you, we have listed below the address and telephone number of the county welfare department in your area.

Note: If you have already been in contact with the county welfare department regarding your Pickle status, please follow their instructions and ignore this notice.

CONTACT: Alameda County
Social Service Agency
6955 Foothill Blvd., Ste. 300
Oakland, CA 94605
Attn: County S. Working
510-577-1890