

**DEPARTMENT OF HEALTH SERVICES**

714/744 P Street  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 657-0258



January 10, 2001

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

Letter No.: 01-05

**SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PROGRAM (SSI/SSP) RECIPIENTS DISCONTINUED EFFECTIVE JANUARY 2001 (Lynch v. Rank) – 503 LEADS**

Ref.: Pickle Handbook, 503 Leads, Section 3, pages 3-1 through 3-3

The above-referenced section of the Pickle Handbook describes procedures counties are to follow upon receipt of the 503 Leads File Report. Pickle Coordinators will receive the initial listing the third week in January 2001; a sample of the 503 Leads File Report is enclosed. It will contain the names and addresses of Medi-Cal beneficiaries who were discontinued from the SSI/SSP effective January 2001, due to the Title II Social Security cost-of-living increase.

In previous years, the In-Home Supportive Services (IHSS) persons listed on the 503 Leads report were forwarded to IHSS program staff; now, they are to be redetermined by the Pickle Coordinators and others handling Pickle cases. Those individuals eligible for Pickle and wishing in-home service may later be forwarded to IHSS for the Personal Care Services program. Those individuals ineligible for Pickle, but wishing IHSS must be forwarded to IHSS to be processed in Aid Codes 18, 28, and 68. These IHSS individuals (who are not eligible for 16, 26, or 66) must be deleted from the 503 Leads File Report and added to the Tickler file using an EW 60 and a Status Indicator. This is a Lynch v. Rank lawsuit requirement. Also, presumptive Pickle eligibility has been established on the Medi-Cal Eligibility Data System (MEDS) for all 503 Leads individuals for January through April 2001.

Counties will receive additional monthly updated reports during the months of February through November 2001. The updated 503 Leads File Reports will indicate those individuals, if any, for whom counties still must conduct a Pickle determination. Additional names will not be added to the updated reports; however, the names of those individuals who: (1) have been reinstated on SSI/SSP (2) had their Pickle status updated, or (3) have been determined Medi-Cal eligible for Pickle, or are eligible for long-term care will be deleted as updated reports are generated. Once all of the names have been deleted, your county will no longer receive the 503 Leads File Report.

All County Welfare Directors  
All County Administrative Officers  
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All County Public Health Directors  
All County Mental Health Directors  
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At the same time the report is provided to you, Medi-Cal Pickle 503 Leads Notices (Type 51) along with Pickle forms (SAWS 1, MC 210 or the SAWS 2, MC 13, MC 219, MC 239 and the DHS 7044) are sent by the Department of Health Services to affected beneficiaries. A sample copy of the Type 51 notice is enclosed.

Pursuant to the Lynch v. Rank court order, counties must ensure that the eligibility determination on these 503 Leads individuals is completed prior to April 30, 2001. If a delay has prevented counties from contacting or completing a determination on the remaining individuals by the end of the April month of eligibility (MOE), Medi-Cal eligibility must continue via appropriate **county MEDS input** until a determination has been completed. Please refer to 503 Leads, Section 3, pages 3-1 through 3-3 of your Pickle Handbook for instructions on extending Medi-Cal eligibility for the May MOE and ongoing until all redeterminations are completed.

**NOTE:** If Medi-Cal eligibility is established as a Pickle aid type, county welfare departments (CWDs) should submit updates to MEDS to establish ongoing eligibility. Since these records have a future term date, if an update is submitted prior to May MOE, the EW20 transaction must be submitted as an Inter Program Transfer (ESAC = 2 or 7). The Pickle status code will automatically be updated by these transactions.

However, if a beneficiary is determined to be currently ineligible for Medi-Cal benefits as a Pickle aid type, CWDs are required to submit an EW60 transaction (Modify Pickle Status Information) to MEDS to update the Pickle status to show that the beneficiary is potentially Pickle eligible (Tickler file). The Tickler file ensures that previously ineligible Pickle individuals are encouraged by letter to come into the CWD and be redetermined for the Pickle program.

Please direct any Pickle policy questions to Ms. Cecilia Kelley of my staff at (916) 657-0168. MEDS questions should be directed to the MEDS Coordinator in your county, or for MEDS system problems call the MEDS "Hotline" at (916) 657-1010.

Sincerely,

ORIGINAL SIGNED BY

Glenda Arellano  
Acting Chief  
Medi-Cal Eligibility Branch

Enclosures

MEDI-CAL NOTICE

DISCONTINUANCE OF SSI/SSP MEDI-CAL --  
EXTENDED MEDI-CAL ELIGIBILITY  
(503 Leads - Pickle)

PN00001

SMITH JOHN  
JOHN SMITH

11111 MAIN ST  
SACRAMENTO CA 95811

TO: Medi-Cal Beneficiaries Discontinued  
From SSI/SSP On January 1, 2001

RE: CONTINUED MEDI-CAL BENEFITS & FOOD STAMPS

You were recently told by the Social Security Administration (SSA) that your Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits have stopped. That notice also instructed you to contact your county welfare department within 30 days of that notice if you wanted your Medi-Cal benefits to continue. You should ignore the information included in the notice that related to your Medi-Cal Benefits.

The reason your SSI/SSP checks were stopped is that you received an increase in your Social Security benefits. Although this increase makes you ineligible for the SSI/SSP check, you will continue to receive Medi-Cal benefits under the federal law called the Pickle Amendment until the county evaluates your eligibility. Those who are Pickle eligible will continue to receive Medi-Cal without a share of cost.

If you want Medi-Cal coverage, please complete the enclosed forms:

- o The Application for Medical Assistance/Food Stamps
- o Statement of Facts
- o Statement of Citizenship, Alienage, & Immigration Status
- o Important Information for Persons Requesting Medi-Cal
- o Statement of Living Arrangements, In-Kind Support etc.

Within 30 days of the date of this notice, mail the forms to the office listed below. If you do not hear from the county by March 15, be sure to contact a worker at your local county welfare department.

You may also be eligible for food stamps. Food stamps are coupons that can be used to pay for food. Your local county welfare office will tell you more about food stamps and whether you are eligible to receive them -- and even help you apply.

If you are receiving SSI/SSP benefits, please ignore this notice.

If you need help in completing the forms or have questions about Medi-Cal, contact the county welfare department at the phone number listed below.

CONTACT: Sacramento County  
Department of Human Assistance  
4875 Broadway, Suite C  
Sacramento, CA 95820  
(916) 874-9461/874-9790  
Attn.: F Tam/Amie Vo

REPORT NO.           REPORT DATE           .....TITLE.....           DISTRICT           WORKER  
MR-MED820-RC03       9/24/00           503 LEADS FILE REPORT       019           1947

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CASE-NAME                   COUNTY-ID                   MEDS-ID                   BIRTHDATE           SEX           ELIG-STATUS  
Last, First                33-67-XXXXXXX-0-60       XXX-XX-XXXX           XX-XX-XXX           M           501

Last, First   PICKLE-TICKLER           SSI-LAST-RECEIVED       LAST-PICKLE-CHG  
Street Address                                      CO                           12-99                   11-30-99  
City, State, Zip

PHONE: NONE

SAMPLE