



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



**ARNOLD SCHWARZENEGGER**  
Governor

November 9, 2006

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 06-32  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL COUNTY PICKLE COORDINATORS

SUBJECT: *LYNCH V. RANK* ANNUAL STUFFER 2006

As required by the Permanent Injunction in the *Lynch v. Rank* lawsuit, the enclosed stuffer will be sent to individuals in Aid Codes 14, 17, 24, 27, 64, and 67 in December of 2006. The enclosed version was changed in 1996 to clarify that the Pickle program is for the aged, blind, and disabled. In addition, the Spanish version was simplified for the general public; it utilizes more commonly used phrases.

In past years, some beneficiaries receiving this stuffer have alleged that they were unable to secure from their county welfare department (CWD) answers to their questions about the Pickle program. So, it is critical that clear information be transmitted to those who may call, especially since a large number of people will receive the stuffer this year.

Please ensure that all persons in your CWD who may be contacted by someone receiving this stuffer are familiar with the procedures that you have established for determining Medi-Cal eligibility under *Lynch v. Rank* (Pickle) or other Title II disregard programs such as the Disabled Adult Child(ren)s Program.

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Thank you for your assistance. If you have any questions, please contact Ms. Cecilia Kelley, Medi-Cal Policy Analyst in the Medi-Cal Eligibility Branch, at (916) 552-9485 or email [CKelley@dhs.ca.gov](mailto:CKelley@dhs.ca.gov).

**Original signed by**

Maria Enriquez, Chief  
Medi-Cal Eligibility Branch

Enclosure

**PICKLE AMENDMENT  
IMPORTANT NOTICE  
REGARDING OUR 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 received 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.