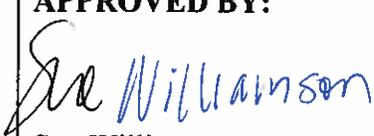


Colorado Department of Health Care Policy and Financing 1570 Grant St., Denver, CO 80203-1818	NUMBER: HCPF 10-011
	SUPRECEDES NUMBER: HCPF 02-007
DIVISION OR OFFICE: Client and Community Relations Office	DATE: 12/08/2010
SUBJECT AREA: Adult Medical	
SUBJECT: PICKLE CATEGORY ELIGIBILITY DETERMINATIONS	APPROVED BY:  Sue Williamson
TYPE: I & P	

HCPF Agency Letters can be accessed online at:
www.colorado.gov/hcpf >> Partners & Researchers >> County and Medical Assistance Site >> Agency Letters

Purpose:

Agency Letter HCPF 02-007 issued June 26, 2002, provided guidance to county departments of human/social services regarding eligibility determination for the Adult Medical Pickle category. This agency letter supersedes HCPF 02-007 to clarify policy and procedures necessary for processing applications for this category.

Background:

The Pickle Amendment is a law enacted in April 1977 which established a separate category of Medicaid for those individuals who lost Supplemental Security Income (SSI) or Old Age Pension Medicaid (OAP) due to a Title II Cost Of Living Adjustment (COLA) or initial entitlement. Individuals who meet all eligibility criteria for this category of Medicaid will receive continuation of medical coverage. Program rules and regulations can found at 10 C.C.R. 2505-10 § 8.110.21-24 and 42 C.F.R. Part 435.135-136.

The State is required to notify clients annually of their potential eligibility for Medicaid under the Pickle category. At this time, the State estimates approximately 21,000 individuals have lost their SSI Medicaid over the past 4 years (2005-2009) and may be eligible for Medicaid under the Pickle category if they would have been appropriately noticed and determined through Colorado Benefits Management System (CBMS).

Procedure or Information:

In order to comply with state and federal regulations, an interim, manual process for noticing potential clients has been developed until an automated process can be implemented within CBMS.

The Social Security Administration (SSA) sends two "leads" files annually to the State of Colorado:

- 503 Leads
- Lynch vs. Rank

503 Leads

Special files are created yearly by SSA following the computation of Title II COLA increases to identify individuals who may be eligible for Medicaid continuation under the provisions of Section 503, Title V of Public Law (P.L.) 94-566. Clients listed within the 503 file should have automatic continuation of medical coverage and will not receive a notice.

Lynch vs. Rank

In 1985, SSA assisted Health Care Financing Administration (now the Centers for Medicare and Medicaid Services, CMS) and the States to comply with the Lynch vs. Rank court ruling by identifying Title II beneficiaries who had lost SSI due to an increase in their Title II benefit through 1984. The States use the SSA furnished data to notify the individuals of their potential Pickle eligibility for continuation of Medicaid annually for three years. Since the States do not have current data on terminated SSI recipients, it has been decided that SSA will continue to assist the States by providing files on an annual basis containing address and benefit data for all current Title II beneficiaries who lost SSI due to an increase in their Title II benefit during the preceding three years.

The State will match the clients in the Lynch vs. Rank files against CBMS and will only notify clients of their potential Medicaid eligibility under the Pickle category if they are not currently receiving Medicaid within CBMS. The notice that will be sent to potential clients is called the Potential Pickle Eligibility Notification Letter (see attached).

To be eligible for the Pickle category, the client must meet all of the following:

- Was simultaneously entitled to receive both Title II Social Security RSDI (Retirement, Survivors, or Disability Insurance) and SSI or OAP-Medicaid in at least one month since April 1977;
- Is currently eligible for and receiving RSDI;
- Is currently ineligible for SSI or OAP-Medicaid; and
- Their initial RSDI entitlement plus all current countable income is below the current SSI or OAP standard.

County Responsibilities

County departments of human/social services will receive applications for Adult Medical Assistance along with the Potential Pickle Eligibility Notification Letter. Follow normal processing guidelines for these applications including requesting required verifications (income, resources, etc.).

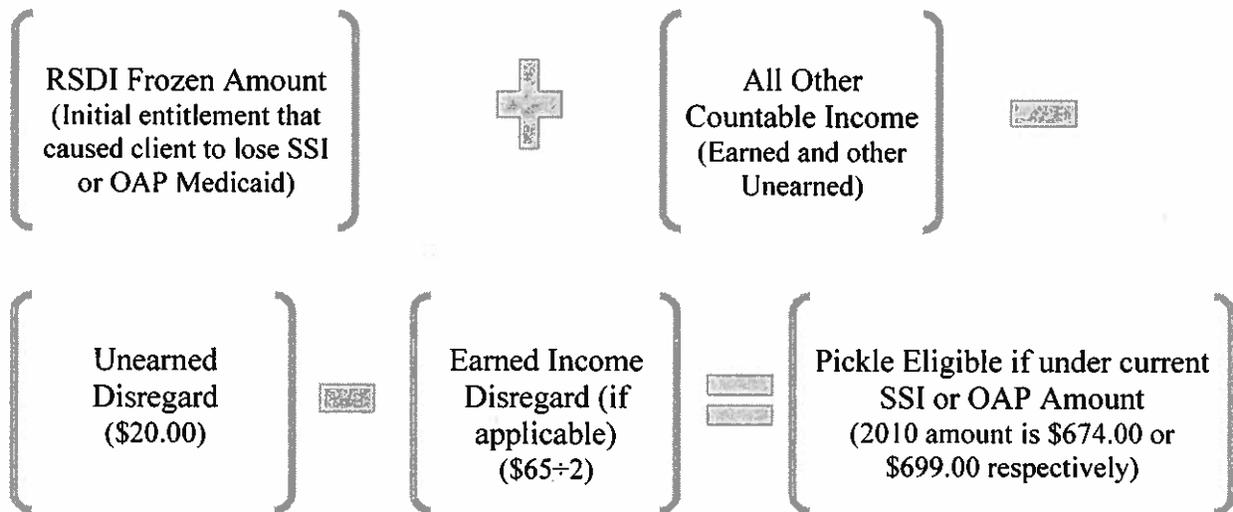
Verifications

Do not request citizenship and identity verifications for this population since the client was previously exempt from these requirements due to receipt of SSI. Verification of initial RSDI entitlement is a required verification for this category. This letter is called a Social Security Pickle Amendment Letter (see attached).

Pickle Income Calculation

At application and redetermination, Medicaid eligibility shall be determined using the initial Title II/ Retirement, Survivors, or Disability Insurance (RSDI) entitlement that caused the individual to lose SSI or OAP.

Below is the calculation that shall be used when determining Medicaid eligibility under the Pickle Amendment rules. The following calculation must be manually calculated, as CBMS is not currently using this calculation. This system issue will be corrected in a future CBMS change. Implementation date for this CBMS change has not been determined. If you determine that an applicant/client is not eligible based on this calculation, do not authorize the case, please submit a help desk ticket. If you determine that an applicant/client is eligible based on this calculation and CBMS is not passing, please submit a help desk ticket and request a Notice of Action (Medicaid Verification Letter).



Data Entry

Refer to the Entering an Adult Medical Pickle Case Procedure document found in the CBMS Document Index on the CBMS Portal for instructions on how to data enter these applications into CBMS.

Effective Date:

Immediately

Attachments:

- Potential Pickle Eligibility Notification Letter
- Social Security Pickle Amendment Letter

Contact:

Medicaid.Eligibility@hcpf.state.co.us