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*“Beam Me Up, Scotty—I Think
I’ve Been Pickled”* 

Medicaid Eligibility in a Time Warp

by Gordon Bonnyman

I. Introduction

The Pickle Amendment, enacted in 1977, establishes a separate category of Medicaid eligibility. The income criteria applied to this category are substantially more liberal than those that ordinarily govern entitlement to Medicaid coverage. Moreover, the Pickle criteria become more liberal with each passing year, and the number of people eligible under the amendment therefore grows accordingly. Once thought of as a narrow

was simple.¹ Aged, blind, and disabled social security beneficiaries² whose incomes were low enough to qualify for Supplemental Security Income (SSI) were being threatened with the loss of Medicaid coverage when cost-of-living adjustments (COLAs) increased their social security checks to the point where they no longer met SSI income eligibility requirements.³ Congress was moved by the plight of these needy individuals, who were losing vitally needed health insurance benefits as the unintended result of receiving only small social security in-

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grandfather clause, it is now more useful to understand and apply the Pickle Amendment as a separate, important category of Medicaid eligibility on a par with, for example, the Medically Needy Spend Down Program.

Fortunately, previous confusion and complexity in the implementation of the Pickle Amendment have been swept away by judicial decisions that have not only broadened but simplified the application of the amendment. It is now easy, as well as important, for general legal services case handlers—and not just Medicaid specialists—to quickly understand the amendment and how it can be applied for the benefit of low-income clients.

II. The Transition from a Grandfather Clause to a New Entitlement

Although written in the Medicaid Act’s characteristically impenetrable prose, the purpose of the Pickle Amendment

increases. The harshness of this Medicaid policy seemed particularly great since the supposed “increases” in social security benefits represented no actual improvement in benefits, but only an adjustment necessary to maintain the real dollar value of the social security benefits in the face of inflation.

1. The Pickle Amendment, named after its congressional sponsor, provides in pertinent part:

There is hereby imposed the requirement (and each state [Medicaid] plan shall be deemed to require) that medical assistance . . . shall be provided to an individual, for any month after June 1977 for which such individual is entitled to [Old Age, Survivors and Disability Insurance] . . . but is not eligible for [Supplemental Security Income] . . . in like manner and subject to the same terms (as) . . . individuals who are eligible for and receive SSI . . . if for such month such individual would be (or could become) eligible for [SSI] . . . *except for* amounts of income received by such individual and his spouse (if any) which are attributable to [cost of living adjustment] increases in the level of monthly insurance benefits payable under [OASDI] . . . which have occurred . . . (in the case of such individual) since the last month after April 1977 for which such individual was both eligible for (and receiving) benefits under [SSI] . . . and was entitled to a monthly insurance benefit under [OASDI] . . . and, (in the case of such individual’s spouse, if any, since the last month after April 1977 for which such spouse was both eligible for (and received) benefits under [SSI] . . . and was entitled to a monthly insurance benefit under [OASDI].

42 U.S.C. § 1396a (note) (emphasis added).

2. As used in this article, the terms “social security,” “Title II,” and

(footnote 2 continues)

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Preserving Medicaid Eligibility for SSI Recipients Who Become Ineligible Due to Receipt of Retroactive Title II Benefits

It has been common for disability claimants to receive SSI prior to receiving favorable action on their Title II applications. In such instances, where the individual is found to be entitled to retroactive Title II benefits that exceed the SSI eligibility rate, under the "windfall offset" required by 42 U.S.C. § 1320a-6 SSI, benefits paid up to that point are deducted from the retroactive Title II award, and the individual loses future eligibility for SSI. For such individuals, the loss of concurrent Medicaid coverage can be devastating.

Although prospective SSI/Medicaid eligibility is lost in such circumstances, regulatory comments by the Health Care Financing Administration (HCFA) clarify that it is federal policy that "the previous eligibility for SSI benefits stands." 51 Fed. Reg. 12326 (Apr. 10, 1986). Thus, the individual would have satisfied one element of

eligibility for Medicaid under the Pickle Amendment because he or she would be treated as having been eligible for and receiving both Title II and SSI benefits concurrently during this retroactive period. Therefore, although the immediate effect of the retroactive award might be to terminate Medicaid benefits, with the implementation of subsequent Title II COLAs he or she might again become eligible for Medicaid by operation of the Pickle Amendment. Legal services advocates should review such clients' Pickle eligibility annually as new COLAs take effect.

This issue is discussed at greater length in a recent exchange of correspondence between Legal Aid of Central Michigan and Michigan Medicaid officials. This correspondence resulted in a change in Michigan Medicaid policy that was favorable to legal services clients. These materials are available from the Clearinghouse, No. 43,365.

The intent of the Pickle Amendment, then, was to hold individuals who were so-called "dual eligibles," *i.e.* who were receiving both social security and SSI benefits, harmless from the consequences of social security COLAs for purposes of determining Medicaid eligibility. The amendment, therefore, mandated that social security COLAs should be disregarded in determining the Medicaid eligibility of social security beneficiaries whose incomes no longer qualify them to also receive SSI.

Federal and state Medicaid administrators originally misconstrued the Pickle Amendment to protect only those dual eligibles for whom the loss of SSI and attendant Medicaid benefits had been the direct result of a social security COLA. Under this narrow interpretation, the amendment resembled a typical grandfather clause. For that reason, the amendment was widely regarded as having only minor implications for Medic-

aid eligibility.⁴

This misinterpretation of the Pickle Amendment was corrected by a series of major judicial decisions, including a series of orders entered in a nationwide class action.⁵ These cases did away with any requirement of direct causation. In order to establish eligibility under the Pickle Amendment, it is no longer necessary to show that the receipt of a social security COLA was the cause of an individual's loss of SSI. Instead, Medicaid eligibility under the amendment is to be extended to those who, in the language of the amendment itself, would be eligible for SSI "except for" the amount of such COLA increases.

Although the distinction appears subtle, the practical differences are profound. For one thing, the correct "except for" approach is simpler. Since causation is irrelevant, one need not determine why the person lost his or her SSI benefits. Nor does it make any difference what the social security benefit history of the individual has been since he or she lost dual eligibility, as long as the beneficiary is currently eligible for,

footnote 2 continued

"OASDI" are used interchangeably and refer to benefits under the Old Age, Survivors and Disability Insurance provisions of Title II of the Social Security Act, 42 U.S.C. §§ 401 *et seq.*

3. Most states provide Medicaid coverage to all aged, blind, or disabled persons receiving SSI benefits pursuant to 42 U.S.C. § 1396a(a)(10)(A)(i)(II); 42 C.F.R. § 435.120. Thus, loss of SSI eligibility as a result of a social security COLA will normally result in termination of Medicaid coverage or, at the least, the necessity of review and recertification under another source of Medicaid entitlement. *See infra* note 12.

However, 14 states have chosen instead to apply to aged, blind, or disabled individuals eligibility standards that are more restrictive than SSI, but no more restrictive than the Medicaid eligibility rules that were in effect in the state in January 1972. 42 U.S.C. § 1396a(f), which codifies Pub. L. No. 92-603, § 209(b); 42 C.F.R. § 435.121. These states—Connecticut, Hawaii, Illinois, Indiana, Minnesota, Missouri, Nebraska, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Utah, and Virginia—are often referred to as "section 209(b) states." *See infra* note 13. In determining Medicaid income eligibility for the elderly, blind, and disabled in a 209(b) state, the state must deduct from the individual's income his or her SSI payments, state supplemental payments, and incurred medical expenses. 42 C.F.R. § 435.121(b)(2).

4. The typical grandfather clause identifies a certain group of individuals as of a given date in the past and exempts them from a rule of law that is to have prospective application to the rest of the population. Usually, the group that has been "grandfathered" is fixed by historical characteristics that ensure that the group will shrink over time with attrition and finally disappear, thereby enabling the rule of general application to apply to everyone.

5. *Ciampa v. Secretary of HHS*, 511 F. Supp. 670 (D. Mass. 1981), *aff'd*, 687 F.2d 518 (1st Cir. 1982); *Lynch v. Rank (Lynch I)*, 747 F.2d 528 (9th Cir. 1984), *modified*, 763 F.2d 1098 (9th Cir. 1985), 639 F. Supp. 66 (N.D. Cal. 1985). These decisions are now reflected in revised federal regulations, 42 C.F.R. § 435.135. *Lynch v. Dawson (Lynch II)*, 639 F. Supp. 69 (N.D. Cal. 1985), *aff'd*, 820 F.2d 1014 (9th Cir. 1987), construes the Pickle Amendment to require that COLAs be disregarded, not only from the Medicaid applicant's own social security income, but also from any spousal or parental social security income that is deemed available to the applicant. *See also Berns, Determination of Medicaid Eligibility Under the Pickle Amendment: A Practitioner's Guide*, 17 CLEARINGHOUSE REV. 1 (May 1983).



photo by Martha Labor

and receiving, social security benefits. One need only apply a simple mathematical calculation to "back out" of an individual's current benefits any COLAs factored into social security's benefit structure since the last month in which the individual was eligible for and receiving both social security and SSI benefits.⁶

The other significant development affecting the application of the Pickle Amendment has been considerable inflation in the economy over the past decade, resulting in a large cumulative cost-of-living adjustment in social security benefits. Since April 1977, there has been a near doubling of social security benefits attributable solely to COLAs. More importantly for Pickle Amendment purposes, SSI and SSI-linked Medicaid eligibility limits have risen by a similar percentage.

The effect of the Pickle Amendment is to determine the eligibility of former dual eligibles in a "time warp" in which their social security income is forever frozen at old levels, but is tested against current, inflated eligibility standards. As a result, as SSI and Medicaid eligibility limits continue to rise with inflation, increasing numbers of individuals will become eligible under the Pickle Amendment.

6. Over a period of years, many social security beneficiaries change from one type of entitlement to another, and payment levels vary. For example, a beneficiary's "social security check" may at one point in his or her payment history be based on an entitlement to disability insurance benefits and at a later point be based on an entitlement to old age retirement benefits. Similarly, a person may receive survivor's benefits based on the earnings record of a deceased spouse or parent and later receive disability or retirement benefits based upon his or her own earnings record. Frequently, social security benefits records are punctuated by periods during which an individual is not entitled to or receiving benefits under any of the OASDI insurance programs. Under the "except for" language of the Pickle Amendment, such periods are irrelevant. Since there is no need to relate the loss of SSI benefits to a change in level of social security benefits, it makes no difference what the nature or amounts of a person's social security entitlements have been over the period since he or she was last dual eligible for both SSI and social security. One only looks at the current level of social security benefits and reduces them by an amount equal to the total COLAs that have been factored into the social security rate structure since the last month of dual eligibility.

For example, an elderly person who was last dual eligible in May 1980 has the benefit, under the Pickle Amendment, of testing her 1980 social security benefit level against a 1988 SSI eligibility level. As a result of intervening COLAs, the 1988 eligibility level is more than 50 percent higher than the income standard against which her SSI eligibility was measured at the time that she lost her SSI benefits. Stated another way, because of the Pickle Amendment, this person can meet an income eligibility standard that in effect is also more than 50 percent more liberal than the income criteria generally applied to elderly Medicaid applicants in her state.⁷

Thus, in contrast to groups covered by the typical grandfather clause, the group of people covered by the Pickle Amendment continues to grow over time. Indeed, individuals who were not even alive in 1977 when the amendment was enacted will be able to qualify for Medicaid in increasing numbers under its terms.

III. Implications for Legal Services Practice

Legal services programs have a responsibility to make sure that not just Medicaid specialists but case handlers and staff who do screening and referral understand the Pickle Amendment and how to screen for eligibility. Fortunately, such screening is quick and simple, as the last section of this article explains.

In addition, community education efforts should be targeted at other agencies as well as client groups in order to overcome widespread ignorance and confusion regarding the Pickle Amendment. Former "dual eligibles" should be aware of the fact that an income that made them ineligible a few years ago for Medicaid coverage may no longer be an obstacle to receipt of medical assistance. Whether screening individuals or conducting community education efforts directed at groups, the point should be made that even those whose social security incomes exceed current eligibility standards after making appropriate Pickle deductions should have their eligibility reassessed annually, as the eligibility criteria rise with the cost of living.⁸

Advocates may wish to establish tickler systems to remind former dual eligibles who are on the borderline of eligibility to reapply for Pickle coverage after the next year's COLA takes effect. At a minimum, a form letter can be given to such clients at the time of screening to be held by them as a reminder to reapply in the future.

7. Indeed, for those who lost their SSI several years ago and are therefore able to deduct a number of intervening COLAs, Pickle eligibility is even more liberal than the new optional coverage for the elderly and disabled with incomes up to the federal poverty level. 42 U.S.C. § 1396a(a)(10)(A)(ii)(X) and 42 U.S.C. § 1396a(m)(1). For an analysis of this coverage, see National Health Law Program, *The Omnibus Budget Reconciliation Act of 1986*, 20 CLEARINGHOUSE REV. 1410, 1411 (Mar. 1987).

8. Those who fail the Pickle test should also be evaluated for potential Medicaid eligibility under the Medically Needy Spend Down Program, which is in effect in some 38 states. See NATIONAL HEALTH LAW PROGRAM, AN ADVOCATE'S GUIDE TO THE MEDICALLY NEEDED PROGRAM (1985), a copy of which has been distributed to each legal services office, and which is available from the Clearinghouse, No. 40,250. Although this manual is still useful, the National Health Law Program is in the process of revising and combining it with *An Advocate's Guide to the Medicaid Program*. The revised manual is expected to be completed in fall 1988.

Legal services programs should make sure that state Medicaid eligibility agencies are properly screening for Pickle eligibility. In spite of the high-quality litigation efforts of our colleagues, and the favorable resulting court decisions, experience around the country suggests that some Medicaid agencies remain confused regarding application of the Pickle Amendment.⁹

Not only must we ensure that states are calculating Pickle eligibility correctly, but we must also ensure that they are screening for such eligibility in all cases where they are required to do so. Screening for Pickle eligibility should be automatic whenever a state Medicaid agency takes an applica-

IV. A Quick and Easy Method of Screening for Medicaid Eligibility Under the Pickle Amendment

Screening for Medicaid eligibility under the Pickle Amendment on a broad scale is quick and simple. The screening process will eliminate the great majority of those who are not eligible without the necessity of performing any math calculations. For those who survive the initial screening and for whom mathematical calculations are required, the table set out below

Legal services programs have a responsibility to make sure that not just Medicaid specialists but case handlers and staff who do screening and referral understand the Pickle Amendment and how to screen for eligibility.

tion for medical assistance.¹⁰ States also should be monitored to make sure that they properly conduct court-ordered annual reviews of certain former dual eligibles.¹¹

Review for Pickle eligibility should also be conducted by the state whenever Medicaid coverage under another source of entitlement is being terminated.¹² Unless such screening is done routinely, thousands of intended Pickle Amendment beneficiaries will continue to be deprived of the medical assistance that they so desperately need.

9. A model state handbook for implementation of the Pickle Amendment has been developed by the California Department of Health Services and is available from the Clearinghouse, No. 43,275.
10. States that use SSI criteria to determine Medicaid eligibility may enter into agreements with the Secretary of HHS to have the Secretary determine eligibility for Medicaid, pursuant to section 1634 of the Social Security Act, 42 U.S.C. § 1383c. Although SSA does not screen SSI applicants for Pickle eligibility in such states, there is nothing in section 1634 that would appear to excuse it or the contracting state from the duty of considering Pickle eligibility as a possible source of Medicaid entitlement.
11. In conformity with orders entered in *Lynch I*, SSA annually forwards to state Medicaid agencies lists of former dual eligibles whose potential Pickle eligibility is to be determined in light of newly implemented COLAs. States that lack Medically Needy programs are required to send annual notices to all current Title II recipients who formerly received concurrent benefits for three years after they lose SSI, reminding them that they may be Pickle-eligible. States with Medically Needy programs are required to do an annual Pickle redetermination for all former concurrent eligibles terminated during the previous year.

This is but a small subset of the total population that is Pickle-eligible. The names of individuals in this subset are sent to state Medicaid agencies for Pickle screening only because their probable Pickle eligibility is known to SSA based on information already in the federal agency's file. As the examples in the text illustrate, there are many more Pickle-eligible individuals whose entitlement to Medicaid coverage is unknown to SSA and whose eligibility can be determined only through routine screening of all applicants for Medicaid. However, some state agencies have treated the list received annually from SSA as inclusive of all Pickle-eligibles, and have failed to routinely screen Medicaid applicants for eligibility under the amendment.

12. See *Crippen v. Kheder*, 741 F.2d 102 (6th Cir. 1984); *Stenson v. Blum*, 476 F. Supp. 1331 (S.D.N.Y. 1979), *aff'd*, 628 F.2d 1345 (2d Cir. 1980), *cert. denied*, 449 U.S. 885 (1980); *Massachusetts Ass'n of Older Am. v. Sharp*, 700 F.2d 749 (1st Cir. 1983).

provides a simple formula for performing the necessary computations.

The screening process is as follows:



STEP 1: Ask the person, "After April 1977, has there ever been a month in which you were eligible for and received both a social security check and a Supplemental Security Income (SSI) check?" If the answer is no, the person cannot be Pickle-eligible. If the answer is yes, go to the next step.



STEP 2: Ask the person, "Are you now receiving a social security check?" If the answer is no, the person cannot be Pickle-eligible. If the answer is yes, go to the next step.



STEP 3: Ask the person, "What was the last month in which you were eligible for, and received, both social security and SSI?"



STEP 4: Look up the month in which the person last received both social security and SSI on the attached table. Find the reduction factor that applies to that month. Divide the present amount of the person's social security benefits by the applicable reduction factor.



STEP 5: You have just calculated the person's countable social security income under the Pickle Amendment. Add the figure that you have just calculated to any other countable income the person may have. If the resulting total is less than current SSI income criteria in your state, the person is Pickle-eligible, from the standpoint of income, for Medicaid benefits. (He or she must still satisfy separate Medicaid resource and nonfinancial requirements, of course.)

For example, Mrs. Smith received both social security and SSI checks in 1976-78. However, her SSI was terminated in March 1978 because she started receiving a private pension that, combined with her social security benefits, raised her income to an amount above the 1978 SSI income limits. There

Reduction Factors for Calculating Medicaid Eligibility Under the Pickle Amendment in 1988

If the LAST MONTH in which a person received BOTH social security and SSI was:

Then divide the *present amount* of his or her social security by the following reduction factor:

January 1987-December 1987	1.042
January 1986-December 1986	1.056
January 1985-December 1985	1.088
January 1984-December 1984	1.126
July 1982-December 1983	1.166
July 1981-June 1982	1.252
July 1980-June 1981	1.392
July 1979-June 1980	1.591
July 1978-June 1979	1.749
July 1977-June 1978	1.863
May or June 1977	1.973

These figures will become obsolete with the implementation of a new COLA in January 1989. Annual updates will be available from the National Health Law Program and will be published in *Clearinghouse Review* as soon as available. The screening process described in this article will remain the same, but, of course, using updated figures.

have been gradual increases in her income since 1978. She now receives social security benefits of \$450 per month, and her private pension is \$100 a month, for a combined total income of \$550 monthly.

In 1978, the income limit for SSI (taking into account a \$20 general income disregard) is \$374 for an individual. Thus, Mrs. Smith is nearly \$200 over the SSI income limit, which her state has adopted as the Medicaid limit for persons who are aged, blind, or disabled.

You screen Mrs. Smith for Pickle eligibility as outlined above. After determining that the last month in which she received both social security and SSI was March 1978, you look up that time period in the attached table and find that the reduction factor is 1.863. You apply that reduction factor to

Mrs. Smith's current social security benefit of \$450, as follows:

\$450 divided by 1.863 = \$241 ("Pickled" social security income, rounded downward)

241 countable social security income
+ 100 private pension

\$341 total countable "Pickle" income

Since \$341 is less than the current SSI income limit of \$374, Mrs. Smith is eligible under the Pickle Amendment to receive a regular monthly Medicaid card, even though she is ineligible for SSI.¹³

13. This example assumes that the applicant lives in a state that uses federal SSI income criteria to determine Medicaid eligibility. Some states supplement federal SSI payments and therefore apply a higher income standard in determining Medicaid eligibility, including eligibility under the Pickle Amendment. See 42 U.S.C. §§ 1382 and 1382e. In 209(b) states, see *supra* note 3, 42 C.F.R. § 435.135(c) requires that Medicaid be provided to Pickle people on the same basis as Medicaid is provided to individuals who are continuing to receive SSI or optional state supplements. If the recipient incurs enough medical expenses to reduce his or her

footnote 13 continued

income to the financial eligibility standard for the categorically needy, he or she must be treated as categorically needy and receive all services provided to the categorically needy. In determining the amount of the recipient's income, the state may—but is not required to—deduct Title II COLAs up to the amount of the increase that made him or her ineligible for SSI. The legality of the federal regulation as it applies to 209(b) states is questionable, since the regulation treats state compliance with the Pickle Amendment as being optional.

Publications from the Center for Public Representation

Copies of the following publications may be ordered from the Center for Public Representation, 520 University Ave., Madison, WI 53703, (608) 251-4008.

Your Real Medicare Handbook, by Jeffrey Spitzer-Resnick. Similarities in the title of this 91-page booklet and the federal publication, *Your Medicare Handbook*, should not be misleading to the reader. This is a handbook directed towards the questions, frustrations, and problems that elderly consumers often have with Medicare. The handbook explains what Medicare covers, what it does not cover, and what it should cover. It also provides answers to potential coverage roadblocks; particularly, the book discusses appeals guidelines, the viability of certain cases on appeal, and how to get appeals assistance. Sample appeals forms are included, along with a convenient glossary of terms to assist readers with unfamiliar Medicare-related terminology. Individual copies are available for \$8.

An Advocate's Guide to Medicare, by Jeffrey Spitzer-Resnick and Michael J. Klug. This 150-page manual was written to help consumers, consumer advocates, attorneys, and Medicare providers understand the intricacies of Medicare law. The manual begins with a discussion of what Medicare is, how Medicare is financed, and how Medicare is administered. After presenting the applicable law and reference materials, the manual describes Medicare eligibility and entitlement, explains applications and enrollment, and discusses Medicare benefits, claims, payments, procedures, and advocacy strategies. The manual also highlights general problem areas in Medicare and includes a section on Medicare appeals. Appendices include appeals forms and national lists of applicable Medicare agencies. This is an invaluable reference tool for advocates for the elderly. Individual copies are available for \$20.

Liability Insurance: The Purchaser's Guide, by Edith Merila. This 36-page booklet is an informative guide for those purchasing liability insurance for small businesses, nonprofit organizations, and local governments. Written in the form of a purchaser's checklist, the booklet is designed to make the reader take a more active role in the insurance market. The booklet discusses the mechanics of the insurance industry (including a consideration of what purchasers are buying with their premiums), identifies possible steps for reducing premiums, and outlines alternatives to traditional insurance policies. The booklet also contains tips on where and how to complain when problems arise. Appendices include a glossary of insurance terms. Individual copies are available for a special spring price of \$4.

Guardianships, Conservatorships, and Powers of Attorney: A Plain-Language Legal Guide to Helping the

Elderly Client. This 28-page handbook is published by the Center for Public Representation as part of a series entitled *Wisconsin Consumer Legal Guides*. The handbook includes definitions of legal instruments frequently used by attorneys and other advocates working with elderly clients to clarify such topics as incompetency, guardianship of nursing home residents, living wills, etc. The discussion of the function of guardianship, particularly what guardians may and may not do, is very useful. Individual copies are available for \$10.

A Family's Guide to Selecting, Financing, and Asserting Rights in a Nursing Home, by Teresa Meuer and Betsy Abramson. This 31-page booklet is published by the Center for Public Representation as part of a series entitled *Wisconsin Consumer Legal Guides*. The purpose of this handbook is to assist elderly persons and their families in deciding whether to select temporary or permanent nursing home care. The handbook provides checklists to aid in the decisionmaking process. Topics include considerations in selecting a nursing home, services to be provided at the facility, and financing the nursing home stay. The guide also contains a detailed discussion of the "Admissions Agreement," a legally binding document that outlines the responsibilities of the nursing home and the resident, and its impact on a resident's rights after nursing home admission. Finally, there is a section on where to go if a resident or family member has a question or complaint. Individual copies are available for \$8.

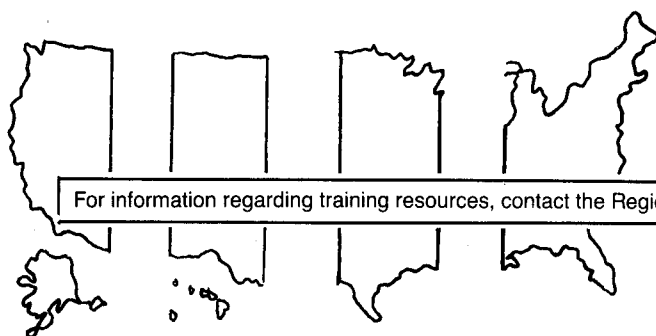
The Basic Wills Handbook: A Guide to the Wisconsin Basic Wills, by Michael J. Klug with Howard S. Erlanger. This 30-page handbook is published by the Center for Public Representation as part of a series entitled *Wisconsin Consumer Legal Guides*. It was written in response to the creation of the Basic Will and the Basic Will with Trust by the Wisconsin Legislature in 1984. This handbook is an invaluable tool for Wisconsin residents because it describes in understandable terms basic estate planning and will drafting principles and contains the two will forms. Individual copies are available at a special spring price of \$5.

A Marital Property Handbook: An Introduction to Wisconsin's Marital Property System, by Teresa Meuer with June Miller Weisberger. This 30-page handbook is published by the Center for Public Representation as part of a series entitled *Wisconsin Consumer Legal Guides*. It was written in response to a new law that made Wisconsin a community property state as of January 1, 1986. To help consumers understand implications of the new law, the handbook discusses basic principles

of the marital property system and marital property agreements, including classification of property, management and control of marital property, and credit and

obligations. Individual copies are available at a special spring price of \$5

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