STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, Go

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

December 26, 1990
Letter No.: 90-107

TO: All County Welfare Directors
All County Administrative Officers
Pickle Coordinators

SUBJECT: LYNCH V. RANK (PICKLE -- TICKLER SYSTEM)

REFERENCE: Section 4, Pages 4-1 through 4-13 of the Pickle Handbook

The purpose of this All County Welfare Directors Letter is to inform you that the Department of Health Services will mail out "Pickle" Tickler Notices of Action (NOAs) the first week of January 1991 to individuals who: 1) currently receive Title II, Social Security benefits; 2) have been discontinued from Supplemental Security Income/State Supplementary Payment since April 1977 (for any reason); and 3) were determined Pickle ineligible during the screening process. A copy of the NOA is enclosed. Counties should expect to receive their individual "Pickle" Tickler computer listing the first week in January 1991. A sample copy of the computer listing is enclosed.

Pursuant to the Lynch v. Rank lawsuit, each of the individuals on the "Pickle" Tickler listing who has an active Medi-Cal case or who brings the notice into the County Welfare Department to apply under the "Pickle" amendment shall have an eligibility determination completed in accordance with Title 22, California Code of Regulations, section 50189. The eligibility determination shall take place in the month preceding or following the Title II, Social Security cost of living adjustment.

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 please contact Mary Maestas-Sandoval at (916) 327-7155/ATSS 467-7155.

Sincerely,
ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

State of California--Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 52
NOTICE PREPARATION DATE:

LYNCH v. RANK TICKLER NOTICE

MEDI-CAL NOTICE

PT00002

LAST FIRST MI
FIRST MI LAST
FIRST ADDRESS LINE
SECOND ADDRESS LINE
THIRD ADDRESS LINE ZIP CODE

TO: Medi-Cal Beneficiaries Discontinued
From SSI/SSP

RE: CONTINUED MEDI-CAL BENEFITS

We have been told that you received Supplemental Security Income/State Supplementary Payment (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? Take this notice with you to your local county welfare office and apply for Medi-Cal. Show this notice to your intake worker.

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 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: (appropriate county welfare office, address, and telephone number)

STATE OF CALIFORNIA
MEDI-CAL ELIGIBILITY DATA SYSTEM

DEPARTMENT OF HEALTH SERVICES

.....COUNTY.....
SACRAMENTO

.PAGE.
1

REPORT NO.	REPORT DATE	.....TITLE.....	DISTRICT	WORKER
MR-MED820-R003	12/15/87		999	A1

CASE-NAME	COUNTY-ID	MEDS-ID	BIRTHDATE	SEX	ELIG-STATUS
DOE	99-99-9999999-9-99	999-99-9999	11-08-955	F	001

DOE	JANE	A	PICKLE-TICKLER	SSI-LAST-RECEIVED	LAST-PICKLE-CHG
ANY PLACE			CO	12-87	12-11-87
ANY STREET					
ANY TOWN, CALIFORNIA		ZIP			

CASE-NAME	COUNTY-ID	MEDS-ID	BIRTHDATE	SEX	ELIG-STATUS
SMITH	99-99-9999999-9-99	999-99-9999	09-30-944	M	001

SMITH	JOHN	Z	PICKLE-TICKLER	SSI-LAST-RECEIVED	LAST-PICKLE-CHG
			CO	12-86	12-10-86
744 P STREET					
SACRAMENTO	CA	95814			

CASE-NAME	COUNTY-ID	MEDS-ID	BIRTHDATE	SEX	ELIG-STATUS
NEUMAN	99-99-9999999-9-99	999-99-9999	04-01-936	M	003

NEUMAN	ALFRED	E	PICKLE-TICKLER	SSI-LAST-RECEIVED	LAST-PICKLE-CHG
			CO	12-87	12-11-87
714 P STREET					
SACRAMENTO	CA	95814			

CASE-NAME	COUNTY-ID	MEDS-ID	BIRTHDATE	SEX	ELIG-STATUS
BOND	99-99-9999999-9-99	999-99-9999	04-19-927	M	596

BOND	JAMES		PICKLE-TICKLER	SSI-LAST-RECEIVED	LAST-PICKLE-CHG
			CO	12-87	12-11-87
744 P STREET					
SACRAMENTO	CA	95814			

SAMPLE