

Department of Health Services



SANDRA SHEWRY
Director



ARNOLD SCHWARZENEGGER
Governor

October 5, 2005

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 05-32
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 (PICKLE) - TICKLER SYSTEM
(RE: Pickle Handbook, Section 4, Pages 4-1 through 4-13)

The purpose of this All County Welfare Directors Letter is to inform you that the California Department of Health Services will mail out the Pickle Tickler Notices of Action (NOAs) the first week of January 2006 to individuals who:

- currently receive Title II Retirement, Survivor's and Disability Insurance social security benefits;
- have been discontinued from the Supplemental Security Income/State Supplementary Program since December 2003 (for any reason); and
- were determined ineligible during the Pickle screening process.

A copy of the NOA (Notice Type 52) is enclosed.

Counties should receive their individual Pickle Tickler computer report the third week in January 2006. A sample copy of the Tickler computer listing is enclosed. Additionally, pursuant to the Lynch v. Rank lawsuit, each potentially eligible Pickle individual must receive a Pickle Medi-Cal notice for three consecutive years. Therefore, the January 2006 Tickler report will now only list potential Pickle eligibles for the years of 2003, 2004, and 2005. Individuals listed during previous years will be dropped from the report. Henceforth, one year of ineligibles will be purged each year.

In addition, the lawsuit requires that each of the individuals on the Pickle Tickler listing who has an active Medi-Cal case or who brings the Tickler 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 within 30 days of 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 Ms. Cecilia Kelley at (916) 552-9485 or email Ckelley@dhs.ca.gov.

Original signed by

Tameron Mitchell, R.D., M.P.H., Chief
Medi-Cal Eligibility Branch

Enclosures

MEDI-CAL NOTICE

Lynch v. Rank Tickler Notice

PT00001

XXXXX XXXXXX
XXXXXX XXXXX
XXXXXXXX XXXXXX FOR
4035 XXXXXX XXXXX
XXX XXXXX

94206

TO: Medi-Cal Beneficiaries Discontinued from SSI/SSP

RE: CONTINUED MEDI-CAL BENEFITS

We have been told that you received Supplemental Security Income and/or State Supplemental Program (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? Call your local county welfare office within 30 days if you want your Medi-Cal eligibility determined under the Pickle Amendment. They will send you an application and/or make an appointment for you. Be sure to save this notice.

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 already get Medi-Cal and have no share of cost? Just ignore this notice unless you start to receive a share of cost.

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:

STATE OF CALIFORNIA
MEDI-CAL ELIGIBILITY DATA SYSTEM

DEPARTMENT OF HEALTH SERVICES

CCUNTY
SACRAMENTO

PAGE
1

REPORT NO.	REPORT DATE	TITLE	DISTRICT	WORKER
MR-MED820-R003	12/15/87	503 LEADS FILE REPORT	999	1

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
ANT 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
744 P STREET	CO	12-86	12-10-86
SACRAMENTO	CA 94814		

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
714 P STREET	CO	12-87	12-11-87
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
744 P STREET	CO	12-87	12-11-87
SACRAMENTO	CA 95814		

(SAMPLE)