

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



January 7, 1992

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons  
All Pickle Coordinators

Letter No.: 91-124

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

REFERENCE: 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 Department of Health Services will mail out Pickle Tickler Notices of Action (NOAs) the first week of January 1992 to individuals who: 1) currently receive Title II (RSDI), Social Security benefits; 2) have been discontinued from the Supplemental Security Income/State Supplementary Program since April 1977 (for any reason); and 3) were determined Pickle ineligible during a previous screening process. A copy of the NOA is enclosed.

Counties should receive their individual Pickle Tickler computer report the first week in January 1992. 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 1992 Tickler report will now only list potential Pickle eligibles for the years of 1989, 1990 and 1991. 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 Sylvia Finberg at (916) 657-0080/CALNET 437-0080.

Sincerely,

ORIGINAL SIGNED BY

Ricardo Bustamante for

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosures

ate of California - Health and Welfare Agency  
partment of Health Services  
dical Assistance

NOTICE TYPE 52  
NOTICE PREPARATION DATE:  
OCTOBER 2, 1991

MEDI-CAL  
NOTICE OF ACTION

Lynch v. Rank Tickler Notice

PT000004

BUSH . GEORGE  
GEORGE BUSH

1224 ANY AVENUE  
ANYTOWN, CA 99999

D: Medi-Cal Beneficiaries Discontinued  
From SSI/SSP

E: CONTINUED MEDI-CAL BENEFITS

e have been told that you received Supplemental Security Income and/or State Supplemental  
rogram (SSI/SSP) benefits some time after April 1977. We have also been told that your  
enefits have stopped. If we are wrong and you have never received SSI/SSP, or you are  
ow getting SSI/SSP benefits, please ignore this notice.

he purpose of this notice is to let you know that under a federal law called the Pickle  
ment, Medi-Cal eligibility continues without a share of cost for certain individuals  
h a SSI/SSP benefits were stopped.

hat does this mean to you? Because you once received SSI/SSP and are still on our list,  
ou may be evaluated for Medi-Cal under the Pickle legislation. If eligible, you will  
eeive Medi-Cal with no share of cost.

ow do you apply? Take this notice with you to your local county welfare office within  
0 days if you want your Medi-Cal eligibility determined under the Pickle Amendment.  
how this notice to your worker.

hat if you already get Medi-Cal but have to pay a share of cost? Call your worker at  
our local welfare office and ask that your case be evaluated for "Pickle" eligibility.

hat if you are now getting SSI/SSP benefits? You should ignore this notice. Persons  
ho 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)

REPORT NO. REPORT DATE TITLE.....  
 HR-MED820-RO03 12/15/87 PICKLE TICKLER REPORT

DISTRICT  
 999

WORKER  
 A1

CASE-NAME COUNTY-ID MDS-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 AO 12-11-87  
 ANY STREET  
 ANY TOWN, CALIFORNIA ZIP

CASE-NAME COUNTY-ID MDS-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 Pl 12-86 12-10-86  
 SACRAMENTO CA 95814

CASE-NAME COUNTY-ID MDS-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 Pl 12-87 12-11-87  
 SACRAMENTO CA 95814

CASE-NAME COUNTY-ID MDS-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 Cl 12-11-87  
 SACRAMENTO CA 95814

SAMPLE