STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

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

December 29, 1989
Letter No.: 89-120

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 let you know that the Department of Health Services will be mailing out "Pickle" Tickler Notices of Action (NOAs), the first week in January 1990, 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 1990. (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 RaNae M. Dunne at (916) 324-4955/ATSS454-4955.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: December 31, 1990

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)

:TATE OF CALIFORNIA
IEDI-CAL ELIGIBILITY DATA SYSTEM

DEPARTMENT OF HEALTH SERVICES

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

.PAGE.
1

EPORT NO.
R-MED820-R003

REPORT DATE
12/15/87

.....TITLE.....

DISTRICT
999

WORKER
A1

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

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

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

MITH	JOHN	Z	PICKLE-TICKLER	SSI-LAST-RECEIVED	LAST-PICKLE-CHG
44 P STREET			CO	12-86	12-10-86
ACRAMENTO	CA	95814			

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

EUMAN	ALFRED	E	PICKLE-TICKLER	SSI-LAST-RECEIVED	LAST-PICKLE-CHG
14 P STREET			CO	12-87	12-11-87
ACRAMENTO	CA	95814			

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

OND	JAMES		PICKLE-TICKLER	SSI-LAST-RECEIVED	LAST-PICKLE-CHG
4 P STREET			CO	12-87	12-11-87
ACRAMENTO	CA	95814			

SAMPLE