STATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941

May 20, 1997

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

Letter No.: 97-21

CHANGE OF STATUS - LIENS - FORM DHS 7013
PROPERTY LIEN REFERRAL - FORM DHS 7014

Ref.: Title 22, California Code of Regulations (CCR), Section 50428

The purpose of this letter is to advise counties that the current address for the Department of Health Services' Recovery Branch is:

State Department of Health Services
Recovery Branch
P.O. Box 2471
Sacramento, CA 95812

The current telephone number is (916) 322-0521.

The DHS 7013 - Change of Status -Liens Form (Rev. 12/96) and DHS 7014- Property Lien Referral Form (Rev. 12/96) have been revised. These forms will be available in the warehouse June 1, 1997. Please destroy all other revisions of these forms. A camera-ready copy of each form has been enclosed for your convenience.

If you have any questions regarding this issue, please contact Kathy Harwell at (916) 657-0146, Sharyl Shanen-Raya at (916) 657-2942 or the Recovery Branch at (916) 322-0521.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, CHIEF
Medi-Cal Eligibility Branch

Enclosure

CHANGE OF STATUS–LIENS

Name of beneficiary	Medi-Cal identification number	Social Security number
	___ - ___ - _____ - __ - ___	

- ☐ Discharged from long-term care and returned home on _____
- ☐ Requested a county level review on _____
- ☐ Requested a state hearing/rehearing on _____
- ☐ County level review decision issued on _____
- ☐ State hearing/rehearing decision issued on _____

Lien may be recorded ☐ Yes ☐ No

Beneficiary's address (number, street)	City	State	ZIP code

☐ Other information/changes:

_____

_____

Eligibility Worker signature	Eligibility Worker number	Telephone number	Date
		( )	

Mail to: Department of Health Services
Recovery Branch
P.O. Box 2471
Sacramento, CA 95812
Telephone number: (916) 322-0521

DHS 7013 (12/96)

State of California—Health and Welfare Agency

Department of Health Services

CHANGE OF STATUS–LIENS

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		( )	

Mail to: Department of Health Services
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P.O. Box 2471
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Telephone number: (916) 322-0521

DHS 7013 (12/96)

INSTRUCTIONS FOR DHS 7013
CHANGE OF STATUS–LIENS

The form is completed in duplicate; the original sent to DHS Recovery, the copy retained in the case record.

1. Enter beneficiary's full name, Medi-Cal ID number, and Social Security number.
2. Check box and enter requested information.
3. Eligibility Worker signs and dates form.

INSTRUCTIONS FOR DHS 7013
CHANGE OF STATUS–LIENS

The form is completed in duplicate; the original sent to DHS Recovery, the copy retained in the case record.

1. Enter beneficiary's full name, Medi-Cal ID number, and Social Security number.
2. Check box and enter requested information.
3. Eligibility Worker signs and dates form.

HS 7013 (12/96)

PROPERTY LIEN REFERRAL

COUNTY USE ONLY

Name of county

Name of beneficiary

a. Name of institution/facility

b. Current address (number, street)	City	State	ZIP code

Responsible party if other than beneficiary	Telephone number ( )

Address (number, street)	City	State	ZIP code

Medi-Cal identification number (14 digits)	6. Social Security number	7. Medicare number, if applicable

Property address (number, street)	City	County	State	ZIP code

Other legal owner(s)

Fair market value—attach appraisal

County Assessor's parcel number. Attach a copy of deed.	12. Date Notice of Action sent

Eligibility Worker's name	Telephone number ( )

Eligibility Supervisor's signature

STATE USE ONLY

Recovery Branch signature

All documents completed and lien filed? ☐ Yes ☐ No

The following information is missing:

☐ Name of beneficiary ☐ Medi-Cal identification number ☐ Property address ☐ Copy of deed

☐ Current address ☐ Appraised amount (if not on appraisal) ☐ Copy of appraisal

ecovery Branch contact	Telephone number ( )

l to: Department of Health Services
Recovery Branch
P.O. Box 2471
Sacramento, CA 95812
Telephone number (916) 322-0521

INSTRUCTIONS
Property Lien Referral (DHS 7014)

A. For each beneficiary owning real property that may be liened in accordance with Section 50428, the county shall complete the *Property Lien Referral* and forward it to the Department of Health Services' Recovery Branch within 30 days of the date the List Property For Sale—Persons in LTC (MC 239 W) notice is sent to the applicant/beneficiary.

B. The following describes the information which is to be provided on the *Property Lien Referral.* Items 1 through 13 must be completed by the Eligibility Worker. Items 15 through 18 are for DHS's use only.

COUNTY USE ONLY

1. Name of the county. This must be the county of responsibility regardless of where the property is located.
2. Name of the beneficiary. This must be the name that appears on the SAWS 1. If the beneficiary's name is different on the deed to the property, indicate with "AKA."
3. a. Name of institution or facility.
   b. Current address of beneficiary.
4. Responsible party, if other than the beneficiary. Include his/her name, address, and telephone number.
5. Medi-Cal identification (ID) number. This must be the current entire case number. If any changes are made to this number, it must be reported to the Recovery Branch using the *Change of Status—Liens* form (DHS 7013). The new number should be noted in the other information/change section of the form.
6. Social Security number. This must be verified in accordance with Section 50168. If any changes are made to this number, it must be reported to the Recovery Branch using the *Change of Status—Liens* form (DHS 7013). The new number should be noted in the other information/change section of the form.
7. Medicare number or other health insurance information.
8. Property address. Included in this section would be the county and the state, if other than California, where the property is located. If the property is in California, only the county is necessary. If the location is outside the State, both the county and state are required.
9. Other legal owner(s). Identify individual(s) sharing title with the beneficiary.
10. Fair market value (FMV). The real estate agency listing contract with the FMV appraisal shown must be attached to the *Property Lien Referral.* The appraisal requirements specified in Section 50425 must be followed.
11. Enter the county assessor's parcel number from a tax statement, deed, etc. Furnish a copy of the deed.
12. The date the Notice of Action—List Property For Sale (MC 239 W) was sent. A lien will be recorded by the Recovery Branch upon receipt of the *Property Lien Referral.*
13. Enter the Eligibility Worker's name and telephone number in case additional information is needed.
14. Enter the Eligibility Supervisor's signature, showing that the form is complete and contains accurate information.

STATE USE ONLY

15.–16. The form will be signed by the Recovery Branch and a copy mailed to the county within ten days of receipt, showing that the form was complete and all documents were received.

17. If information is missing that would prevent the State from filing a lien, the Recovery Branch will indicate by checking the appropriate box and returning the form and all attached documents to the county.
18. Contact the Recovery Branch, (916) 322-0521, if there are any questions regarding this form.