

**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
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- ☐ 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
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☐ Other information/changes:

\_\_\_\_\_

\_\_\_\_\_

Eligibility Worker signature	Eligibility Worker number	Telephone number ( )	Date
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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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Lien may be recorded ☐ Yes ☐ No

Beneficiary's address (number, street)	City	State	ZIP code
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☐ Other information/changes:

\_\_\_\_\_

\_\_\_\_\_

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P.O. Box 2471  
Sacramento, CA 95812  
Telephone number: (916) 322-0521

HS 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.

HS 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.

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The following information is missing:	
<input type="checkbox"/> Name of beneficiary	<input type="checkbox"/> Medi-Cal identification number
<input type="checkbox"/> Current address	<input type="checkbox"/> Appraised amount (if not on appraisal)
<input type="checkbox"/> Property address	<input type="checkbox"/> Copy of deed
<input type="checkbox"/> Copy of appraisal	
Recovery Branch contact	Telephone number (      )

Mail 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 time 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.