

County Medi-Cal Services Program Guide (CMSPG) Letter #30

February 21, 2014

Subject COUNTY MEDICAL SERVICES (CMS) GRANT OF LIEN

Effective Date Upon receipt.

Reference

- County Policy
- California Government Code §§ 8207, 27280.5, 27361.6, 27361.7
- California Civil Code § 1189

Purpose To inform staff of the following:

- Updated instructions for the completion of the CMS Grant of Lien (CMS-122) form.
- Move of the instructions for the completion of the CMS-122 from the CMSPG.
- Revision of the CMS-122.

Background All CMS and CMS Hardship applicants are required to complete and sign the CMS-122 as a condition of eligibility. Refer to [CMSPG 06.06](#).

All Grant of Lien documents presented for recording to the San Diego County Recorder's Office must be correctly completed and fully legible to reproduce a readable photographic record.

Highlighted Change Updated instructions for the completion of the CMS-122 form have been moved to the [CMS Grant of Lien Eligibility Desk Guide \(EDG\)](#).

Important Reminder: Staff must use the revised version of the CMS-122 available in AuthMed and destroy all prior hard copy versions.

Required Action The worker must:

- Print the CMS-122 from AuthMed when processing CMS applications; and

Continued on next page

County Medi-Cal Services Program Guide (CMSPG) Letter #30, Continued

Required Action
(continued)

- Ensure that the CMS-122 is fully legible and correctly completed according to the CMS Grant of Lien EDG prior to sending the CMS-122 to Central Files. [Click here](#) to access the EDG.

A CMS-122 not meeting the completion guidelines will be returned to the worker to take the necessary corrective action to obtain a new CMS-122 from the beneficiary as outlined in [06.06.03E](#).

CMS IT System Impact (AuthMed)

The revised CMS-122 has been uploaded into AuthMed for immediate printing.

Forms Impact

The revised CMS-122 (Attachment A/B) has been uploaded into AuthMed and is available for immediate printing.

Document Capture Impact

The completed CMS-122 must be document captured only into the individual's CMS electronic case file in AuthMed.

ACCESS Impact

No impact.

Quality Control (QC) Impact

Effective with the March 2014 review month, QC will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

Summary of Changes

The table below shows the changes to the CMSPG.

CMSPG Section	Updates
Article 06, Section 06.03	<ul style="list-style-type: none">• Updated the Table of Contents• Added the EDG in a Table of Contents

Continued on next page

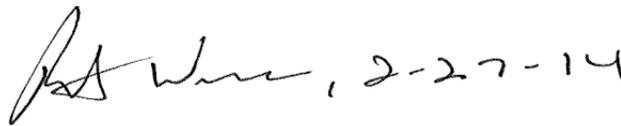
County Medi-Cal Services Program Guide (CMSPG) Letter #30, Continued

Summary of Changes (continued)

CMSPG Section	Updates
	<ul style="list-style-type: none">• Updated procedure for the Grant of Lien instructions• Updated Appendix 6A

Changes to the CMSPG are noted with highlighted text.

Approval for Release



[Handwritten signature], 2-27-14

JP

Article 6 Section 06 CMS Lien

Table of Contents

TITLE	PG CITE
Grant of Lien	06.06.01
Policy	06.06.01A
Requirement	06.06.01B
Repayment Lien Information	06.06.02
Lien Information Forms (CMS-123/CMS-123A)	06.06.02A
Grant of Lien Forms	06.06.03
Forms (CMS-122/CMS-123/CMS-123A)	06.06.03A
Sworn Statement (CMS-24)	06.06.03B
Acceptance of a Sworn Statement (CMS-24)	06.06.03C
Applicant Unable to Complete Lien	06.06.03D
Returned Grant of Lien Form	06.06.03E
Determining Competency	06.06.04
Defining Competency	06.06.04A
When a Person is in Long Term Care (LTC)	06.06.04B
Grant of Lien (CMS-122) Completion Instructions	Appendix A
(CMS) Lien Information (CMS-123)	Appendix B
Assessor's Property Screens	Appendix C
Ordering a Copy of Tax Return	Appendix D

CMSPG LTR 30 (02/14)

Processing Guidelines

RESOURCE	TITLE
Eligibility Desk Guide	CMS and GR Programs Grant of Lien

CMSPG LTR 30 (02/14)

06.06.01 CMS Lien

06.06.01B Requirement

The Grant of Lien form (CMS-122) Requirement

The CMS-122 must be signed and witnessed at initial

application by either a Deputy County Clerk or Notary Public.

Upon processing of CMS applications, the worker must take the following actions to determine if a new CMS-122 is required or not required:

Step	Action		
1	Review all of the applicant's/beneficiary's prior CMS IT case records to determine:		
	If the CMS-122 was...	And if there is...	Then...
	appropriately signed and properly witnessed,	NO change in the applicant's/beneficiary's marital status,	a new CMS-122 is NOT required to be signed and witnessed at recertification or reapplication.
	NOT appropriately signed and properly witnessed,	a change in the applicant's/beneficiary's marital status,	Proceed to Step 2.
	N/A		a new CMS-122 IS required to be signed and witnessed at recertification or reapplication.
2	Obtain a new and signed CMS-122:		
	If the applicant/beneficiary has...	Then...	
	married, remarried, or reconciled with their absent spouse,	both the applicant/beneficiary and their spouse must sign a new CMS-122.	
obtained a divorced, legal separation or has a nullity of marriage	only the applicant/beneficiary signs a new CMS-122.		

Note: A Certificate of Acknowledgement is acceptable in lieu of a Notary Public signature on the CMS-122, if the:

- Certificate is signed, dated and stamped by a Notary Public;
- and
- Contains the CMS Grant of Lien form title.

Exception to the lien requirement:

If an applicant/beneficiary is confined to the hospital for active tuberculosis (TB), they are **not** required to sign the CMS-122. If the applicant/beneficiary is in the hospital for other reasons, the fact that they have TB does not exempt them from signing the CMS-122.

Note: Prior to the issuance of CMS benefits, the worker must look for any Member Alerts that may have been recorded in AuthMed and take the appropriate action to clear the alert.

CMS Lien Information/CMS Lien Information Acknowledgement (CMS-123/CMS-123A) Requirement

These forms are **not** required to be completed at recertification or reapplication, as long as the forms obtained at initial application were:

- signed;
- are in the case record; and
- the applicant's/beneficiary's marital situation has **not** changed.

CMSPG LTR 30 (02/14)

06.06.03 Grant of Lien Forms

**06.06.03A
Grant of Lien
Forms**

CMS-122/CMS-123/CMS-123A lien forms:

Step	Action
1	<p>Each CMS applicant must legibly complete and sign the CMS-122, CMS-123, and CMS-123A (if applicable) or the application will be denied. If an applicant/beneficiary is married, both the applicant/beneficiary and his/her spouse are required to sign the CMS-122 in front of either a Deputy County Clerk or Notary Public so that the form can be properly witnessed.</p> <p>a) Legal documentation is required if the applicant/beneficiary states s/he is divorced, legally separated, has a nullity of marriage, or their spouse is deceased.</p> <p>b) In circumstances where the applicant/beneficiary states documentation cannot be obtained, or represents that s/he is no longer residing with his/her spouse and are unable to obtain the spouse's signature, refer to Section B below.</p>

	<p>c) If the applicant claims s/he is a victim of domestic violence and provides a restraining order against his/her spouse (expired restraining orders are acceptable), the spouse's signature is not required. If the applicant/beneficiary never obtained a restraining order, but provides a police report (regardless of how old the police report is) regarding the domestic violence, the spouse's signature is not required.</p> <p>Exception to the lien requirement: If an applicant/beneficiary is confined to the hospital for active tuberculosis (TB), they are not required to sign the CMS-122. If the applicant/beneficiary is in the hospital for other reasons, the fact that they have TB does not exempt them from signing the CMS-122.</p>
2	Instruct the applicant to legibly complete the CMS-122 and the CMS-123 forms without signing them.
3	<p>All lien forms are available in Spanish to give to Spanish speaking applicants for information; however, all lien forms must be signed in English.</p> <p>The CMS-122 and CMS-123 Spanish forms will be given to Spanish speaking applicants along with the CMS-123A for the individual to acknowledge receipt of Lien forms in Spanish. The CMS-122 and CMS-123 Spanish forms do not need to be signed.</p> <p>The signed CMS-123A is verification that the Spanish speaking applicant/beneficiary acknowledges receiving the CMS-122 and CMS-123 forms in Spanish, and they have reviewed and understand the forms before signing them in English.</p>
4	Inform the applicant that the CMS-122 must be signed in front of a Deputy County Clerk or a Notary Public at their own expense. This is to acknowledge that the correct person has signed the forms. Only the English CMS-122 needs to have the signature(s) witnessed. The Deputy County Clerk or Notary Public will verify the identity of the signer before witnessing their signature.
5	If the applicant chooses to have the Deputy County Clerk witness the signature, the Deputy County Clerk will sign the CMS-122 in the appropriate section, and line through the words "Notary Public".
6	<p>Prior to the issuance of CMS benefits, the worker:</p> <ul style="list-style-type: none"> • Reviews the CMS-122 to ensure the form is legible and completed correctly according to the CMS Grant of Lien EDG; • Scans the forms (CMS 122, CMS 123/CMS 123A) in

	<p>AuthMed; and</p> <ul style="list-style-type: none"> • Gives the applicant/beneficiary a copy of the forms. <p>Note: It is not necessary to send the CMS-122 for <u>denied</u> cases to Central Files.</p>
7	<p>The original completed signed CMS-122 is sent to central files (MS O557-A) where it will be held until the CMS case closes and total cumulative claims are identified to be \$5,000 or more.</p>
8	<p>The CMS-122 must be completed as part of each application or reapplication, whether or not there is an active lien. Staff may waive the lien requirement for recertification after they verify the CMS-122 obtained during the application/reapplication process was <u>correctly completed, signed, and witnessed by either a Deputy County Clerk or a Notary Public, and that the lien meets the completion requirements according to the CMS Grant of Lien EDG.</u></p> <p>If the lien form on file was not <u>correctly completed, signed, and witnessed by either a Deputy County Clerk or a Notary Public, and/or does not meet the requirements outlined in the CMS Grant of Lien EDG</u>, the worker shall obtain a new lien form.</p>

CMSPG LTR 30 (02/14)

**06.06.03E
Returned
Lien Form**

A CMS Lien (CMS-122) form not meeting the completion guidelines as outlined in the [CMS Grant of Lien EDG](#), will be returned to the worker to take the necessary corrective action to obtain a new CMS-122 from the beneficiary.

CMSPG LTR 30 (02/14)

Appendix A Grant of Lien Completion Instructions

This appendix was made obsolete with [CMSPG Letter #30](#). [Click here](#) to access the CMS Grant of Lien Completion Instructions Eligibility Desk Guide (EDG).

CMSPG LTR 30 (02/14)

<p>PLEASE COMPLETE THIS INFORMATION</p> <p>RECORDING REQUESTED BY:</p> <p>County of San Diego Office of Revenue Recovery 5530 Overland Avenue, Suite 310 San Diego, CA 92123</p> <p>AND WHEN RECORDED MAIL TO:</p> <p>Mail Stop: O-60</p>	<p>THIS SPACE FOR RECORDER'S USE ONLY</p>
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**COUNTY MEDICAL SERVICES (CMS) GRANT OF LIEN
COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY**

CASE NAME _____ CASE NO. _____
(CLEARLY PRINT Last Name, First, Middle)

AKA(s) _____
(CLEARLY PRINT Last Name, First, Middle)

SPOUSE'S NAME _____ AKA(s) _____
(CLEARLY PRINT Last Name, First, Middle) (CLEARLY PRINT Last Name, First, Middle)

MARITAL STATUS: Never Married Divorced Widowed Married, But Separated Married, Not Separated

In accordance with provisions of law of the State of California, the undersigned hereby grants to the County of San Diego a lien upon any real property in which the undersigned has or holds any right, title or interest, and all other real property in which the undersigned may acquire any right, title or interest in the future, situated in the State of California, or elsewhere, for the amount of all sums of money and the reasonable value of any other property for services heretofore and hereinafter advanced by the County of San Diego for services under the County Medical Services Program from the effective date of your application and all continuous periods of eligibility to: (check applicable box(es)):

The undersigned or to the spouse

Other person(s), as follows: _____
(CLEARLY PRINT Name and Relationship)

The lien shall not be enforceable against your home (1) during your lifetime or that of your spouse, or (2) during the minority of your children if they reside in the home, or (3) during the lifetime of any dependent adult child who resides in the home and who is incapable of self-support because of mental or physical disability. If you desire to sell your home against which a lien has been imposed the County shall release its lien against the original home and transfer it to the new home, provided that it finds that its security will not be impaired. If you want to borrow money for the purpose of making improvements to your home, using your home for security, the County shall subordinate its lien to the mortgage or other security interest given for the loan, if the County finds that its security will not be impaired.

Any lien taken by the County for care shall be released immediately when the amount owing the County for that care is paid.

This agreement shall be binding upon the undersigned, his/her successors, heirs and assigns.

I hereby authorize the grantee to append to this instrument a description of any real property located in the State of California or elsewhere of which I am the assessed owner.

Signature _____	Signature _____
Name (CLEARLY PRINT Last Name, First, Middle) _____	Name (CLEARLY PRINT Last Name, First, Middle) _____
AKA(s) (CLEARLY PRINT Last Name, First, Middle) _____	AKA(s) (CLEARLY PRINT Last Name, First, Middle) _____
Address _____	Address _____

City	State	Zip Code	City	State	Zip Code
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PROPERTY DESCRIPTION:

ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
COUNTY OF SAN DIEGO) SS

On _____ before me, _____ County Clerk/Notary Public, personally appeared
(Date) (CLEARLY PRINT Name)

(CLEARLY PRINT Last Name[s], First, Middle and AKA[s])

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____
County Clerk/Notary Public

This is to certify that any interest in real property conveyed by the foregoing Grant of Lien to the County of San Diego, a political corporation and/or governmental agency, is hereby accepted by the undersigned officer or agent on behalf of the County Clerk pursuant to authority conferred by resolution of the Board of Supervisors adopted on February 24, 1970, and the grantee consents to recordation thereby of its duly authorized officer.

Signature: _____ Date: _____
County Clerk/Notary Public

PLEASE COMPLETE THIS INFORMATION.

RECORDING REQUESTED BY:

County of San Diego
Office of Revenue Recovery
5530 Overland Ave., Suite 310
San Diego, CA 92123

AND WHEN RECORDED MAIL TO:

Mail Stop: O-60

THIS SPACE FOR RECORDER'S USE ONLY

TRASPASO DE GRAVAMEN DE COUNTY MEDICAL SERVICES (CMS)
CONDADO DE SAN DIEGO
AGENCIA DE SALUD Y SERVICIOS HUMANOS

NOMBRE DE CASO _____ NÚMERO DE CASO _____
(LETRA DE MOLDE Apellido, Primer, Segundo Nombre)

ALIAS _____
(LETRA DE MOLDE Apellido, Primer, Segundo Nombre)

NOMBRE DE ESPOSO(A) _____ ALIA _____
(LETRA DE MOLDE Apellido, Primer, Segundo Nombre) (LETRA DE MOLDE Apellido, Primer, Segundo Nombre)

ESTADO CIVIL: Nunca Casado Divorciado Viudo Casado, Pero Separado Casado, No Separado

De acuerdo con las provisiones (estipulaciones) de la ley del Estado de California, por este medio el suscrito concede al Condado de San Diego un gravamen sobre cualquier bien inmueble del cual el suscrito tiene o detiene cualquier derecho, título de propiedad o interés, y todo demás bien inmueble del cual el suscrito puede obtener cualquier derecho, título de propiedad o interés en el futuro, ubicado en el Estado de California, o en cualquier otra parte, por la cantidad de todas las sumas de dinero y el valor razonable de cualquier otra propiedad o servicio anticipado hasta ahora y después por el Condado de San Diego para servicios bajo el Programa County Medical Services desde la fecha efectiva de su solicitud y todo periodo de elegibilidad continuo: (marque la[s] casilla[s] aplicable):

- El suscrito o el esposo(a).
- Otra(s) persona(s), como sigue: _____
(LETRA DE MOLDE Nombre y Relación)

Este gravamen no se ejecutará en contra su casa (1) durante su vida o la de su cónyuge, o (2) durante la minoría de sus hijos si ellos residen en la casa, o (3) durante la vida de algún dependiente hijo adulto que resida en la casa y quien es incapaz de su independencia debido a una invalidez mental o física. Si usted desea vender su casa contra la cual se ha impuesto un gravamen, el Condado renunciará el gravamen contra la casa original y lo transferirá a la nueva casa, a condición de que su seguridad no sea impedida. Si usted quiere pedir prestado dinero para renovar su casa, usando la casa como garantía, el Condado subordinará el gravamen de la hipoteca u otro interés de seguridad dado para el préstamo, si el Condado encuentra que su seguridad no será impedida.

Cualquier gravamen tomado por el Condado para el cuidado será renunciado inmediatamente cuando la cantidad debida al Condado por aquel cuidado es pagada.

Este acuerdo será vinculante sobre el suscrito, sus sucesores, herederos y cesionarios.

Yo por medio de la presente autorizo al concesionario a añadir a este documento la descripción de cualquier bien inmueble ubicado en el Estado de California o en otra parte del cual yo soy el dueño evaluado.

Firma _____ Firma _____

Nombre (LETRA DE MOLDE Apellido, Primer, Segundo Nombre) Nombre (LETRA DE MOLDE Apellido, Primer, Segundo Nombre)

Alias (LETRA DE MOLDE Apellido, Primer, Segundo Nombre) Alias (LETRA DE MOLDE Apellido, Primer, Segundo Nombre)

Domicilio _____ Domicilio _____

