

# Medi-Cal Program Guide (MPG) Letter #679

June 22, 2009

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**Subject**            **ARTICLE A—SWORN STATEMENT IN LIEU OF COUNTY MEDICAL SERVICES (CMS) LEGAL DOCUMENTATION FOR CMS LIENS**

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**Effective Date**    Upon Receipt

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**Reference**         County Policy

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**Purpose**            This letter is to provide staff with:

- Clarifications to the sworn statement process when the CMS applicant is unable to obtain legal documentation for the CMS Lien; and
- New form HHSA: CMS-24/HHSA: CMS -24(SP) Sworn Statement

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**Background**      On March 30, 2009, CMS issued MPG Letter #671, which provided instructions to workers regarding CMS liens when an applicant states they are divorced, legally separated, or their spouse is deceased, and they cannot provide legal documentation.

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**Required Actions**    Workers are instructed to forward a completed signed sworn statement to the Health Care Access (HCA) Manager whenever an applicant is unable to obtain legal documentation of an applicant's divorce, legal separation, or deceased spouse for the CMS Lien document. Once the information declared on the sworn statement has been reviewed and a decision has been made by the HCA Manager, the decision is final.

<b>If the...</b>	<b>Then...</b>
Sworn statement is approved,	No other documentation is required for the current application.
Applicant applies for a recertification or reapplies,	He/she must provide the required verifications according to CMS policy.
Applicant is still unable to provide the legal documentation,	Another sworn statement must be sent to the HCA Manager for review and approval or denial.

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**Forms Impact** This table shows the forms which are affected by these changes. Workers must start using the new form immediately upon receipt of this letter.

Form	Name	Replaces
HHSA: CMS-24	Sworn Statement	16-42 HHSA (06/03)
HHSA: CMS-24 (SP)	Sworn Statement	16-42 SP HHSA (06/03)

This form is available in iWAY and will be uploaded into the CMS IT system with the next scheduled enhancement.

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**Quality Assurance** Effective with the August 2009 review month, Quality Assurance will cite with the appropriate error any case that does not comply with the requirements outlined in this letter.

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**Automation Impact** None

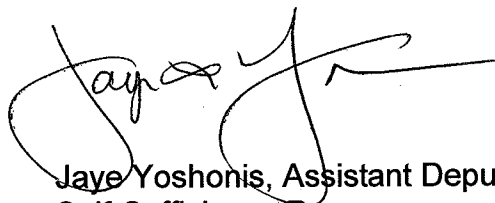
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**Summary of Changes** The table below shows the changes made to the MPG.

Article/Section	Changes
Article A, Section 5, Item 5C	Revised Sworn Statement process
Article A, Section 5, Item 5D	Replaced item 5D with the steps to the CMS Sworn Statement process
Article A, Section 5, Item 5E	Moved item 5D to 5E

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**Mangers Approval**



Jaye Yoshonis, Assistant Deputy Director  
Self-Sufficiency Programs  
Strategic Planning and Operational Support Division

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## COUNTY MEDICAL SERVICES

### SWORN STATEMENT

Any person who signs this statement and who willfully states as true any material matter which he/she knows to be false is subject to the penalties prescribed for perjury in the Penal Code by the State of California.

Date: \_\_\_\_\_ Member ID #: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_

You are being asked to provide:     Information                       Clarification

RE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, declare as follows:  
(Name of individual)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that the information may be subject to investigation and verification, and my signature constitutes authorization for these investigations. I declare under penalty of perjury under the laws of the United States of America and the State of California, that the information I have given on this statement is true, correct and accurate to the best of my knowledge.**

**S**

\_\_\_\_\_  
Signature or Mark of Person Writing Statement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of County Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Received (If mailed in)

Attachment A



**COUNTY MEDICAL SERVICES**

**DECLARACION JURADA**

Cualquier persona quien firme esta declaración y que voluntariamente declare algún hecho significativo como cierto sabiendo que es falso, estará sujeta a las sanciones establecidas por el Código Penal del Estado de California.

Fecha: \_\_\_\_\_ No. de Miembro: \_\_\_\_\_ Nombre del Solicitante: \_\_\_\_\_

Se le pide que proporcione:  Información  Clarificación

En relación a: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yo, \_\_\_\_\_, declaro lo siguiente:

(Nombre del individuo)

**Entiendo que la información puede ser sujeta a investigación y verificación, y mi firma constituye la autorización para estas investigaciones. Yo declaro bajo pena de perjurio bajo las leyes de los Estado Unidos de América y el Estado de California, que la información en está contenida en esta declaración es verídica, correcta y completa a mi mejor conocimiento.**

\_\_\_\_\_  
Firma o Marca de la Persona Escribiendo esta Declaración

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Representante del Condado

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Fecha Reciba (Si se recibió por correo)

Attachment B

## A.5.5

### Liens

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#### C. Completion of the Grant of Lien

1. Each CMS applicant must sign a Grant of Lien form (CMS-122) or aid will be denied. A married couple is only required to sign one lien form, but both spouses must sign in front of either a Deputy County Clerk or Notary Public so that the form can be properly witnessed.
  - a) If the applicant states he/she is divorced, legally separated or their spouse is deceased, legal documentation is required.
  - b) In circumstances where the applicant cannot obtain the verification, a sworn statement (CMS-24) may be signed under penalty of perjury. The sworn statement must state the circumstances surrounding why verification cannot be provided (See Section D below).
  - c) If the applicant claims he/she is a victim of Domestic Violence and provides a restraining order against their spouse (expired restraining orders are acceptable), the spouse's signature is not required. If the applicant 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.

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#### D. Lien Sworn Statement

In situations where the applicant cannot obtain the verifications to complete the Grant of Lien form, a sworn statement may be signed under penalty of perjury. The sworn statement must state the circumstances surrounding why verification cannot be obtained.

Example:

- 1) If documentation can be obtained from another source such as a county or state office, then the sworn statement is not acceptable.
  - 2) If documentation cannot be obtained from another source such as a state or county office; for example, immigrant applicant's spouse died in their home country before applicant immigrated to the US, a sworn statement is acceptable.
1. The worker must submit the sworn statement (CMS-24) to the Health Coverage Access (HCA) Manager for review, approval or denial. In the HCA Manager's absence, the sworn statements are to be submitted to the HCA Program Specialist (PS) for review,

- approval or denial. The case will remain in pending status until a decision is received from the HCA Manager or Program Specialist.
2. The approval or denial is based on the HCA Manager's best judgment as to the credibility of the sworn statement. The HCA Manager may consider, but is not limited to the following criteria for the evaluation:
    - a) Due diligence by the applicant to obtain documentation
    - b) Unable to obtain the documentation vs. not cooperating in obtaining the document
    - c) Supporting evidence
    - d) Staff research of public and private records and applicant's ability to obtain them
  3. Once the information declared on the sworn statement has been reviewed and a decision has been made by the HCA Manager, the decision is final. If the sworn statement is approved, no other documentation is required for the current application. If the applicant applies for a recertification or reapplies, he/she will again be required to provide the required verifications according to CMS policy. If the applicant is again unable to provide the legal documentation, then another sworn statement must be sent to the HCA Manager for review and approval or denial.

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**E.  
Applicant  
Unable to  
Complete the  
Lien**

In some situations, an applicant will be unable, because of a physical or mental difficulty, to sign his/her own signature on the lien form. If this occurs, his/her spouse or person with his/her power of attorney may sign for him/her. If there is no spouse or person with power of attorney available to sign the lien forms the CMS case is denied.

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