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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 2.5@ Third Party Liability

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Article 2@ Estate Recovery

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Section 50962@ Notification

## 50962 Notification

### (a)

Within 90 days of the date of death of an individual who received or may have received Medi-Cal benefits, or was the surviving spouse of a person who received Medi-Cal benefits, the attorney for the estate, or if there is no attorney, the beneficiary, the personal representative, or the person in possession of property of the decedent, shall give written notice by mail of the decedent's death to the Director of the Department of Health Care Services at his or her Sacramento office, or, Estate Recovery Section, Mail Stop 4720, P.O. Box 997425, Sacramento, CA 95899-7425. The notice shall include a copy of the decedent's death certificate. Any other notice or submission of county vital records (i.e., death certificate) to the State Registrar of Vital Statistics or other governmental entities shall not satisfy this requirement.

### (b)

Date of notice of the decedent's death to the Director shall be deemed as the date that the notice is postmarked; or in the absence of a postmark, the date stamp posted by the Department upon receipt of the notice; or in the absence of a date stamp, the date on the original proof of mailing that references the decedent's name, from the person or entity giving notice to the Department.

### (c)

The Department shall provide written notice to the person handling the decedent's

estate, which includes the following:(1) The basis for the estate claim; the specific statutes and regulations supporting the claim; the basis for an exemption from the claim; the right to seek a waiver of the Department's claim; the right to contest the Department's claim; the right to request an estate hearing if dissatisfied with the waiver decision; the timeframes for requesting a waiver or estate hearing; and the basis for the applicant to seek a waiver or estate hearing due to substantial hardship; and (2) A copy of the itemized Medi-Cal payments that constitute the basis for the claim; and (3) An Application for Hardship Waiver, form DHCS 6195 (05/15).

**(1)**

The basis for the estate claim; the specific statutes and regulations supporting the claim; the basis for an exemption from the claim; the right to seek a waiver of the Department's claim; the right to contest the Department's claim; the right to request an estate hearing if dissatisfied with the waiver decision; the timeframes for requesting a waiver or estate hearing; and the basis for the applicant to seek a waiver or estate hearing due to substantial hardship; and

**(2)**

A copy of the itemized Medi-Cal payments that constitute the basis for the claim; and

**(3)**

An Application for Hardship Waiver, form DHCS 6195 (05/15).

**(d)**

The person handling the estate of the decedent shall notify all dependents, heirs, or survivors of the Department's claim and their right to seek a waiver of or to contest the Department's claim against the estate. The person handling the estate shall also notify any surviving child of the decedent, or his or her representative, of the right to seek an exemption from the Department's claim.

**(e)**

An applicant has 60 days from the date stated on the Department's notice of claim in which to submit an application for waiver due to substantial hardship.