

Application Signature & Authorized Representative Clarification

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Changes to Application Signature & Authorized Representative Guidance

 Policy has recently provided new guidance regarding acceptable signatures for valid Medicaid applications and valid designations of authorized representatives

» Changes involve:

- Assistor signatures on applications
- Designations of authorized representative
- Signatures on applications when the authorized representative is an organization



Assistor Signature Previous Guidance

- Previously, we have provided guidance that an assistor could sign the Medicaid application and the application would be considered valid
 The county would have to contact the individual to verify their intent to apply for Medicaid and obtain permissions to ping the Hub and use AVS
- OAC 5160:1-2-01(G) used to state the agency must accept and register *any* signed application
 - »This rule was revised effective 12/14/2020 and the word 'any' was removed

This previous guidance is no longer accurate

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Assistor Signature New Guidance

- OAC 5160:1-2-01(G) still requires a signed application for Medicaid
- Policy has clarified that an assistor can help an individual complete an application, but the assistor cannot sign the application
 - »A signature from anyone other than the applicant or authorized representative is an incomplete application
 - Application is not valid
- If an application is received that is signed by an assistor, the county will need to contact the applicant or authorized representative and acquire a signature for eligibility to be explored
- EXCEPTION: An assistor can still sign a Medicaid application when the applicant is deceased or incompetent with no authorized representative
 - »The county would follow guidance under 5160:1-2-01(F)(5)



Assistor Signature New Guidance

- Policy has clarified that two unmarried adults who do not file taxes together cannot apply for Medicaid on the same application
 - »Federal regulations indicate an adult who is not part of the same tax filing household would need to submit a separate application





Lucille helped her neighbor, Ethel, complete an application for Medicaid. Ethel is the only one applying. Lucille signs and submits the application. Lucille is not the authorized representative for Ethel.

How should the county proceed with this application?



- The application for Ethel that was signed by Lucille is not a valid application
- Before exploring Medicaid eligibility for Ethel, the county will need to contact Ethel to obtain her signature or Ethel's designation of Lucille as her authorized representative
 - »Once Ethel's signature or appropriate authorized representative designation is obtained, Medicaid eligibility can be explored for Ethel using the initial application date
 - »If Ethel's signature or the appropriate authorized representative designation is not obtained, Medicaid eligibility cannot be explored for Ethel
 - The county will need to perform a Negative Action using the Administrative Closure reason to deny the block
 - -A NOA should not be issued for incomplete applications



Martin applied for Medicaid for himself and his girlfriend, Gina. Martin provided a signature and stated that he files taxes as single with no dependents. Martin was unsure about how Gina files her taxes. Martin is not the authorized representative for Gina.

How should the county proceed with this application?



- The application that Martin submitted for himself is valid
 - »The county should process the application for Martin as normal and explore his Medicaid eligibility
- The application signed by Martin is not a valid application for Gina
 - »Gina is not a part of Martin's tax filing household
 - »Gina would need to apply for herself
 - »The county would need to contact Gina to inform her that she will need to submit a separate application for herself





Who Can Do What?

Updated April 2021	Authorized Representative	Healthcare Power of Attorney	Financial Power of Attorney (Must grant authority to apply for government benefits)	Assistor	Guardian
Can sign application for Medicaid individual		X		X	
Can provide information about the Medicaid individual to the agency					>
Can name a different person as an authorized representative	X	X	Only if specifically detailed in POA document	X	
Can receive information about the Medicaid individual without a signed release of information		X		X	
Can grant permission to ping the hub and access AVS	(X		X	

¹ An assistor can still sign a Medicaid application when the applicant is deceased or incompetent with no authorized representative. The county would follow guidance under 5160:1-2-01(F)(5) to process the application.

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Authorized Representative (AR) Designations

- OAC 5160-1-33 discusses the designation and responsibilities of the authorized representative
- OAC 5160:1-2-01(F)(2) discusses the agency's responsibilities relating to authorized representatives
- Policy recently provided expanded guidance on the designation of an authorized representative



Authorized Representative (AR) Designations Previous Guidance

- Previously, we have provided guidance stating that an individual must designated an authorized representative in writing
 - »The ODM 06723 Designation of Authorized Representative form could be used to make the designation but was not required
 - »A written statement listing the duties the authorized representative can perform could be used to make the designation
 - »The designation had to be signed by the individual
- All were considered valid AR designations



 Policy has provided expanded guidance for when an authorized representative designation is considered valid

»What remains the same:

- The ODM 06723 Designation of Authorized Representative form is recommended but not required
- If another form or written statement is used, the designation must identify the duties of the authorized representative



- What has expanded:
 - »The designation must state that the authorized representative agrees to maintain or be legally bound to maintain the confidentiality of any information regarding the individual provided by the administrative agency OAC 5160-1-33(B)(2)
 - »If the authorized representative is an organization, the designation must state that the authorized representative affirms that he or she will adhere to the regulations in <u>42 C.F.R. Part 431 Subpart F</u> (as in effect October 1, 2015), 42 C.F.R. 447.10 (as in effect October 1, 2015), 45 C.F.R. 155.260(f) (as in effect October 1, 2015), as well as other relevant state and federal laws concerning conflicts of interest and confidentiality of information OAC 5160-1-33(E)
 - »The designation must be signed by the individual and authorized representative
 - »Protected Health Information (PHI) cannot be disclosed to the authorized representative unless the individual had completed and signed the Authorization of the Use and Disclosure of Protected Health Information section of the ODM 06723 form



- The authorized representative designation is considered incomplete (not valid) if it is missing any of the following information:
 - »Individual's signature
 - » AR's signature
 - »Duties the AR can perform
 - »Agreement that the AR will maintain the individual's confidentiality
 - »Agreement that the AR will adhere to regulations and laws concerning conflicts of interest and confidentiality of information if the AR is an organization



- What happens if the county receives an incomplete authorized representative designation?
 - »This is not a valid AR designation
 - »The designated person cannot be added to the case as the AR or provided with any case information, checklists, notices, etc.
 - The agency can still accept information from the designated person as an assistor
 - »The county would need to send the ODM 06723 form to the individual to obtain the missing information
 - Once the missing information provided, the designated person can be added to the case as the AR
 - If the missing information is not provided, the designated person cannot be added to the case as the AR



- What happens if the county receives a completed authorized representative designation but there is no authorization to disclose PHI?
 - »This is a valid AR designation
 - The individual is not required to grant the AR access to his/her PHI
 - The designated person can be added to the case as the AR
 - -The AR will still receive case information, including NOAs and other correspondences
 - »The AR will not be able to access PHI for the individual
 - PHI includes medical records and information about services/treatments
 - »If the individual wishes to allow the AR to access the PHI, the county would need to send the ODM 06723 to the individual to complete and sign page 2



ODM 06723 Designation of Authorized Representative Form

• The ODM 06723 Designation of Authorized Representative form and instructions for completing the form are available on the Medicaid website

»Instructions:

https://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/06723i.pdf

»Form:

https://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM0 6723fillx.pdf



Signature on Application When AR is an Organization

- Policy has recently clarified that when the AR is an organization and the AR signs the application, the signature must be the name of the actual organization employee who completed the application and not the name of the organization
 - »The AR cannot sign the application with the name of the organization (i.e., Medassist, HumanArc, Hospital Referral Services)
- If an application is received with the organization name listed as the signature, the county would need to send a new signature page to the AR requesting the signature of the person who completed the application
 - »Once the new signature page is obtained, eligibility can be explored for the individual using the date the initial application was received



Snippet of AR Form Designating an Organization as the AR

Individual's Name Here, ("Applicant") appoint Firstsource Solutions USA, LLC dba MedAssist and its employees ("MedAssist") to act as my Designated Representative for the purpose of pursuing financial assistance for my medical expenses and additional programs, government, hospital or otherwise, for which I may be eligible. As my Designated Representative, MedAssist is authorized to act responsibly on my behalf to accompany, assist, and represent me in my application for or redetermination of benefits with any agency or entity that offers such support ("Agency" or "Agencies"). Agency or Agencies may include, but are not limited to, local, state, and federal funding sources such as hospital charity, county human services, Medicaid, and Social Security Administration. I understand that MedAssist receives payment from my healthcare provider, such as a hospital where I received treatment, to provide these financial assistance services on my behalf. I understand that I may change my mind and/or withdraw from applying to financial assistance programs at any time. I will provide MedAssist with my most current contact information so that MedAssist can keep me informed and engaged during the application process and any subsequent related matters.

The portion outlined in red shows that an organization has been named as the AR. The county can request identification to verify an individual is an employee of the organization before disclosing information — OAC 5160-1-33(B)(1).

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Snippet of AR Form Designating an Organization as the AR

The signature page of the AR form should have the signature of the individual and the signature of an employee of the organization

INDIVIDUAL'S SIGNATURE HERE Applicant Signature	Date	
If signed by an individual authorized by law to sign on behalf of the Applicant:		
Legal Representative's Signature	Date	
Description of Legal Representative's Authority (such as legal guardian):		
Description of Legal Representative's Authority (such as legal guardian):		
AS THE DESIGNATED REPRESENTATIVE, MEDASSIST WILL PROTECT AND MAINTA		
	LE HEALTH INFORMATION AN BET FORTH IN 42 CFR 435.923;	D
AS THE DESIGNATED REPRESENTATIVE, MEDASSIST WILL PROTECT AND MAINTAL PROVIDED BY THE AGENCY TO MEDASSIST, INCLUDING INDIVIDUALLY IDENTIFIAB FINANCIAL INFORMATION OF THE APPLICANT, PURSUANT TO THE REGULATIONS	LE HEALTH INFORMATION AN BET FORTH IN 42 CFR 435.923;	D



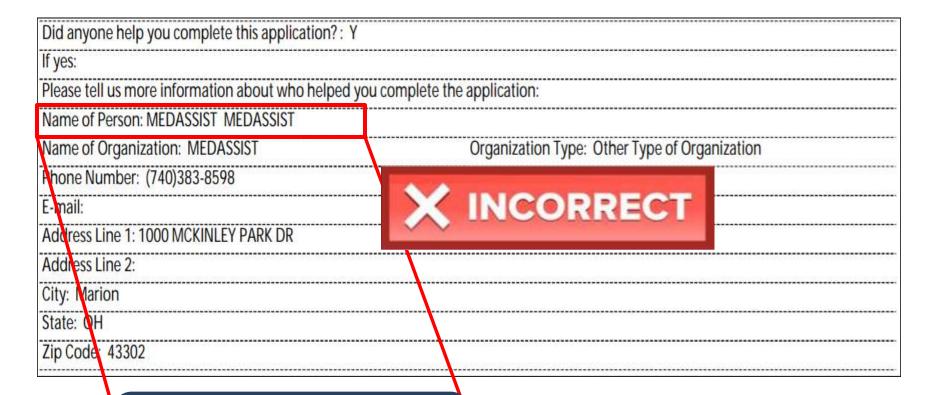
Example of an Unacceptable Signature on the SSP Application



If application is signed by an AR that is an organization, the Applicant Role Description should be 'Non-Applicant' and the Signature should be the name of the organization employee who completed the application



Example of an Unacceptable Signature on the SSP Application



The name of the organization employee who completed the application should be listed here



Example of an Unacceptable Signature on the SSP Application

of facts is true, correct and complete. This page should this page needs to capture the following: Signature: Signature: MEDASSIST MEDASSIST Description: Authorized-Representative	United States of America that the information contained in this statement capture the user e-signature or if non-applicant completed the application,
Confirmation Number: 002jrfv2	
vanneense penassamp tota vanneet van Merco et suprametraer (States et Bropher Atleber (Totales) and Schölber (Edit (Schölber Tibe)	The name of the organization employee
Please complete the information below about your	rself: who completed the application should be
Relationship to applicant:	listed in the Signature field and the
First Name:	Description field can identify the person
Middle Name:	signing as the AR
Last Name:	
Suffix:	The person signing the application should
	complete the 'Please Complete the
	Information Below About Yourself'
	section
	Section



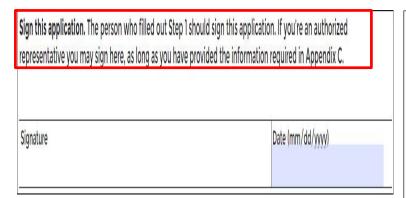
E-application Signature Information

e-Signature Information			
Applicant Role Description: Non-Applicant	Signed with PIN: No	Signature:	
First Name:	Middle Name:	Last Name:	Suffix:
RelationShip to the Applicant: Other	Home Phone Number:	Other Phone Number:	Email:
Address Line 1:	City:	State: OH	Zip:
Address Line 2:	and a special resolution of particles		300-00-000

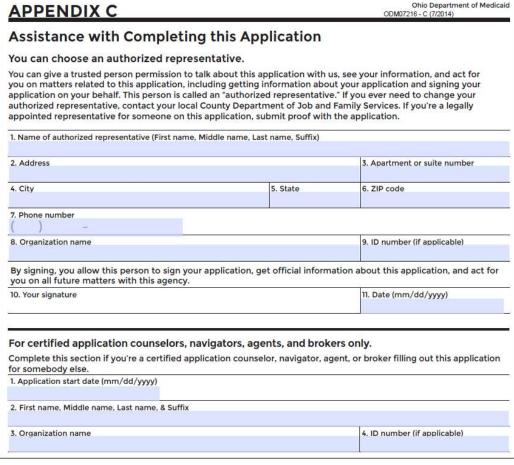
The information about the person completing the application can be found in the yellow boxes if this information is completed on the E-app. The red boxes indicate someone other than the applicant signed the application. It will be important to check this information to determine if the application has a valid signature.



7216 Application Signature Information



Signature page of 7216 (page 8) instructs the AR to complete Appendix C (page 14) of the 7216



It will be important to check this information to determine if the application has a valid signature



7200 Application Signature Information

5. Tell us if you are a	n authorized	repr	esent	ative						
An authorized representative an authorized representative,				i <mark>cant</mark> by	completing the application	ation process.	If you	ı are filling out this form a	3	
First Name	,		Middle	Initial	Last Name					
Street Address										
City		County	/			State	Zip	Code		
Phone Number	Best Time to Ca	II		Additior (nal Phone Number	E-mail Addre	ss			
6. Sign Here			1	2. Sig	nature of person w	ho complet	ted th	nis application		
AR informati listed in Section separation designation required. Security	on can be on 5, but on AR on still ection 12	2	Print	I under my kr I state intere I under I under level I under child and ar during I under enforce agence child I under my el I unde	nowledge, including information and agree to provide the perstand and agree to provide the providence of assistance. The providence of assistance of assist	nation about the I have disclosed de documents to CDJFS may con a application and ed to me and/or a application and liable third part period. I red to cooperate un required to coderstand that if I eting the JFS 07 ces, I may be as sistance on the e	prove version all announce of the minute of	ner persons or organizations to ring Ohio Works First, I am a nor children in the assistance ring Medicaid, I am assigning nedical assistance owed to me the child support enforcement the with the child support enfor t required to cooperate with the application for Child Support give consent to the CDJFS to nic payment card that I must a and is not activated within 90	ousehold member applying all devices in which I are contain the necessary prossigning to the State of Cogroup during the Ohio We to the State of Ohio any and/or to the minor child agency in establishing proceeding agency, a referrance child support enforcer Services."	ng for assistance. Ind/or my spouse have any loof of my eligibility and thio any rights to lorks First eligibility rights to medical support fren in the assistance group termity or establishing or all will be submitted to the ment agency, I may request are necessary to determine of days from when benefits
				Si	gnature of Applicant or A	Authorized Rep	resenta		ship to Applicant	Date

It will be important to check this information to determine if the application has a valid signature



Renewal Packet Signature Information

Sign and date below. If you want an authorized representative or want to change the authorized representative you have now, fill out Attachment A on page 10. The last page is a Voter Registration From and is not part of your Medicaid renewal. If you wish to register to vote, fill that form out and return it separately to your county board of elections.					
Check here if you are an authorized representative. Sign below and fill out Attachment A on page 10.					
Signature of household contact or authorized representative:	Date:				

Signature page of renewal packet (page 9) instructs the AR to check the box and complete Attachment A on page 10 of the renewal packet

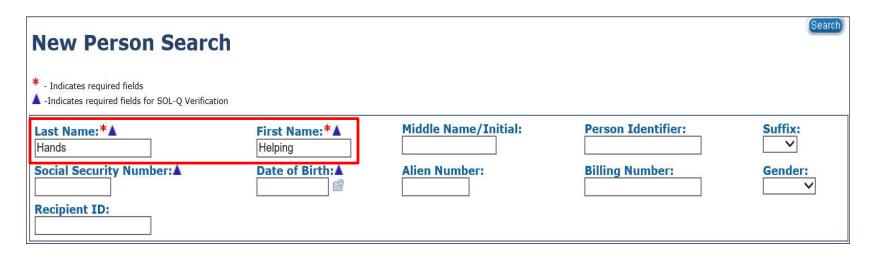
Attachment A Assistance with	completing this renewal for	m
You can give a trusted person permission to talk about this for you on matters related to this form, including getting into n your behalf. This person is called an "authorized represauthorized representative, contact your local County Depa appointed representative for someone on this application,	formation about your renewal and signing your fo sentative." If you ever need to change your artment of Job and Family Services. If you're a le	orm
If you have an authorized representative now, plea	ase answer these questions.	
We show that you chose this person as your authorized representative:	Do you still want this person to be your authorized represer Yes No If yes, has any of his or her information changes? Yes No	ntative
If your authorized representative's information has changed, or if you we please write the new information below:	ould like a different authorized representative,	
Name of authorized representative:		
Address: Apartment # City	State Zip code	
Phone number: Home Cell Work Of Number:	Other	
By signing, you allow this person to sign your renewal form, to get inform	nation about this renewal form, and to act for you with this ag	ency.
Your signature:	Date:	
If you do not have an authorized representative an Check here if you are an authorized representative. Answer the qu		
Name of authorized representative:		
Address: Apartment # City	State Zip code	
Phone number: Home Cell Work Own	Other	
By signing, you allow this person to sign your renewal form, to get inform	nation about this renewal form, and to act for you with this ag	ency.
Your signature:	Date:	

It will be important to check this information to determine if the renewal has a valid signature



Entering an Organization as AR in OB

- To add an AR to the case, follow the steps listed in the Administrative Roles job aid located on the OB Project website:
 - https://ohiobenefitsproject.ohio.gov/Asset/Search/id/29/xmps/1759
 - »Enter the last part of the organization's name as the last name and then enter the first part of the organization's name as the first name
 - Organization Name: Helping Hands
 - -Last name entered as Hands
 - -First name entered as Helping
 - -NOTE: Gender is not required





Entering an Organization as AR in OB

• After completing the remaining steps in the Administrative Roles job aid, the AR will be listed on the Case Summary screen



Questions

