

DHB ADMINISTRATIVE LETTER NO: 02-22, APPLICATION PROCEDURES – AUTHORIZED REPRESENTATIVES; SOCIAL SECURITY NUMBERS; DMA-5001 OBSOLETE

DATE: January 26, 2022

SUBJECT: Application Procedures

- Authorized Representatives at Application
- Valid/Complete Applications
- Social Security Numbers
- DMA-5001 Obsolete

DISTRIBUTION: County Departments of Social Services
Medicaid Supervisors
Medicaid Eligibility Staff

I. BACKGROUND

The Division of Health Benefits (DHB) is providing the following guidance, clarification of policy, and updates concerning the policy for application for Medicaid/NC Health Choice (NCHC).

Centers for Medicare and Medicaid (CMS) has provided clarification in regard to authorized representatives at application.

Clarification is provided for determining when an application is considered valid/complete, as well as steps to take if the application is not valid/complete. See II. B for definition of valid/complete application.

DHB has updated guidance on the DHB 5001, Notice on the Use of Social Security Numbers form which is now obsolete. The DHB-5001N, Notice on the Use of Social Security Numbers has replaced the DMA-5001, Notice on Use of Social Security Numbers. The DHB-5001N, is only used when an application is submitted on behalf of a minor or incapacitated applicant. See section II.B. Applicants must be informed about the use of their Social Security Numbers (SSN) at application and **before** requesting OVS.

II. CONTENT OF CHANGE

A. Authorized Representatives at Application

1. An authorized representative must be designated in writing **prior** to signing and submitting an application on behalf of an applicant.
 - a. The designation must be signed by the applicant **before** the application is signed by the authorized representative. Electronic signatures are acceptable. A typed signature is not acceptable.
 - b. The applicant can designate any individual as their authorized representative. (See [MA-2420/MA-3430](#), Notice and Hearings Process for a complete list of representatives.)
 - c. Designation of an authorized representative may be made in-person, by mail, or by other commonly available electronic means such as fax or email. Verification of designation may also be submitted via ePASS.
 - d. **Applications submitted by anyone other than the applicant or an individual listed in II.C.3.a-c, and without verification of designation of an authorized representative or proof that the applicant is a minor or is incapacitated (see II.B. below) are not considered to be a valid/complete application. The caseworker must follow incomplete application policy procedures in [MA-2300/MA-3200](#), Application.**
2. An authorized representative may include:
 - a. A friend or family member of the applicant
 - b. A hospital or other medical provider
 - c. A professional advocate

B. Invalid/Incomplete Applications

A valid/complete application is one that is legible, is signed by the individual applying or signed by a representative and includes the name, date of birth and mailing address of at least one applicant and if applicable, a signed designation of authorized representative or proof of minor/incapacity.

An application received in the agency that is **NOT** signed by individuals listed in II.C.3.a-c, are not considered valid/complete unless they include signed designation of authorized representative or proof of minor/incapacity submitted with the application.

1. When an application is received, by mail, fax/email, or via ePASS, signed by individuals **NOT** listed in II.C.3.a-c, without a signed designation of authorized

representative or proof of minor/incapacity, it is NOT considered to be a valid/complete application. Follow policy found in [MA-2300/MA-3200](#), Application for steps to take for invalid/incomplete applications.

2. For invalid/incomplete applications submitted **online**, the caseworker will:
 - a. Administratively deny the online application in NC FAST.
 - b. The caseworker must document the reason the application was denied. Documentation should include, “no verification of **signed designation of authorized representative** was provided at the time the application was submitted as required by policy.
 - c. Print the application PDF document.
 - d. Mail the application PDF with the [DMA-5104/DMA-5104sp](#), Notice of Incomplete Application to the individual who submitted the application online.

Example:

An ePASS application is submitted for husband (75-year-old) and wife (72-year-old) by the couple’s adult daughter. “Daughter” marked the box stating that she is authorized to be the representative for both “husband” and “wife,” however, no verification of signed designation of authorized representative was provided/uploaded with the ePASS application.

The caseworker must take steps listed in 3.a-d. above.

The date of application for “husband” and “wife” is the date that **both** the validly signed application and the validly signed designation of authorized representative are received by the agency.

3. Applications submitted by mail, fax/email or **online** that include **multiple** members living in the household, must be reviewed to determine if the application is considered validly signed for **all** individuals included on the application.
 - a. Follow NC FAST instructions for marking the individual on the application for whom the application is not validly signed as “not applying,” and proceed to process the application for the remaining applicants.
 - b. The caseworker must document the case with the reason that the individual was marked “not applying.” Documentation should include, “no verification of **signed designation of authorized representative** was provided at the time the application was submitted as required by policy.”

- c. Follow policy in [MA-2300/MA-3200](#), Application for steps to take for invalid/incomplete applications and mail the DMA-5104 with a copy of the application PDF to the individual who submitted the application.

Example:

An application is received on 1/25 that includes the applicant, “mom” (35-year-old), the minor child of “mom”, “child” (10-year-old), and the mother of “mom”, “grandmother” (60-year-old).

“Mom” is authorized to sign an application for herself and for her minor child and no other documentation is required. The date of application for “mom” and “child” is 1/25.

The application for “grandmother” must also include a signed designation of authorized representative. If this is not provided prior to or at the time of application, the application for “grandmother” is invalid/incomplete.

The caseworker should follow steps in 4.a-c. above provided by NC FAST to mark “grandmother” as “not applying.” The caseworker must also follow policy in [MA-2300/MA-3200](#), Application for steps to take for invalid/incomplete applications and mail the DMA-5104 with a copy of the application PDF to the individual who submitted the application.

The date of application for “grandmother” is the date that **both** the validly signed application and the validly signed designation of authorized representative are received by the agency.

4. For in-person/phone applications, the caseworker must determine who may be included on the application.

If the application filer, does not have verification of **signed designation of authorized representative** at the time of application for relevant individuals, the application may only include those individuals listed in II.C.3.a-c.

C. Valid/Complete Application Requirements

1. Refer to [MA-2300/MA-3200](#), Application to determine if the application submitted meets the requirements for a valid/complete application.
2. Applications signed by anyone other than the applicant and submitted by any method – in-person, mail, online, or other electronic source such as fax or email – **MUST** include a signed designation of authorized representative or proof of minor/incapacity at the time the application is submitted, in order to be considered a valid/complete application.

The date of application is the date in which both the validly signed application and the signed designation of authorized representative are received by the local agency or proof of minor/incapacity.

3. Individuals who may sign an application include:
 - a. The applicant's spouse living in the same household
 - b. The applicant's parent if the applicant is under age 21
 - c. A financially responsible individual or any adult included in the applicant's MAGI household. See [MA-2260, Financial Eligibility Regulations-PLA](#) or [MA-3306, Modified Adjusted Gross Income \(MAGI\)](#), to determine if the individual meets the criteria for a MAGI household.
 - d. An authorized representative, who may be one of the following.
(Verification must be provided at the time of application.)
 - (1) An individual with letters of appointment establishing legal guardianship. Letters of appointment verifying court ordered guardianship must be provided prior to or at the time of application. Letters of appointment may be for guardian of the person, guardian of the estate, or general guardianship.
 - (2) An individual designated as power of attorney (POA) for the applicant. Verification of POA must be provided **prior** to or at the time of application.
 - (3) Authorized representative as designated by the Social Security Administration (SSA) on SDX.
 - (4) An individual designated by the applicant in writing as having authority to apply for Medicaid on the applicant's behalf.
 - e. An individual acting responsibly for the applicant if the applicant is a minor or is incapacitated.
 - (1) Documentation is required at the time of application to verify the applicant is a minor.
 - (2) Documentation is required at the time of application to verify the applicant lacks sufficient capacity to complete and sign the application on their own behalf (also referred to as an "incapacitated applicant," see below).
 - f. Incapacitated applicant

- (1) An applicant lacking sufficient capacity is one who is unable to make and carry out financial, legal, or medical decisions or understand the consequences of this inability.
- (2) This incapacity may be temporary or permanent due to illness, injury, or death. An incapacity may be a physical or mental impairment.
- (3) Individual acting responsibly
 - An individual who is making good faith decisions for the minor or incapacitated applicant.
 - Someone who is acting in the applicant's best interest and without a conflict of interest.
 - Safeguards the applicant's confidential information (see A.4 above).
 - This person may be:
 - A family member or friend of the applicant
 - Hospital or medical provider staff
 - Hospital volunteers may also be acting in this capacity when the applicant is incapacitated and is receiving medical care and treatment from the hospital or medical provider

g. Proof of incapacitation

- (1) When an individual, hospital or medical provider staff member or volunteer is applying on behalf of an incapacitated applicant, proof of incapacity must be provided prior to or at the time of application.
- (2) This proof must be in writing from a medical professional, such as a physician or nurse, who is knowledgeable about the applicant's condition.
- (3) The written statement must include:
 - The name, date of birth, last four digits of SSN, address, and contact information of the applicant
 - The name, address, contact information, and license number of the medical professional providing the written proof of incapacity
 - An explanation of the nature of the applicant's incapacity, including medical conditions or diagnoses that caused the incapacity
 - The approximate onset of the applicant's incapacity
 - Expected duration of the applicant's incapacity

- The basis for the knowledge or opinion of the medical professional providing the explanation of incapacity, including the date of the last assessment by the medical professional
 - The date of death if the applicant is deceased at the time of application
4. Applications from individuals, hospitals, medical provider staff or volunteers who are **not** designated as an authorized representative:

The local agency should accept the application from an individual, hospital or medical provider staff member or volunteer **if the application is accompanied by proof that the applicant is a minor/incapacitated** (see II.C.3. above) and therefore cannot designate an authorized representative. In this situation, the application is considered valid, however, the individual, hospital, or medical provider staff member or volunteer is **not** considered an authorized representative.

Reminder: OVS cannot be run until the applicant is notified about the use of their SSN. See II.D below for guidance on notifying the applicant about the use of their SSN.

D. Social Security Number

All applicants must be notified on the use of SSN.

1. Applications originating at the FFM/ePASS/LIS, have been notified about the use of their SSN and no further action is required by the caseworker.
2. When an applicant submits an application in-person or by phone, the caseworker must explain the use of the applicant's SSN. The caseworker must follow instructions provided by NC FAST to mark the application to reflect that this has been explained to the applicant.
3. The [DHB 5200/DHB-5200sp](#), Application for Health Coverage & Help Paying Costs, paper application includes a notice of how the applicant's SSN will be used, and no further action is required by the caseworker.
4. For any application submitted on behalf of a minor or incapacitated applicant, the application is considered to be validly signed if verification of minor/incapacity is provided at the time of application. The applicant and/or financially responsible person, **must** be notified about the use of their SSN for matching to online data sources.
 - a. The caseworker must send the [DHB-5097/DHB-5097sp](#), Request for Information along with the DHB-5001N.

- b. The DHB-5001N is not required to be signed or returned. The form is for notification purposes only.
- c. The applicant is considered to have been notified on the 13th day after the [DHB-5097/DHB-5097sp](#) and DHB-5001N was mailed.
- d. The caseworker may request electronic sources, including OVS, on the 13th day after mailing the notification.

E. DMA-5001

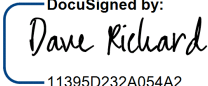
The DMA-5001, Notice on Use of Social Security Numbers, is no longer required and is obsolete.

The DHB-5001N should now be used in limited situations. See II.D. above for guidance for when and how to use the DHB-5001N to notify the applicant about the use of their SSN.

III. IMPLEMENTATION

Guidance and policy provided in DHB Administrative Letter 02-22 is effective upon receipt.

If you have any questions regarding this information, please contact your [Medicaid Operational Support Team representative](#).

DocuSigned by:

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Dave Richard
Deputy Secretary, NC Medicaid