CHANGE NOTICE FOR MANUAL NO. 17-11, AUTHORIZED REPRESENTATIVE

DATE: 10/01/11

Manual: Family and Children’s Medicaid
Change No: 17-11
To: County Directors of Social Services
Effective: 10/01/11

Make the following change(s)

I. BACKGROUND

Administrative Letter 07-10, Authorized Representative Screen, informed the counties that screens were created in EIS to allow entry of Authorized Representative, Power of Attorney, or Guardian information. The screens provide additional fields for PACE Agency/CAP Case Manager information. The purpose of the Authorized Representative information screen is to assure that Authorized Representatives receive Medicaid and Special Assistance Notices as well as prior approval denials, service denials, service reductions and service termination notifications. This Administrative Letter also created a hierarchy of representatives so that caseworkers will know which one to enter in EIS when there is more than one.

In addition, the Attorney General’s Office recently clarified the circumstances under which a hospital may exercise hearing rights for a deceased applicant.

II. CONTENT OF CHANGE

A. MA-3500, Confidentiality, IV.A., makes clear that confidentiality and protection of client information applies equally to caseworkers working from home as to those working within the agency.

B. MA-3500, Confidentiality, V.B.2.b. and VII., state that a case worker can honor a law enforcement request to delay notification of a client that law enforcement has obtained information from his file in response to a subpoena or court order. The delay in notifying the client must not exceed 10 calendar days.

C. MA-3500, Confidentiality, V.B., V.B.4., and VI.A.1., contain previously absent information that is in the NC Administrative Code.

D. MA-3500, Confidentiality, VI.B.7. and MA-3430, Notice and Hearings Process, V.C.3., clarify when and under what circumstances a hospital may request an appeal on behalf of a deceased applicant.
E. **MA-3500**, Confidentiality and **MA-3430**, Notice and Hearings Process, are revised to remove figures and references to those figures. Figures have been replaced with forms, or incorporated into policy, and the links changed to link to the on-line forms.

1. Convert figure 1 in MA-3500, Confidentiality, into the “Release of Information without Client Consent Chart” in section VIII.

2. Convert figure 2 in MA-3500, Confidentiality, into **DMA-5018 Designation of Authorized Representative**.

3. Remove figure 1A in MA-3430, Notice and Hearings Process. The DMA-5003/5003S can be found on the on-line forms site.

F. **MA-3205**, Conducting a Face-To-Face Intake Interview, II.B.4.c., instructs that in instances when an application is being made on an individual’s behalf, to inquire whether the individual has a power of attorney or legal guardian and, if the answer is no, furnish an authorized representative form.

G. **MA-3420**, Re-Enrollment, II.E., cross references to MA-3430, Notice and Hearings Process to determine if the recipient has a new or changed authorized representative.


I. **MA-3430**, Notice and Hearings Process, V.C.2.d., has the current phone number for the Chief Hearings Officer.
III. EFFECTIVE DATE

This policy is effective October 1, 2011. Apply this policy to Medicaid Applications taken on or after October 1, 2011 as well as to those presently in progress.

If you have any questions regarding this information, please contact your Medicaid Program Representative.

Craigan L. Gray, MD, MBA, JD,
Director

(This material was researched and written by William Appel, Policy Consultant, Medicaid Eligibility Unit)