Authorized Representative (AR) Q&A

AR Form

QUESTION #1	Is the MC306 or other AR authorization used for authorization of "key person"?
ANSWER	No, the term "key person" is not a Medi-Cal term. Some counties refer to "key person" as someone who assumes case management responsibility for incompetent individuals. Form DHCS 7068 is to be used when an incompetent Medi-Cal applicant/beneficiary has a public guardian/conservator or representative acting on his/her behalf. Refer to MPG Article 4, Section 2 for detailed regulatory requirements regarding public guardian/conservator or representative acting on behalf of an incompetent Medi-Cal applicant/beneficiary.
QUESTION #2	What do we do if the applicant/ beneficiary or the AR refuses to sign the authorization?
ANSWER	If the AR or the applicant/beneficiary refuses to sign, then the individual will not be recognized as the AR.
QUESTION #3	Does the authorization take the place of the MC 219 in regard to reporting responsibilities, penalty for fraud, etc.?
ANSWER	No, it does not take the place of the MC 219. The applicant/beneficiary is still the responsible person and the responsibility to provide truthful and accurate information rests with the applicant/beneficiary.
QUESTION #4	Does the case number or Social Security number (SSN) have to be completed on the MC306, and what if the applicant is an undocumented alien?
ANSWER	The case number or SSN line on the form is to allow easier case identification for the county. Both the case number and SSN are optional. If the applicant/beneficiary is undocumented and applying for restricted benefits, then they do not enter a SSN.
QUESTION #5	How is the AR authorization to be completed and where to file it?
ANSWER	While the authorization does not have to be completed in the presence of the worker, it is important that the worker review it with the client. If the AR is an organization, law firm, or group, the individual chosen to receive/submit information on behalf of the client and the AR organization, is entered with the organization named. Three copies of the form will be needed. The client and the AR must each receive a copy of the completed form and one must be scanned in the case record. The worker must complete the *Collect Authorized Representative Detail* window with ARs information. AR forms that are revoked should be kept in the case record.
QUESTION #6	If the applicant/ beneficiary and the AR do not sign the authorization on the same day, what is the effective date of the AR authorization?
ANSWER	The effective date is the later date when all signatures and dates have been completed.
QUESTION #7	If an LTC patient is competent and wants an AR, does he/she have to complete and sign the AR form?
ANSWER	Yes, if the applicant designates someone, other than a family member, to act on his/her behalf, the applicant must complete and sign an AR form. In this situation, the applicant must be given the same rights and <u>responsibilities</u> under the law and Medi-Cal regulations to <u>participate in the application process</u>.

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Appointment and Scope of AR

QUESTION #1	Do current regulations allow the applicant to appoint legal aid or an organization to be his/her AR?
ANSWER	Yes, the regulations referred to are in the Department of Social Services Manual of Policies and Procedures (MPP 22-085) and are concerned with the applicant's right to representation in the hearing process. DHCS has examined these regulations and it is thought that presently an organization, law firm or group MAY be the selected AR. However, an individual from that organization, law firm, or group will still have to be designated on the authorization so that the client and the county will know which person from the organization, law firm or group is the person empowered to be the contact person. If the designated individual no longer works in that capacity then a new authorization will have to be completed to designate another individual.
QUESTION #2	Can a client have more than one AR?
ANSWER	Yes, a client may have any number of persons acting as his/her AR. However, each individual must be designated on a separate Appointment of Representative form and the client and the AR must sign each form.
QUESTION #3	How does the client revoke the AR designation?
ANSWER	The client may revoke the AR designation at any time, either orally or in writing. If the revocation is oral, the county should obtain a written confirmation within a reasonable period of time. If the county has not yet received a written confirmation on the oral revocation, the worker should notate on the authorization that it has been revoked, the date of the revocation along with the name, address, and phone number of the person requesting the revocation. The worker should also write his/her name and phone number after the above notations have been made. The worker must also make a case comment when changes in the AR occur. Should an AR designation be revoked the worker must not permit an exchange of information to continue with the former AR.
QUESTION #4	After the AR and the client complete the authorization, can the AR obtain information directly from other sources, such as bank balances, income, etc., with this form?
ANSWER	No, the AR authorization is not an all-inclusive release of information authorization. It is meant only to allow the AR to work with the client and the County, to assist the client in obtaining benefits, in completing the yearly redetermination or appeal process and to provide verifications to, or obtain information from DDSD. No other powers or authorities are given.
QUESTION #5	Is the AR entitled to receive the client's Benefits Identification Card (BIC)?
ANSWER	Many forms used by organizations acting as ARs state that the AR has the right to obtain the Medi-Cal card, medical records, etc., from the County and other agencies. This is not correct. The Medi-Cal card, or the plastic BIC, can only be issued to the applicant/recipient and the other individuals in the case.
QUESTION #6	What if the client wants the AR to provide additional legal services or gather additional information from third parties on his/her behalf?
ANSWER	The AR authorization is only an authorization for the AR to perform those functions as stated in MPG 4.2.7.C; it has no other authority or purpose. Any other services that the client wants the AR to perform, such as obtaining information from third parties, must be arranged separately among the client, AR and the third party.
QUESTION #7	May a health provider or an AR use the AR authorization to determine if someone has applied for Medi-Cal?
ANSWER	No, if the worker receives a properly signed and dated authorization with a request to determine if the individual has applied for Medi-Cal, the request should be denied. If the AR does not know if an application has been made, it would appear that the applicant was given the form as part of an admission/treatment packet which is not allowed under federal policy. While the MC 306 states the AR may "obtain information from the County and from DHCS or DDSD, regarding the status of the application," it is understood an application should have already been made. The authorization should not be completed until such application has been filed.
QUESTION #8	May the AR be allowed access to the case record if the applicant/beneficiary is not in attendance?
ANSWER	Yes.
QUESTION #9	Can the County refuse to accept a SAWS 1 from anyone other than the applicant?

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ANSWER	No, regulations permit the applicant to file the SAWS 1, or, if the applicant is unable to apply on his/her own behalf, for any reason, the applicant's guardian/ conservator, a public agency representative or a person who knows of the applicant's need to apply may complete and file the SAWS 1 on behalf of the applicant. The County may not refuse to accept the initial application (SAWS 1) from anyone. However, the applicant, if competent, must complete the MC 210, AR authorization, and provide any other document or verification needed to establish eligibility.
QUESTION #10	Has DHCS formulated any type of sanction to be applied to ARs found to be negligent or in willful violation of state/federal law?
ANSWER	Yes, when DHCS becomes aware of ARs, either individuals or groups, who are being negligent in their duties as AR, or found to be coercive or violating DHCS's policy on an on-going basis, DHCS will write a letter informing the AR of DHCS's policy and advising them of the correct way to perform the AR function. If complaints are received after that time, DHCS will advise the County to refer the AR to the State Department of Justice for investigation. DHCS will handle each instance on a case-by-case basis and continue to explore a formal sanction process.
QUESTION #11	Is an AR entitled to receive a Letter of Authorization (LOA) for billing purposes?
ANSWER	No, the LOA is only to be issued to the beneficiary or beneficiary's family. The beneficiary is responsible for providing the LOA to the appropriate provider of service.
QUESTION #12	If a beneficiary wants a neighbor to deliver information to the County or to see the worker to discuss how SOC was determined, does the beneficiary need to complete a written AR authorization?
ANSWER	The beneficiary should call and inform the worker that he/she would like the neighbor to see the worker. In addition, the beneficiary should write and sign a short note authorizing the individual to act on his/her behalf for that specific function and on that specific date.
QUESTION #13	Is it the County's responsibility to prepare and provide a "conflict of interest" waiver when an AR represents the applicant/beneficiary and the medical provider?
ANSWER	No, any "conflict of interest waiver" is the responsibility of the AR and is not required by DHCS. The county should not indicate that one is necessary to an AR who is representing both parties, if the AR thinks that it is in his/her best interest in those cases of double representation.
QUESTION #14	An 18-year old male was in a car accident and hospitalized in County A. An AR firm, which provides AR services for the hospital, had the 18-year old sign the AR authorization designating this firm as his AR. The AR forwards the AR authorization, SAWS1 and MC 210, etc. to County A. It is determined later that the 18-year old was visiting friends in County A, where he was injured, but he actually lives with his parents in County B and is a dependent of his parents. The AR firm knew of this fact but refused to have the parents apply for Medi-Cal in County B. In fact, the parents refused to apply. Should County A accept the AR authorization and other forms and determine Medi-Cal eligibility?
ANSWER	No, the parents are responsible for their child and, if the parents wish to, must apply for him. Also, they may designate an AR. The youth is not able to do so in this case because he is not the person responsible to apply for Medi-Cal. It also appears that the AR firm is attempting to act in lieu of the youth's parent which is not permitted. County A should deny the application and refer the parents to the appropriate county if they would like to apply for benefits. The AR's intervention is denying the parents the right to choose whether or not to apply for Medi-Cal. If the parents apply in County A where their child is hospitalized, County A should accept the application, determine eligibility, and transfer the case to County B where the family lives.
QUESTION #15	Are there any circumstances in which the worker should send a copy of a notice of action (NOA) automatically to the AR?
ANSWER	Yes, copies of all NOAs in conjunction with a hearing must be sent to the AR. MPP Section 22-0104 states: "After a person or organization has been authorized to represent the claimant, the county, after notification of the authorization, shall send copies of any subsequent correspondence that it has with the claimant regarding the state hearing, to the claimant and the authorized representative simultaneously." In other situations, the worker must use good judgment to decide if a NOA should be sent to the AR at the same time it is sent to the applicant/beneficiary. For example, if an applicant/beneficiary does not speak or read English and the county does not have the NOA in the individual's primary language, the worker will send a copy of the NOA to the AR so the applicant/beneficiary is not adversely affected due to circumstances beyond his/her control.