

APPLICATION CENTER HANDBOOK

1/1/2020



**Healthy
Louisiana**

Section 1: Overview and Requirements

Introduction

This handbook is for the use of Medicaid Application Centers (AC) assisting in the application process on behalf of Louisiana's Medicaid Program. It is **not** a legal description of all aspects of state and federal guidelines. Should there be any discrepancies between material in this handbook and the pertinent laws or regulations governing these programs, the latter takes precedence.

General information and the procedures set forth in this handbook will enable Application Centers to comply with the laws and regulations governing the Medicaid Program administered by the Louisiana Department of Health (LDH) Bureau of Health Services Financing (BHSF).

This information is required to safeguard assistance benefits, to protect the integrity of the program, and to ensure equity among those served.

We suggest that you study this electronic material and refer to it as needed. Documents housed on the [Louisiana Medicaid Application Center Resource Library](#) will be updated as changes occur. Refer to this site often for documents and meeting announcements.

Direct all questions concerning agency procedures and requirements to:

Email:	Applicationcenter.service@la.gov
Mail:	LDH - Medicaid Application Center Service P. O. Box 91283 Baton Rouge, LA 70821-9278
Phone:	(225) 342-6312
Fax:	(225) 376-4736

Note: All correspondence from Application Centers should include identifying information (name, phone number, Trusted User ID).

General Information

The Louisiana Medical Assistance Program became effective on July 1, 1966, under provisions of Title XIX Amendments to the Federal Social Security Act, and Article 18, Section 7, Subsection 1, Louisiana Constitution, as amended. The United States Department of Health and Human Services (DHHS) issues guidelines for states' participation in Medicaid. These guidelines provide for the states' individual Medicaid programs with structure and direction, and allow for

a degree of consistency in the scope of Medicaid coverage from one state to another. Additionally, DHHS allows states flexibility in the administration of their individual Medicaid programs.

Medicaid in the United States is a joint federal and state program that helps with medical costs for some people with limited income and resources. Medicaid also offers benefits not normally covered by Medicare, like nursing home care and personal care services. The Health Insurance Association of America describes Medicaid as a "government insurance program for persons of all ages whose income and resources are insufficient to pay for health care." Medicaid recipients must be U.S. citizens or legal permanent residents, and may include low-income adults, their children, and people with certain disabilities. Poverty alone does not necessarily qualify someone for Medicaid. Individuals who are entitled to Medicaid benefits as a result of their eligibility for cash assistance are determined eligible by either the Social Security Administration (SSA) or by the Department of Children and Family Services (DCFS).

LDH is designated to administer the Medicaid program in Louisiana and is responsible for the overall management of the Medicaid Program, including these specific functions:

1. Circulates all necessary regulations and guidelines for Medicaid program policy;
2. Administers the program;
3. Determines the services covered by the program and sets the reimbursement rates within federal guidelines;
4. Determines applicants' eligibility, maintains a recipient eligibility file, and issues Medicaid Eligibility Cards to eligible recipients;
5. Enrolls providers who wish to participate in the program;
6. Enlists Application Centers to provide outreach and assistance to individuals by interviewing such persons and completing the eligibility application;
7. Provides training for State and Application Center staff; and
8. Monitors providers and Application Centers for compliance with established procedures.

What is Healthy Louisiana?

Healthy Louisiana is how most of Louisiana's Medicaid and LaCHIP recipients receive health care services. The goal is to encourage enrollees to own their own health and the health of their families. Applicants and enrollees can select a health plan at the time of application. If they do not select a health plan, Medicaid will select one for them. If they do not like the health plan selected, they have 90 days to select another plan.

Understand your role

Application Centers: The purpose of Application Centers is to provide outreach and assistance to individuals and families by interviewing and completing applications for Medicaid. In order to receive reimbursement for this assistance, the AC must comply with the rules and regulations set forth by LDH.

Trusted Users (formerly called Application Center Representatives): The role of the Trusted User is to take applications, assist individuals with completing the application, provide information and referrals, obtain required documentation to complete processing of the application, assure that the information contained on the application form is complete, and conduct any necessary interviews. It does not include evaluating the information contained on the application and the supporting documentation nor making a determination of eligibility or ineligibility. Information obtained during the Medicaid application interview may be used for the specific purpose of assisting the applicant apply for Medicaid. Trusted Users are prohibited from using their role as a means to pursue unpaid claims. Violations may result in a training refresher, notice of action, and/or decertification of the Application Center/Trusted User.

CEO/CFO/Administrator: Medicaid Application Center enrollment is completed on the [Self-Service Partner Portal](#). The CEO / CFO / Administrator must certify that the information provided is true, complete, and correct; that LDH may revoke authorization at any time, and that if a Board of Director's approval is necessary, the approval was obtained. In addition, digital signature by the CEO / CFO / Administrator on the three agreements (Application Center Agreements and Responsibilities, Confidentiality Responsibilities / Agreement; and HIPAA Business Associate Addendum) signifies acceptance of responsibility for ensuring facility staff and contractors adhere to LDH procedures, policies, and guidelines.

Application Center Manager (ACM): The ACM is responsible for proper day-to-day operation of the site, including:

- Posting appropriate signs.
- Secure storage and maintenance of required LDH paper forms and agreements for a minimum of five (5) years. Any records necessary to support an active audit review or lawsuit must be maintained until the relevant matter is concluded.
- Protecting confidentiality.
- Ensuring staff is aware of alerts and updates.
- Ensuring staff completes required trainings.
- Maintaining contact information for the AC site and its Trusted Users.
- Enforcing guidelines established by LDH.
- Communicating issues and problems to the Application Center Monitor.

In many instances, the ACM may also perform Trusted User functions.

Medicaid Providers: The provider's role is to render health care services within a specialized field to eligible Medicaid enrollees. In order to receive reimbursement for those services, the provider must agree to comply with the rules and regulations set forth by LDH.

Standards for Participation

In order to participate as a Medicaid Application Center, the provider entity must not have been suspended or excluded from participating in the Medicaid Program, and must meet one of the following criteria:

- An institutional provider of Medicaid services (e.g., private hospital);
- A state program staffed by state employees that provides health or social services to the local population (e.g., parish health units, mental health units);
- A federal program that provides health or social services to the local population authorized under Sections 329, 330, and 340 of the Public Health Services Act (e.g., Federally Qualified Health Center [FQHC]);
- A parish, state, or federally sponsored program providing services to the community that has designated business offices with established hours of operation, a full-time staff who works with the general public performing the normal duties of the program, and the endorsement and recommendation of local government for certification training (e.g., Head Start);
- An established private program providing health or social services to an identifiable segment of the local community that has designated business offices with established hours of operation, a full-time staff who works with the general public in performing the duties of the program, and the endorsement and recommendation of local government for certification training (e.g., Volunteers of America, Catholic Community Services, etc.); or
- Home health agencies or other organizations specifically approved by LDH;

Trusted User Requirements

- Must be at least eighteen (18) years of age;
- Demonstrate basic computer skills;
- Understand and follow guidelines and procedures;
- Work closely with LDH to stay in compliance with all state and federal laws;
- Comprehend and accurately record information received during interviews;
- Participate in and pass all LDH trainings / certification tests;
- Exhibit professionalism at all times and treat applicants with respect; and
- Provide excellent customer service.

When providing application assistance, staff must also:

- Transmit applications and required verifications to Medicaid daily;
- Provide a basic explanation of Medicaid to applicants;
- Explain rights and responsibilities to applicants;
- Explain penalties for providing false and untrue information to applicants; and
- Provide unbiased information for selection of health plans.

Records Retention

Although most records are electronic, the following records must be stored in a secure location for a minimum of five (5) years:

- Application referrals recorded on the [AC Log of Referrals \(Form AC-5\)](#); and
- Monitoring & Inspection forms.

Required Training

Medicaid Application Center Managers and Trusted Users must complete web-based and instructor-led training courses annually. All training and tests must be completed prior to assisting the public apply for Medicaid. Participants who fail to pass the required courses may reapply; however LDH reserves the right to deny the request.

AC Resource Library

LDH's website contains useful information for prospective Application Centers and is the repository of documents for AC administration, known as the Resource Library.

Find information on how to become an AC at <http://ldh.la.gov/index.cfm/page/2459>.
The Resource Library is accessible at <http://ldh.la.gov/index.cfm/page/1274>.

Understanding the Confidentiality Agreement

The Confidentiality Responsibilities/Agreement prohibits sharing any information about the applicant received during the application process with anyone, including other staff members or departments of the Application Center. It must be updated **annually**. This process is completed online at this time however Application Centers should maintain past paper "Confidentiality Agreements" on file for 7 years.

The Application Center is responsible for assuring and monitoring confidentiality, privacy, security, non-discrimination, quality standards, and adhering to Federal and State requirements. No information, in any format, that is collected during a Medicaid application interview may be shared or used by anyone other than the Louisiana Department of Health's Medicaid Program for the purposes of applying for Medicaid.

Any person who violates any of the provisions of confidentiality is subject to a fine of not more than two thousand, five hundred dollars (\$2500) or imprisonment for not more than two (2) years in the parish jail or both, nor less than five hundred dollars (\$500) or ninety (90) days on each count. In addition to these criminal penalties, violations of confidentiality requirements shall result in the termination of certification to complete Medicaid applications.

AC Site Inspection

LDH will conduct an initial inspection of the facility. The following requirements must be met:

- Internet access and printing capabilities;
- Accessible by applicants and in compliance with minimum Americans with Disabilities Act (ADA) requirements;
- Posted days and times Medicaid application interviews are available and clients served;
- Secure area for storage of paper documents awaiting proper disposal as required by 45 CFR 164.306(a) (4), 164.308(a) (5), and 164.530(b) and (i). More information is available from the Department of Health and Human Services:
<https://www.hhs.gov/sites/default/files/disposalfags.pdf>
- Designated area allowing for confidentiality during interviews; and
- Waiting area with sufficient seating to accommodate applicants.

Application Centers must not keep copies of completed and/or signed Medicaid applications.

Mobile sites are subject to the same internet access and printing requirements as brick and mortar locations. All mobile sites must be equipped to provide copies of appropriate documents to the applicant without delay. Mobile sites must ensure security during transport and proper disposal of paper and electronic documents containing PHI as indicated above.

LDH staff will complete inspections bi-annually or as needed. The AC-8 Inspection and Monitoring Report is the record of findings and recommendations for corrective action. The AC-8a Monitoring Corrective Action Results form will be used to document resolutions of any corrective action indicated on the AC-8.

AC Site Monitoring

The Application Center agrees to periodic monitoring by state officials or their designees without prior notice, and agrees that state officials or their designees will have access to the premises to inspect records and evaluate work being performed.

Correcting Site Deficiencies

LDH reserves the right to institute a thirty (30) day period of corrective action in coordination with the Application Center. The Application Center understands that decertification may result if deficiencies are not corrected according to LDH specification. Copies of the Monitoring/Inspection forms must also be kept on file for five (5) years.

Reporting changes about your facility

Facilities must report changes within ten (10) days, such as:

- staff changes; or
- facility information (telephone, fax, address, EFT, etc).

Reimbursement

Medicaid Application Centers will be eligible for reimbursement to offset administrative expenses incurred while completing Medicaid applications. Reimbursement will be issued in the form of a uniform, flat-fee amount on a per application basis, paid the month following the eligibility determination.

The following are valid reasons for denial of reimbursement:

- Exceeds the five-day requirement for interviews;
- Missing or incomplete situational forms;
- Failure to submit verifications on a daily basis;
- Failure to complete all required fields;
- Duplicate or invalid applications; or
- Failure to use the approved AC-7 (RightFAX Cover and Transmittal Log) located on the [Louisiana Medicaid Application Center Resource Library](#). Please note:
 - Only submit one application per RightFAX Cover;
 - Fax all paper applications and needed documentation **daily** to (877) 523-2987; and
 - **Never** send an online application by RightFAX, **only** documentation.

Section 2: Medicaid Fraud

What is Medicaid Fraud?

Fraud is determined in accordance with state and federal law. Prosecution for fraud and the imposition of a penalty, if the individual is found guilty, are prescribed by law and are the

responsibility of the law enforcement officials and the courts. All such legal action is subject to due process of law and to the protection of the rights of the individual under the law.

The definition of fraud that governs citizens and government agencies is found in Louisiana Revised Statute 14:67 and Louisiana Revised Statute 14:70.1. Legal action may also be mandated under Section 1909 of the Social Security Act as amended by Public Law 95-142 (HR-3). Medicaid fraud involves the intentional submission of a false or fraudulent claim to the Louisiana Medicaid program, including but not limited to:

- Misrepresentation of facts in order to assist an applicant to become or to remain eligible to receive benefits under or to obtain payment for services from the Medicaid program;
- Misrepresentation of facts in order to obtain greater benefits once determined eligible; or
- Misrepresentation resulting from Trusted Users prompting applicant responses to aid in eligibility for benefits or payment of services under the Medicaid program. For example, advising non-citizens to indicate that they are citizens or advising individuals to indicate they receive no income when they receive cash or irregular income payments.

Situations involving potential fraud that will be reviewed by LDH may include any or all of the following:

- Complaints reported by mail, phone, or online;
- Situations brought to light by special reviews, internal controls, provider audits, inspections, or monitoring of Application Center facilities;
- Referrals from other agencies or sources of information;
- Overuse of paper applications;
- Random sampling;
- Assignment to the same Healthy Louisiana Plan on a consistent basis; and/or
- Cases referred by the U.S. Department of Health and Human Services.

It is equally important that the Title XIX agency, in turn, refer suspected cases of fraud in the Medicare Program to the Center for Medicare & Medicaid Services (CMS) and work very closely with that agency in such matters.

Trusted Users are prohibited from submitting applications for close friends or family members. Refer the applicant to another site or to Customer Service at 888-342-6207 to apply by telephone.

Medicaid Fraud

Information about and instructions for reporting provider and/or recipient fraud may be found on our website at: [LA Medicaid - Medicaid Fraud](#)

What is the penalty for fraud?

L. R.S. § 14:70.1(B): Whoever commits the crime of Medicaid fraud shall be imprisoned, with or without hard labor, for not more than five (5) years, or may be fined not more than twenty thousand dollars (\$20,000.00), or both. [L. R.S. § 14:70.1](#)

Section 3: Performance Parameters and Notice of Action

Medicaid applications must be complete and correct before submission and shall include all required household members, needed situational forms and authorizations. Staff must review applications submitted and conduct random sampling to evaluate adherence to the parameters listed below. Notice of Action may be issued if the following performance parameters are not met:

1. Trusted Users may not exceed the seven percent (7%) statewide average of paper applications submitted without approved justification submitted on the clearance form and faxed using the appropriate cover.
2. Trusted Users may only hand deliver paper applications to facilities to which they are linked on the [Self-Service Partner Portal](#).
3. One hundred percent (100%) of applicants sampled must indicate that they requested the interview and the facility did not seek them out based on unpaid claims.
4. One hundred percent (100%) of applicants sampled must indicate that they were informed of their Rights and Responsibilities, as well as the consequences for violating the requirements.
5. One hundred percent (100%) of applicants sampled must indicate that their interview occurred in person.
6. One hundred percent (100%) of applicants sampled must indicate that the Trusted User accurately recorded the answers that the applicant(s) gave.

LDH reserves the right to institute a thirty (30) day period of corrective action, through continued training, to allow LDH to address any deficiencies identified during routine monitoring or as a result of failure to meet performance benchmarks, or for failure to adhere to the policies and procedures of the Louisiana Medicaid Application Center Program. An AC or Trusted User may be decertified if counseling and training do not correct the problem.

Immediate decertification may result upon discovery of egregious infractions. Examples are:

- Coaching applicants on how to respond to ensure automated approvals;
- Modifying the responses of applicants to ensure automated approvals;
- Unauthorized individuals conducting interviews on behalf of a certified Trusted User;
- Unauthorized individuals submitting applications using the signature of an Trusted User;
- Solicitation of Medicaid applications based on unpaid claims;
- HIPAA violations, such as taking photos of applications on personal devices; and/or

- Conducting phone interviews or mailing applications so the enrollee may complete them on their own. In-person interviews are required without exception. Only LDH Customer Service Representatives may conduct phone interviews.

Section 4: The Medicaid Application

The Medicaid Application is a legal document used to collect information necessary to determine eligibility. It is the applicant's formal declaration of their circumstances at the time of application, and their certification that all information provided is true and correct.

What is the initial date of contact and the application date?

The initial date of contact is the date that a certified Application Center is first contacted in person, by telephone, or by written request to initiate the application for assistance. If the Trusted User cannot complete the interview within five working days from the date of initial contact, direct the applicant to the Medicaid Customer Service Unit at 1-888-342-6207 to complete the application by telephone. All referrals must be recorded on the [AC Log of Referrals \(Form AC-5\)](#) found on the [Louisiana Medicaid Application Center Resource Library](#). These logs must be kept secure and confidential for five (5) years.

How do I conduct the Medicaid application interview?

- The interview must be conducted face-to-face with the applicant or the applicant's appropriate family/household member, responsible party or authorized representative.
- Trusted Users must not conduct Medicaid interviews via telephone or by mail.
- Trusted Users must not ask the applicant to complete applications or forms.
- Trusted Users must not complete applications or forms without the presence of the applicant or other appropriate persons.
- Trusted Users must ask all questions on the application.
- The applicant's answers must be recorded on the application as given. Use the Clearance form to document any inconsistent or questionable responses.
- Assist with faxing requested verifications using the RightFAX cover to 1-877-523-2987.
- Complete and fax all appropriate situational forms as required.
- ***Never keep copies of completed and/or signed Medicaid applications.***

Where can the application interview take place?

Assist the applicant at a site that is both adequate to preserve the confidentiality and privacy of information exchanged during the interview (e.g. no one else should be able to overhear) and convenient to the applicant and the Trusted User. Interview sites may include:

- Application Centers;
- The applicant's home;
- Hospitals; or
- Psychiatric facilities.

Additionally, certain institutions may apply for persons incarcerated/admitted to their facilities, such as:

- Correctional facilities for persons under their supervision (DOC); or
- Institutions for Mental Disease, for persons admitted to their facilities.

How do I assist applicants with special needs?

- **Applicant with visual impairment:** Explain the various services offered through the agency and answer any questions the applicant asks. Read forms to the applicant in their entirety and assist the applicant as needed.
- **Applicant with hearing impairment:** Communicate in writing or secure a person proficient in sign language to translate. If no translator is available, then contact Medicaid Customer Service at 1-877-252-2447 for assistance.
- **Applicant with limited literacy:** Communicate in clear and simple terms, assure that the applicant understands, and assist the applicant as needed.
- **Applicant with limited English Proficiency:** Use an interpreter capable of communicating in the applicant's language. If no translator is available, contact Medicaid Customer Service at 1-877-252-2447 and request translator services. Translator services are available at no charge to applicants and Application Centers.

Which Medicaid application should I use?

Application Centers are **required** to access the online application from the [Self-Service Partner Portal](#). **Paper applications may only be used in extraordinary circumstances.** As noted above, if an AC fails to comply with the performance parameters for paper applications (*i.e.* AC uses paper applications frequently, rather than the required online applications), a Notice of Action may be issued. Paper applications must be used as a last resort. If you encounter system limitations and a paper application is your only alternative:

- Complete paper applications and forms using permanent black ink.
- Submit justification for using the paper application on the BHSF Clearance form.

- Provide the applicant with a copy of the signed, completed paper application.
- Use fillable forms whenever possible rather than completing by hand.

Who can apply for Medicaid?

Anyone can apply for Medicaid regardless of circumstances. **Do not** screen applicants for Medicaid benefits. The Medicaid agency is responsible for the eligibility determination. The applicant must be able to understand and agree to the rights and responsibilities of applying for and accepting Medicaid. Applicants may designate an Authorized Representative (AR).

What is an Authorized Representative (AR)?

An applicant may designate one or more individuals to act on their behalf with respect to a specific Medicaid application. The AR should be a person with knowledge of the applicant's situation. If the AR does not know certain information or details, the AR shall request the information directly from the applicant. The AR may be present for all contact with the applicant if the applicant chooses.

At application, offer the applicant the option to name an AR. If one is named, include their name and contact information at the Authorized Representative screen in the Self Service Portal. If completing a paper application, list this information on Appendix C of the BHSF Form 1-A application instead.

Does the AR designation expire?

The consent for authorized representation automatically expires on the date that Medicaid completes a decision on the application submitted.

Does the applicant need an AR if they are deceased or in a coma?

If an applicant is currently in a coma or is deceased prior to beginning the application process, then the BHSF Form AR (Consent for Authorized Representation) is not required. Document the reason that the applicant is unable to participate in the application process on the BHSF Clearance Form.

Can a Trusted User be an AR?

Yes. Entities, including Medicaid providers and Application Centers are prohibited from acting as an applicant's authorized representative. Individuals employed by such entities may act as an authorized representative with the applicant's signed consent.

***Example:** ABC Application Center cannot be named as an AR. On the other hand, Mary Claire, an employee of ABC Application Center, can be an AR.*

What are the applicant's Rights and Responsibilities?

Applying for Medicaid confers legal rights upon the applicant and also imparts certain responsibilities which must be observed. At the end of the interview, you must explain the applicant's rights and responsibilities:

- Under the penalty of perjury, the applicant certifies that all information contained in the application is true and correct, to the best of the applicant's knowledge. There are penalties for giving false information.
- They must report all changes to Medicaid (www.healthy.la.gov or 877-252-2447).
- Medicaid does not discriminate, will keep all application information confidential, and deliver equal services to everyone.
- The applicant must report if or when they or a household member applying for or receiving Medicaid services is incarcerated in a detention center or jail.
- They have the option of allowing Medicaid to independently obtain income data and tax return information for up to five (5) years to determine ongoing Medicaid eligibility. They may change this option at any time, and Medicaid will notify enrollees of any proposed changes to eligibility.
- The application information will be matched against information from: Social Security Administration, Internal Revenue Service, Louisiana Department of Labor, Office of Employment and Security, Department of Homeland Security, and consumer reporting agencies.
- By accepting Medicaid, the enrolled individuals automatically give Medicaid rights to any third party money or payments from health insurance, legal settlements, or money from other third parties required to pay for the enrollee's health care costs.
- By accepting Medicaid, the enrolled individuals give Medicaid the right to pursue medical support and payments from absent parents or spouses.
- By accepting Medicaid, the enrolled individual understands that Medicaid may recover costs paid for certain Medicaid payments from the applicant's estate.
- It is Medicaid's responsibility to determine eligibility for each individual, and Medicaid will verify eligibility and document all decisions.
- They have the right to appeal Medicaid's decision, and the Bureau of Appeals will conduct a fair hearing on all appeal requests.
- They have the opportunity to register to vote or make changes to their voter registration as part of the Medicaid application process by completing the Voter Registration Declaration Form (NVRADF) and the Louisiana Voter Registration Application (LR-1 & 1M).
- Inform pregnant women, post-partum women (until six months after pregnancy ends), breast-feeding women (until the baby's first birthday), or families with infants and children up to age five (5) that they may be eligible for Women, Infants and Children (WIC) program benefits, and provide them with a WIC brochure.
- Pregnant women may sign up for Text4baby, a FREE mobile service that helps them prepare for motherhood. Text4baby sends tips and personalized information on

prenatal care, baby's development, signs of labor, breastfeeding, nutrition and more.
Text BABY (or BEBE) to 511411 to sign up.

What do I do if the applicant decides not to continue the interview?

If completing an electronic application, save the incomplete application. If the applicant returns within 30 days, the incomplete application can be retrieved and completed. If filling out a paper application, dispose of the incomplete application securely.

What do I do if the applicant is deceased?

An application may be completed even if the applicant is deceased prior to requesting Medicaid assistance. Complete the application with information received from any person who has information about the applicant's situation, **and** from documents on file at the Application Center.

Required Signatures

For all paper applications, Trusted Users **must** complete the section titled, "For certified Medicaid Application Centers only." Obtain the applicant's signature in Step 5, unless you have been named as the AR, in which case you may sign.

For online applications, select in the Sign & Submit section "I am the applicant signing for myself," and put the applicant's name in the spaces indicated unless the applicant is deceased or otherwise incapacitated and there is no one to act on their behalf. In these cases, select "I am signing on the applicant's behalf" and input the name of the Trusted User. Document the BHSF Clearance Form with the reason why the applicant could not complete and sign the application form.

Section 5: National Voter Registration Act (NVRA)

Do I have to offer the opportunity to register to vote every time?

Yes. Medicaid and their representatives must be in compliance with the National Voter Registration Act of 1993 (NVRA). You will also be required to review NVRA training annually. There are two forms associated with NVRA compliance of the NVRA, namely:

- [Voter Registration Declaration](#) (VRD); and
- [Voter Registration Application](#) (LR-1 & 1M).

The Trusted User must:

- Offer the opportunity to register to vote each time an applicant applies for services or assistance, and record their response on the [Voter Registration Declaration](#).
- Assist the applicant in completing the [Voter Registration Application](#), unless the applicant does not want to register.
- Ask the applicant if they want to make any changes to their previous registration, such as changes of address or party affiliation.
- Provide the same degree of assistance to complete the Voter Registration Application as their agency provides in completing its own forms.

When a Trusted User offers the opportunity to register to vote, the Trusted User must not:

- Try to influence the applicant's political preference or party affiliation.
- Display any political preference or party allegiance.
- Make any statement to an applicant or take any action that would discourage that person from registering to vote.
- Make any statement or take any action that would lead the person to believe that a decision to register to vote or not to register to vote would have any bearing on the availability of services or benefits from the agency.

An Authorized Representative or responsible party shall not be allowed to sign the Voter Registration Application on behalf of another person. The Voter Registration Application form requires the original signature or mark of the person who wishes to register.

If an applicant requests a [Voter Registration Application](#) for someone else, the Trusted User shall provide the applicant with a registration form to take with them. The Trusted User will not be required to assist or mail the completed Voter Registration Application for anyone other than the Medicaid applicant.

If the applicant refuses to sign the [Voter Registration Declaration \(VRD\)](#), they are considered to have declined to register to vote. Document the refusal on the BHSF Clearance Form.

The Trusted User should mail the **original** completed Voter Registration Application for the Medicaid applicant on a daily basis to the Registrar of Voter's Office in the parish where the applicant lives. A **copy** of the completed Voter's Registration Application must be forwarded to Medicaid along with the application materials.

Refer the applicant's questions about residence, election dates, or polling locations to:

- The Registrar of Voters located in their home parish;
- The toll free telephone number 1-800-883-2805; or
- The Registrar of Voters website: www.Geauxvote.com.

After completion of the [Voter Registration Application](#), the Trusted User shall complete the following information on the reverse side of the form in the box designated as **Official Use Only**:

- Circle "PA" above the "Received By" line; and

- Trusted User must **sign** their name on the line marked “**Received By.**”

Section 6: Situational Forms

Different circumstances may require additional information for the Medicaid determination.

What do I do if the applicant says they have a physical, emotional or mental health condition that causes limitation in activities?

- Complete [Appendix D* \(Personal Assets\)](#) of the application.
- Complete the appropriate Social Information Interview form:
 - [BHSF Form MS \(Social Information Interview Form\) - Adult](#)
 - [BHSF Form MS/C \(Child's Medical and Social Information\)](#)
- Complete [HIPAA Form 402P \(Authorization to Release or Obtain Health Information\)](#). Complete one HIPAA Form 402P for each medical provider that the applicant names.
- Complete a [HIPAA Form 202L \(Authorization to Release Health Information\)](#).
For online applications, copy [Appendix D](#) and forward to Medicaid with all other documentation.

Income Verification

Income is money received as earnings, unearned money, and money received from self-employment. List income for the last thirty (30) days on the application for each applicant and their household.

If the person arrives at the AC with proof of income, include it with any application taken.

Resource Verification

Resource information is only required when the applicant or household member is claiming a disability or is aged 65 or older. In these situations, complete [Appendix D](#) and request documentation for the type of resource listed or complete the necessary forms.

[BHSF Form Resource](#) is used when a household member has a bank account.

[BHSF Form INS-LR](#) is used when a household member has a life insurance policy.

Form	When do I use it?	Disposition
<u>BHSF FORM AR</u>	Applicant is represented by a third-party who also has a financial interest with the applicant	Original to Medicaid Copy to Applicant
<u>BHSF CLEARANCE</u>	Additional, explanatory or clarifying information	Send to Medicaid
<u>BHSF FORM INS-LR</u>	Applicant has one or more life insurance policies and claiming disability or age 65 or older	Send to Medicaid
<u>BHSF FORM MS</u>	Applicant (adult) claiming disability	Send to Medicaid
<u>BHSF FORM MS/C</u>	Applicant (child) claiming disability	Send to Medicaid
<u>HIPAA 202L FORM</u>	Information is needed from a medical provider, but the provider's name is not known	Send to Medicaid
<u>HIPAA 402P FORM</u>	Information is needed from known medical provider(s)	Original to Medicaid Copy to Applicant
<u>BHSF RESOURCES</u>	Applicant has account with financial institution and claiming disability or age 65 or older	Send to Medicaid
<u>BHSF VERIFICATION</u>	To inform applicant of required verification(s)	Original to Applicant Copy to Medicaid
<u>BHSF VRD</u>	Ask the applicant if they want to register to vote or change anything regarding voter registration	Send to Medicaid
<u>BHSF WAGES</u>	Self-employed applicant with no verification of income	Original to Applicant Copy to Medicaid

Section 7: Helpful Links and Contact Information

Application Center Help

Applicationcenter.service@la.gov

FAX: 225-376-4736

Customer Service Unit

1-888-342-6207 (Medicaid Hotline)

1-877-252-2447 (Alternate Number)

Fax all applications and situational forms to:

1-877-523-2987

Forms

[Application Center Resource Library](#)

[Voter Registration Online](#)