

R-0000 AUTHORIZED REPRESENTATIVE**R-100 GENERAL INFORMATION**

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An applicant or beneficiary must be permitted to designate one or more individuals to act as an authorized representative at the time of application and at other times.

The applicant/beneficiary or a person with legal authority may authorize the Authorized Representative (AR) to perform all or some the following activities on their behalf:

- Sign the Medicaid application;
- Complete and submit a renewal form;
- Receive copies of notices and other communications from the agency;
- Act on their behalf in all other matter with the agency (such as but not limited to providing information requested by the agency, choosing a health plan, and reporting changes).

The individual designated as AR must agree to:

- Fulfill all responsibilities encompassed within the scope of the authorized representation to the same extent as the individual he or she represents;
- Maintain, or be legally bound to maintain, the confidentiality of any information regarding the applicant/beneficiary provided by the agency.

As a condition of serving as an AR, a provider or staff member must affirm that he or she will adhere to the federal regulations relating to confidentiality of information and the prohibition against reassignment of provider claims as appropriate for a facility or an organization acting on the facility's behalf, as well as other relevant State and Federal laws concerning conflicts of interest and confidentiality of information.

The power to act as an AR is valid until:

- The applicant/beneficiary or a person with legal authority

contacts the agency to cancel the designation.

- The AR contacts the agency that he or she is no longer acting as representative.
- There is a change in applicant's/beneficiaries' legal authority.

R-200 **Designating an Authorized Representative**

Responsible Person

A responsible person is defined as person trusted or depended upon to assist in the care and management of the person or property of an individual who has not been declared incompetent to manage his/her own affairs). A Medicaid consent form is not required if there is a responsible person.

- Parent living with the minor child,
- Legal spouse,
- Legal guardian, curator, or tutor;
- Power of Attorney,
- Representative payees for a minor SSI recipient.

Refer to [G-810 Applicant unable to participate in the Eligibility Determination Process.](#)

NOTE:

Common law is not recognized in Louisiana as legal spouse.

Authorized Representative

Medicaid applicants/enrollees wishing to designate someone to act on their behalf must do so in writing.

The BHSF [Form 1-A Appendix C](#) or [Medicaid Authorized Representative](#) form shall be used to document the designation and acceptance of the appointment. This form must be completed and signed by the applicant/beneficiary/legal representative and the designated individual(s).

The agency is required to accept the signed Medicaid Authorized

Representative form by phone, by mail, in-person, online or by other electronic means. This includes telephonically recorded, signatures and handwritten signatures transmitted by facsimile or other electronic transmission.

Legal authority to act on behalf of an applicant/beneficiary given under Louisiana law, including but not limited to, a court order establishing legal guardianship (curatorship or tutorship) or a power of attorney, must be treated as a written designation by the applicant/beneficiary. The legal document must be reviewed to determine the duties and powers granted to the individual or entity.

Important Reminder:

The signed Medicaid Authorized Representative form or the legal authority to act on behalf of the applicant/beneficiary under Louisiana law must be received and documented in the case record prior to releasing confidential applicant/beneficiary Medicaid information to the authorized representative.

An applicant/beneficiary may designate one or more individuals to act as AR, including an employee from a firm, corporation, or other organization, but cannot designate the firm, corporation, or other organization. The applicant/beneficiary must name the individual they wish to designate as AR. This ensures that confidential applicant/beneficiary information is released only to the individual(s) so named.

Incarcerated Medicaid applicants may designate employees with the Department of Corrections (DOC) to act as authorized representative. However, the signature of the incarcerated individual is required on the completed Medicaid application.

If the applicant/beneficiary or legal representative authorizes multiple ARs, multiple authorization forms may be required to document the case record.

The applicant/beneficiary shall not have the right to remove him or herself from the eligibility process by the act of approving an AR.

The AR should be a person:

- With knowledge of the applicant/beneficiary's personal and financial situation,
- Who is expected to assist the applicant/beneficiary with obtaining and providing information or evidence needed for

Medicaid consideration.

If the AR does not know certain information regarding the applicant's/beneficiaries' personal or financial situation, such information should be solicited from the applicant/beneficiary directly.

In no way shall the AR neglect to obtain or fail to report pertinent personal or financial information in order to affect the eligibility or payment determination.

Application Centers (AC) Trusted Users

Application Centers (AC) Trusted Users perform all or some the following activities:

- 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 ;
- Conduct any necessary interviews.

Trusted Users are responsible for assuring and monitoring confidentiality and are prohibited from sharing any information pertaining to the applicant/beneficiary with any other unit of the Application Center or billing entity.

The agency does not disclose confidential applicant or beneficiary information to a Trusted User unless the applicant or beneficiary has authorized the Trusted User to receive such information.