



<b>Policy Memo</b>	
<b>KDHE-DHCF POLICY NO: 2020-02-01</b>	<b>From: Erin Kelley, Senior Manager</b>
<b>Date: February 4, 2020</b>	<b>Medical KEESM Reference(s): 2111, 2112 KFMAM: 02010, 2011</b>
<b>RE: Administrative Roles – Invalid Authorizations and Combined Facilitator Roles</b>	<b>Program(s): All Medical Programs</b>

This memo sets forth instructions for implementation of policy changes regarding the authorization and treatment of administrative roles in the outlined circumstances. [Policy Memo 2018-02-01](#) Section 1.B. establishes a hierarchy for administrative roles describing whom may act on behalf of the applicant/recipient and in what capacity each role may act. This memo shall not supersede any information or guidance given in the 2018 memo (except where noted) and shall be used concurrently.

## **I. INVALID AUTHORIZATIONS**

### **A. BACKGROUND**

Several different methods exist for applicant/recipients to request that someone be added to their medical assistance case to aid in the process and receive correspondence related to their coverage. In situations of an applicant/recipient designating an individual or organization to act in a level of authority that they are, under normal circumstances, ineligible to fulfil (e.g., a nursing facility designated as a Medical Representative), different approaches have been taken by staff. In some instances, with policy approval, staff have assigned the individual or organization an administrative role of Facilitator. In other instances, staff have waited to add the individual or organization until a valid form of authorization is received.

### **B. POLICY**

Effective with the issuance of this memo, when an individual or organization has been designated by the consumer for a role in which they are unable to fulfil following the current outlined policy, staff shall assign an administrative role of Additional Correspondence Recipient to whomsoever has been designated. This ensures that the

individual or organization whom the consumer presumably wishes to assist with their medical assistance case will continue to receive the same notices as the consumer, without the rights to act on the consumer's behalf, request a redetermination, etc. unless and until a valid form of authorization is received.

## **1. TIMEFRAMES**

When an individual or organization is authorized for a role that they are ineligible to fulfil, the timeframe in which the assigned role of Additional Correspondence Recipient shall serve shall be based on the method of appointment.

### **a. KC-6100 MEDICAL REPRESENTATIVE AUTHORIZATION FORM**

If the consumer has provided a KC-6100 Medical Representative Authorization Form requesting to appoint an individual or organization that cannot act in such capacity, the timeframe designated shall be consistent with that of an Additional Correspondence Recipient that has been designated by means of the Release for Protected Health Information Form – twelve (12) months from the date of signature.

Note: If received during an active application (or review) period, the timeframe shall be extended to cover all months within the application/review period and shall be end dated twelve (12) months from the date of signature on the KC-6100.

### **b. APPLICATION OR REVIEW**

If the consumer has indicated that they would like to authorize an individual or organization as a Medical Representative on their application or review, the timeframe designated for the assigned Additional Correspondence Recipient role shall be consistent with the Facilitator timeframes when authorized at application or review. This role shall only be in effect for the application period unless and until a valid authorization form is provided that would extend this authorization.

## **2. IMPORTANT FACTORS TO CONSIDER**

Prior to assigning an administrative role of Additional Correspondence Recipient, there are several key factors that should be taken into consideration.

**a. REPRESENTATIVE PAYEE FOR SOCIAL SECURITY**

On occasion, the individual or organization that the consumer has requested to appoint as a medical representative is also their Representative Payee for Social Security. In this instance, a role of Medical Representative would be appropriate. Workers should always do their due diligence when researching EATSS to verify whether the consumer has a Representative Payee for Social Security that is assisting in the application/review process.

Note: When adding a Representative Payee for Social Security to the program block, a role of Medical Representative shall be used. This direction supersedes guidance previously given in [PM2018-02-01](#).

**b. GUARDIAN/CONSERVATORS**

When an applicant/recipient has been deemed by a court to be legally incapacitated and a guardian or conservator has been assigned to act on their behalf, the consumer no longer holds the power to authorize another individual, organization, etc. to act in any capacity. These requests must be made by the consumer's guardian or conservator. Regardless of the method of appointment or validity of the form of authorization, if a consumer in which a guardian or conservator has been appointed provides the agency with any requests for authorization, the consumer as well as the guardian/conservator must be notified of the invalidity of the request and informed that the guardian/conservator must make the request for authorization should they wish for that individual or organization to act in the capacity requested by the consumer. This would follow the same process as when a consumer signs their own application but has an appointed guardian or conservator. No Additional Correspondence Recipient role shall be established in this instance.

**c. ADVOCACY GROUPS**

Patient advocacy groups are individuals or organizations that educate consumers with the choices available to them and will often communicate with the consumer's healthcare providers to obtain information necessary for the consumer to make informed decisions. When dealing with Medicaid, patient advocates often assist the consumer with their medical application and will often assign themselves an administrative role of Medical Representative. While patient advocates strive to have the consumer's best interests in mind and may fit the general criteria of a Medical Representative, they may not always be working directly for the consumer. Recently, certain patient advocacy groups have advised the agency that they receive payment from the hospital and/or nursing facility that is also currently billing the

consumer. Because of this, members of advocacy groups may not act as a Medical Representative unless it has been proven that they do not work for the hospital or facility currently collecting a medical debt against the consumer. Staff shall not solicit this information from the consumer or the patient advocate/advocacy group but shall react accordingly if such information shall be present or provided at a later date. For purposes of this implementation, all patient advocates shall be considered ineligible to fulfil the role of Medical Representative unless proven otherwise.

**d. EXTENUATING CIRCUMSTANCES**

In very rare instances where the consumer is unable to file his or her own application and obtaining written consent is not possible, a Facility Administrator is allowed to act as Medical Representative and apply on a consumer's behalf. If this should occur, the application shall be accepted and a referral completed to Adult Protective Services to have a guardian or conservator appointed if appropriate. Otherwise, persons collecting a medical debt, Care Coordinators, Nursing Facility Administrators, and Case Managers may not serve as a Medical Representative unless proper documentation is on file and there is no one else available to assist the consumer or they are court appointed.

**3. NOTICES**

When encountered with these scenarios, staff shall provide the consumer and the individual(s) or organization whom the consumer wishes to appoint with a reasonable opportunity to provide the correct authorization form to the agency; however, staff are not expected to pend the case solely for this information. This information shall be communicated via V008 utilizing the NOA below found on the Standard Text for Copy and Paste Spreadsheet titled "*Invalid Facilitator Authorization-Initial Communication*". Staff shall send a KC-6200 Facilitator Authorization Form to the consumer and/or authorized representative at the same time as this notice.

*"You have requested that {Individual/Organization} represent you in your medical assistance case; however, per Medical KEESM 2111 and subsections, {Individual/Organization} is unable to act on your behalf and is ineligible to fulfil the role of Medical Representative. Presuming that you would like {Individual/Organization} to continue to assist you in your request, we have assigned them a temporary role of Additional Correspondence Recipient.*

*As an Additional Correspondence Recipient, {Individual/Organization} will continue to receive copies of all notices sent from your medical assistance*

case until *{Date Authorization Expires}*; however, they will not be able to act in the capacity of which you have granted at this time. If you would like to grant additional rights to *{Individual/Organization}*, they may act as a Facilitator, but not as a Medical Representative.

Sent under separate cover is the KC-6200 Facilitator Authorization Form. If you would like *{Individual/Organization}* to act as a Facilitator, you may complete this form. Please read this form before signing to ensure that you agree to the rights given therein. If you do not agree to the rights given under the role of Facilitator, the role of Additional Correspondence Recipient will continue until the above-mentioned date or until revoked by you.

If you have questions, call KanCare at 1-800-792-4884 between the hours of 8:00 am and 5:00pm Monday through Friday.

ALL OF THE INFORMATION REQUESTED ABOVE MUST BE SENT TO:

KanCare  
PO Box 3599  
Topeka, KS 66601  
Fax: 1-800-498-1255

#### **4. REACTING TO RECEIPT OF VALID AUTHORIZATION FORM OR LACK THEREOF**

It is not necessary that workers monitor the receipt of the correct authorization form by means of a future dated task; however, the following steps will provide guidance on how staff shall react in the outlined circumstances.

##### **a. FORM RETURNED WHILE PROCESSING APPLICATION/REVIEW**

If the consumer provides the KC-6200 Facilitator Authorization Form while the application or review is being processed and it has been correctly completed and signed by the consumer or authorized representative, the Additional Correspondence Recipient role shall be removed and replaced with a role of Facilitator. New timeframes shall be established following regular procedures for length of appointment associated with Facilitators as outlined on the KC-6001 Administrative Roles Chart.

**b. FORM RETURNED AFTER APPLICATION/REVIEW PERIOD**

In some instances, the consumer may not provide the correct form until after their application or review has been processed. If this is the case, the Additional Correspondence Recipient role shall be end-dated the month prior to the month in which the valid KC-6200 was signed. A new timeframe shall be established based on the KC-6200 form following regular length of appointment procedures for Facilitators.

**c. FORM NOT RETURNED**

If the KC-6200 is not provided, the Additional Correspondence Recipient role shall continue until expiration based on the timeframe established following section I.B.1 above or until revoked by the consumer.

**d. INVALID FORM RETURNED**

It is possible that even after sending the consumer the correct form, it may still be invalid once returned for various reasons. For example, the consumer may not have signed the form, or, there is a guardian/conservator that must sign the request and the consumer has signed the form themselves (see I.2.b above). In these situations, the consumer need not be sent another form, but shall be informed as to why the form provided will not be accepted via a follow-up communication. This communication may be completed either via contact with the consumer or authorized representative or via V008 if contact cannot be made. If communicating via V008, staff shall utilize the NOA below found on the Standard Text for Copy and Paste Spreadsheet titled “*Invalid Facilitator Authorization-Follow-up Communication*”.

*“The KC-6200 Facilitator Authorization Form you sent on {date of receipt} cannot be accepted to assign {Individual/Organization} an administrative role of Facilitator because {provide reason(s) why the form cannot be accepted}*

*{Individual/Organization} will continue to receive copies of all notices sent from your medical assistance case as an Additional Correspondence Recipient until {date of expiration} or until revoked by you.*

*If you have questions, call KanCare at 1-800-792-4884 between the hours of 8 AM and 5 PM Monday through Friday.”*

The assigned Additional Correspondence Recipient role shall continue until expiration or revocation by the consumer or authorized representative.

**Note:** This notice shall only be sent in the instance that the initial request for authorization resulted in an assigned Additional Correspondence Recipient role. If the initial request was invalid due to the lack of a guardian/conservator's signature, no Additional Correspondence Recipient role would have been established therefore negating the use of this notice.

## **II. COMBINED FACILITATOR ROLES**

### **A. BACKGROUND**

Currently, when an applicant/recipient or authorized representative requests that multiple individuals within a single organization or agency assist the consumer with their medical assistance case via any valid method of appointment, each individual listed is assigned a separate administrative role of Facilitator. The limit does not exist as to how many individuals the consumer may request assist them via a single method therefore creating a burdensome amount of time and effort that staff must take to add each requested individual to the consumer's case. In turn, this creates hardships for staff when generating or sending notices and forms to all authorized parties on the case.

### **B. POLICY**

In effort to simplify the process administratively, when agreed to by the consumer, a combined Facilitator role may be added naming the Organization-Administrator as the single point of contact. This single administrative role will allow the agency to speak with whomsoever is calling from that facility. However, the requirements listed below must be met for this policy to be applicable.

#### **1. REQUIREMENTS**

##### **a. AGREEMENT**

The applicant or recipient must agree to the combined facilitator role. To accommodate this, the KC-6200 Facilitator Authorization Form has been updated with a new acknowledgement. This acknowledgement advises the consumer or authorized representative completing the form that they have the choice of whom KDHE speaks with by providing their initials on one of the two subsequent statements. This acknowledgement also advises that should a single administrative role of Facilitator be added for the associated organization, the agency will have authority to speak with anyone from that

organization. The two subsequent statements that have been added below this new acknowledgement allow the consumer to either opt-in or opt-out of the application of this policy. If the consumer opts-out of the policy, only the specified individuals listed on the KC-6200 shall be added as Facilitators

**Note:** In situations where an individual has been designated via the application/review and the organization is clearly indicated, or, in situations where the validity of the consumer's initials provided on the KC-6200 are in question or were not provided at all, contact shall be made with the consumer or authorized representative to ask whether they would like to assign a single Facilitator role for the organization. Contact shall also be made in the instance that an older version of the KC-6200 is provided that does not have the new acknowledgement. Staff shall communicate very clearly what this would mean in terms of the ability of the agency to speak with anyone from said organization and shall document their dialogue in the case journal.

**b. MUST INDICATE ORGANIZATION**

The method of appointment used must clearly indicate the organization or agency in which the specified individual(s) represents. Depending on the method of appointment, this information may or may not be provided and/or there may not be an available field to indicate this information. However, it shall not be assumed which organization/agency the individual(s) represent – even if it is easily identifiable.

The validity of the form of authorization and the method of appointment used combined with whether the organization/agency has been indicated will determine the application of this policy.

Note: If multiple office locations exist for the same organization, the combined facilitator role will only authorize the release of information to individuals from the office located at the specified address – not the corporate offices or organization/agency overall. For example, a release for Medicalodges Post-Acute Rehab would not allow the release of information to Medicalodges Independence.

**2. APPLICATION OF POLICY**

**a. VALID REQUESTS**

Depending on the method of appointment, the following guidance shall be followed anytime the consumer has requested individuals from an organization or agency act as Facilitator and has agreed to the combined Facilitator role.

***i. Application/Review***

So long as the organization or agency in which the individuals represent is present on the authorization section of the application or review, a combined Facilitator role for the administrator of that organization/agency shall be added effective for the application period.

If the organization/agency in which the individuals represent is not present on the application/review authorization section, each individual listed shall be added as a separate Facilitator.

***ii. KC-6200 Facilitator Authorization Form***

If the organization/agency that the individuals represent is present on the KC-6200 Facilitator Authorization Form, a combined Facilitator role for the administrator of the organization/agency shall be added.

If the organization/agency is not indicated on the KC-6200, then each individual listed shall be added as a separate Facilitator.

**b. INVALID REQUESTS**

If the consumer has requested individuals from an organization or agency act as a Medical Representative, section I.B above shall remain applicable. Each individual listed shall be added as an individual Additional Correspondence Recipient until a valid form of authorization is received.

**c. MULTIPLE REQUESTS**

It is not uncommon for a consumer to make multiple requests that different individuals from an organization act as Facilitator throughout the ongoing lifetime of their medical assistance case. With each new valid release received, workers should evaluate the form of authorization to ensure that all requirements above have been met. In the instance that a combined facilitator role was previously established and a new release is received in which the consumer now only wishes for the agency to speak to the individual listed on the form, the combined facilitator role for the organization previously established shall be end-dated effective the month prior to the month in which the new authorization becomes effective.

### III. QUESTIONS

For questions or concerns related to this document, please contact one of the KDHE Medical Policy Staff listed below.

Erin Kelley, Senior Manager – [Erin.Kelley@ks.gov](mailto:Erin.Kelley@ks.gov)

Kris Owensby-Smith, Elderly and Disabled Program Manager - [Kristopher.OwensbySmith@ks.gov](mailto:Kristopher.OwensbySmith@ks.gov)

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Questions regarding any KEES issues are directed to the KEES Help Desk at [KEES.HelpDesk@ks.gov](mailto:KEES.HelpDesk@ks.gov)