

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-26-.02 Authority of Representative

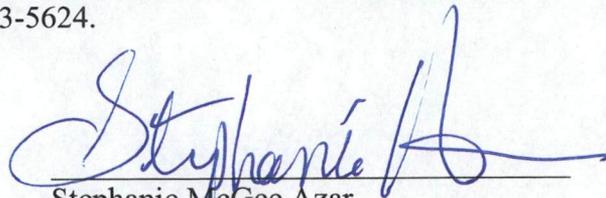
INTENDED ACTION: Amend 560-X-26-.02

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended in order to be in compliance with federal law, 42 C.F.R. § 435.923, stating the authority and responsibilities of an “authorized representative.”

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than March 9, 2015.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.


Stephanie McGee Azar
Acting Commissioner

Rule No. 560-X-26-.02. Authority of Representative.

(1) Any person appearing on behalf of a Medicaid applicant/recipient ~~another~~ must have written authority to do so. A form for this purpose is available from the Medicaid Agency. It is entitled "Appointment of Representative". A copy is contained in Chapter 28 of this code and on the Agency's website. If the person being represented is unable to sign an authorization, it must be signed by his or her Legal Guardian or agent through Power of Attorney, if there is one, or if there is none, then by a member of his or her immediate family, preferably his or her sponsor. ~~A form for this purpose is available from the Medicaid Agency. It is entitled "Appointment of Representative". A copy is contained in Chapter 28 of this code. In the event that the applicant/recipient is deceased, the authorization can only be signed by the Executor/Administrator of the decedent's estate.~~

(2) While use of ~~that~~ its form is preferred, the agency will accept any typed or written authorization and appointment notice ~~that~~ which:

- _____ (1a) expressly authorizes ~~sd~~ the representative to receive notices in the person's stead;
- _____ (2b) expressly authorizes the receipt of confidential Medicaid information;
- _____ (3c) contains the person's typed or printed name and Medicaid number (or Social Security number, if there is no Medicaid number);
- _____ (d) the representative expressly agrees to maintain the confidentiality of any information regarding the applicant or beneficiary provided by the Agency;
- _____ (e) if the representative is a provider or staff member or volunteer of an organization, or any agent thereof, the representative affirms that he or she will adhere to federal regulations regarding confidentiality of information (45 C.F.R. 155.260(f), 42 C.F.R. part 431, Subpart F), prohibitions against reassignment of provider claims (42 C.F.R. § 447.10), as well as other relevant State and Federal laws concerning conflicts of interest and confidentiality of information.

(3) The authorized representative is responsible for fulfilling all responsibilities encompassed within the scope of their representation. Unless otherwise stated, the responsibilities of the authorized representative are:

- _____ (a) sign an application on the applicant's behalf;
- _____ (b) complete and submit a renewal form;
- _____ (c) Receive copies of the applicant/recipient's notices and other communication from the Agency;
- _____ (d) Act on behalf of the applicant/recipient in other matters with the Agency.

(4) The power to act as an authorized representative is valid until the applicant or beneficiary modifies the authorization or notifies the agency that the representative is no longer authorized to act on his or her behalf, or the authorized representative informs the agency that he or she no longer is acting in such capacity, or there is a change in the legal authority upon which the individual or organization's authority was based. A revocation of an authorized representative's authority by the applicant/recipient should include the applicant/recipient or an authorized representative's signature.

Author: Paul McWhorter, Director, Policy and Training Division.

Statutory Authority: Code of Alabama Section 41-22-4(a)(2); 42 C.F.R. § 435.923.

History: Rule effective October 1, 1982. **Amended:** Filed January 22, 2015.