

ODM Eligibility Policy has recently provided guidance around application signatures for individuals, assistors and authorized representatives as well as updated guidance around authorized representative designation.

### **Assistors**

Any entity (organization or individual) assisting an individual who is applying for Medicaid can help complete the application with the individual, but the individual applying must be the one to sign the application. If the person assisting the individual is not designated as an authorized representative and signs the application, the application is not valid.

When an application is submitted without a valid signature, the county will attempt to obtain a valid signature from the individual, the individual's properly designated authorized representative, or other individual with authority to sign on behalf of the individual (e.g. POA, Guardian, etc.) by submitting a verification request to the individual. If the county is unable to obtain such signature, the county shall not treat the application as valid and shall deny the application. In addition to written signatures, audio signatures or any mark the individual intends to be his or her signature will be accepted.

Exception: If applying on behalf of an individual who is deceased or incompetent (with no guardian or POA) the agency will follow guidance under OAC 5160:1-2-01(F)(5).

### **Adults living in the same household**

Adults who live in the same home, who may or may not be related, but are not included in each other's Medicaid household because they are not financially responsible for each other, must each complete and sign their own Medicaid application. Adults who are part of each other's MAGI Medicaid household may sign and complete an application on behalf of each other.

### **Authorized Representatives**

OAC 5160-1-33 provides guidance on the designation and responsibilities of the authorized representative and OAC 5160:1-2-01(F)(2) provides guidance on the agency's responsibilities related to authorized representatives.

Medicaid applicants or recipients who choose to designate another individual or organization are encouraged, but not required, to complete the ODM 06723 Designation of Authorized Representative form, as all information needed is included on the form. If another form is used, the designation must identify the duties of the authorized representative, be signed by both the individual and the authorized representative, and contain language that the authorized representative agrees to maintain confidentiality as detailed below.

The designation must state the authorized representative agrees to maintain or be legally bound to maintain the confidentiality of information regarding the individual provided by the administrative agency as stated in OAC 5160-1-33(B)(2). If an organization is the authorized representative, the

organization must agree to the requirements in 42 CFR 435.923(e) including relevant state and federal laws concerning conflicts of interest and confidentiality of information.

All requirements listed above must be met for an authorized representative designation to be considered complete.

Separately, the individual must also sign the Authorization for the Use and Disclosure of Protected Health Information section of the ODM 06723 form (page 2) for the agency to share or disclose PHI with the authorized representative. If a form other than the ODM 06723 is used, the form must contain language that allows the individual to authorize sharing or disclosure of PHI, or a separate PHI release must be submitted, for the agency to share or disclose PHI with the authorized representative.

When the authorized representative is an *employee* of an organization, rather than the organization itself, the authorized representative must sign the application and authorized representative designation form using their own name, not the name of the organization. This includes when the entity is completing the application online through the self-service portal.