DMA ADMINISTRATIVE LETTER NO: 07-10,
DSS ADMINISTRATIVE LETTER
PERFORMANCE MANAGEMENT/REPORTING
AND EVALUATION MANAGEMENT PM-REM-AL-07-10,
DAAS ADMINISTRATIVE LETTER NO: 10-14

DATE: August 16, 2010

SUBJECT: Authorized Representative in EIS

DISTRIBUTION: County Directors of Social Services
Medicaid Eligibility Staff
Work First Case Managers, Supervisors, and Staff
Special Assistance Staff

I.   BACKGROUND

County departments of social services (DSS) requested the capacity to store
Authorized Representative, power of attorney or guardian information in the
Eligibility Information System (EIS) so that this information is available for Medicaid
and Special Assistance notices. Currently, Authorized Representative information is
keyed on the DSS-8125 and must be rekeyed each time a notice is produced.
Because an individual can have more than one type of representative, DMA must
create a hierarchy so that the caseworker will know which representative must be
entered into the 8125.

New screens will be added in EIS to allow for the entry and display of Authorized
Representative, PACE Agency and CAP Case Manager data. Currently, PACE data
is keyed in the Authorized Representative field on the DSS-8125. Workers will now
be able to enter both Authorized Representative data and either a PACE or CAP
entry. Authorized Representative/PACE/CAP data will be displayed on the Notice
Register in NCXPTR. Authorized Representative is only applicable for Medicaid and
Special Assistance cases.

Further, DMA is legally required to notify Authorized Representatives, powers of
attorney, etc. of prior approval denials, service denials, service reductions and
service terminations. Therefore, DMA must be able to transmit Authorized
Representative information to our claims contractor and possibly other DMA
contractors so that medical service denial and prior approval denial notices can be
sent to these representatives by the contractors. Authorized Representative data
will update in the EIS overnight in a batch process and the current nightly eligibility
file will be used to send data to the claims contractor.

II.   MEDICAID POLICY

A. Hierarchy of Representatives

The following is a list of representatives ordered by the highest priority representative first and the lowest last. When there is more than one type of representative, always choose the one with the higher priority.

1.   Legal Guardian (includes DSS with custody or guardianship; if individual has a Guardian of the Person and a Guardian of the Estate, choose the Guardian of the Person).

2.   Power of Attorney.

3.   Health Care Power of Attorney.

4.   Department of Social Services (placement responsibility only).

5.   Spouse (Not separated).

6.   Parent (for children under 21, a parent who is not the casehead but who lives in the home).

7.   Authorized Representative (An individual designated in writing by the applicant/recipient to assist with eligibility issues and who can have access to the information in the case file).

8.   Authorized Representative as designated by SSA on SDX.

B. Representative Information for Applications

1.   Contact the applicant and ask if he has any of the representatives listed in the hierarchy of representatives by reviewing the list with them. For LIS and mail-in applications, obtain the representative information during the phone interview. The individual may have more than one representative, therefore do not stop the inquiry when the individual provides one name. An individual can also have more than one power of attorney; if he has more than one ask him to choose one to receive notices. Document the applicant's response. If the individual is incapable of choosing, use the name of the Power of Attorney who has been helping with the case.

2.   Ask the language preference for each representative named. Document the applicant's response.

3. Guardianship and/or power of attorney papers

a. Request a copy of the guardianship and/or power of attorney papers using the DMA-5097/5097S.

b. If the individual does not respond to the initial request, send a second request.

c. If the individual does not respond to the second request and all other necessary information has been received, process the application within the normal time frame.

d. If the individual has more than one representative and has supplied papers for only one, enter the information for the one that has been verified, even if the unverified representative has a higher priority.

C. Hospital as Authorized Representative

A hospital may be an Authorized Representative for an applicant, but the authorization may be limited to the application process, the application process and any hearing and appeal following a denial, or for another specified time.

1. The hospital must identify an individual to serve as the Authorized Representative. If an individual's name and contact number are not on the Authorized Representative form, contact the hospital and obtain this information.

2. If the individual has a representative of a higher priority than the hospital, enter the higher priority representative in the representative field. Enter the hospital Authorized Representative information in the PACE Agency/CAP Manager field on the 8124, provided there is no PACE Agency or CAP Manager.

3. If the application is approved and the hospital is listed as Authorized Representative for the application process only, remove the hospital from the Representative Field or PACE Agency/CAP Manager field the day after approval (See III.D).

4. If the application is denied, maintain the hospital Authorized Representative information on the 8124.

D. Representative Information for Redeterminations

    1.   No representative information in file

        a. Ask the individual if he has a representative by reviewing the hierarchy of representatives list with them.

        b. If the individual now has a legal guardian and/or power of attorney, request a copy of the guardianship and/or power of attorney papers.

    2.   Representative information in file

        a. Verify that the individual listed is still the current representative.

        b. Ask the individual whether he has any new representatives. Review the hierarchy of representatives list with the recipient in making the inquiry.

        c. If the individual has one or more new representatives, find out the language preference of each representative.

    3.   Guardianship and/or power of attorney papers

        a. If there are guardianship and or power of attorney papers in the file, determine if they are still valid. If the papers have expired or will expire during the redetermination process, request new papers.

        b. If the individual has a new legal guardian and/or power of attorney, request a copy of the guardianship and/or power of attorney papers using the DMA-5097.

        c. If the individual does not respond to the request for information, complete the redetermination within the normal time frame. If the individual provides the information after the redetermination is completed, key the information when received.

E. SSI Cases

1   If there is no Authorized Representative information in EIS, Authorized Representative information from the SDX will automatically populate to the 8125.

2.   If there is Authorized Representative information in EIS, Authorized Representative information from SDX will not overlay the existing information. The Authorized Representative information from SSA is written to a report on NCXPTR (See V.A).

    a. If the Authorized Representative information in XPTR is the same as that contained in EIS, no change is needed.

    b. If the Authorized Representative information in XPTR conflicts with that in EIS, contact the recipient and ask which Authorized Representative is current. If the Authorized Representative has changed, request a copy of the new Authorized Representative paper from the recipient. Key the new information into the 8125.

III.   EIS CHANGES

Effective August 23, 2010, new screens will be added in EIS to allow for the entry and display of Authorized Representative/PACE/CAP data. EIS will now accept both an Authorized Representative and a CAP Case Manager or PACE Agency.

The DSS-8124 will include a new field "AUTHREP". This one byte field requires the entry of a "Y" or "N" indicator for all programs except AAF, RRF and SCD. For AAF, RRF and SCD, the system defaults to "N". For all other programs, if a "Y" is entered, the system requires the entry of Authorized Representative/PACE/CAP data prior to the disposition of the application. The indicator will display on the application turnaround and case profile.

A new PF12 key option has been added to the DSS-8124. This option takes you to a new screen "AUTH REP – PACE/CAP AGENCY DATA" where this data is entered. This new data entry screen can only be accessed from the DSS-8124.

The Authorized Representative "Y" or "N" indicator will display on the AD and CD inquiry screens, with a new PF12 Key option on both screens to view the Authorized Representative/PACE/CAP data.

When the A/R has more than one representative, the county must be able to identify which representative has priority so that notices can be sent to the proper individual. DMA has created a hierarchy for the county to use to determine which representative should receive notices. The chart below lists the various types of representatives and provides a code to be entered in EIS in the relationship field for each type. Representative type A is given the highest priority and representative type H the lowest.

Hierarchy	Relationship Type	EIS Code
first	Legal Guardian (includes DSS with custody or guardianship)	A
second	Power of Attorney	B
third	Health Care Power of Attorney	C
fourth	Department of Social Services (placement responsibility only)	D
fifth	Spouse (Not separated)	E
sixth	Parent (for children under 21, a parent who is not the casehead but who lives in the home).	F
seventh	Authorized Representative (An individual designated in writing by the applicant/recipient to assist with eligibility issues and who can have access to the information in the case file.)	G
eighth	Authorized Representative as designated by SSA on SDX	H

In addition, a language preference field has been added so that the language preference of the representative can be identified. Use the existing language preference codes found in EIS 4000 (see chart below).

Code	Value	Code	Value	Code	Value
EN	English	HI	Hindi	PC	Portuguese Creole
SP	Spanish	HM	Hmong	PG	Portuguese
AR	Arabic	HU	Hungarian	PO	Polish
CA	Cambodian	IT	Italian	RU	Russian
CH	Chinese	JA	Japanese	SC	Serbo-Croatian
FC	French Creole	KO	Korean	TA	Tagalog
FR	French	LA	Laotian	TH	Thai
GE	German	MI	Miao	UR	Urdu
GR	Greek	MK	Mon-Khmer	VI	Vietnamese
GU	Gujarati	PE	Persian	OT	Other

IV.   EIS KEYING INSTRUCTIONS

A. Applications – DSS-8124 (including Transitional Medicaid Applications)

1. If the applicant has a Representative, POA, Guardian, PACE agency, CAP Case Manager, etc., enter a "Y" in the "Auth Rep" field. If no, enter "N". Complete all required fields and press enter (screen shot A).

```
EJA003          ** EIS FORM 8124 **  FORM ID H444444 G TYPE APP 1 WORKER
CO NO    CO CASE          DIST      A1                    ADMIN    TRANS
 CASE ID          FOOD STP #         A2                      INDS ON APP
 HOW APP RECEIVED?    BD   FAM PLAN?     CITY/ST/ZIP
 A/P/C      QI1?    HLTH CH?    C/H INC    DIS/DET ONG    RETRO    AUTHREP
LN  INDIV ID  CTZ  LN  INDIV ID   CTZ  LN  INDIV ID   CTZ




 APPL DATE            P/DISP TYPE    DATE            REASON    NOTICE
 JOBS/WORK SAVINGS    R/DISP TYPE    DATE            REASON    NOTICE

_____  _____
       APPLICANT SIGNATURE                      CASEWORKER SIGNATURE

ENTER THE REQUIRED INFORMATION ON THIS SCREEN AND PRESS ENTER
TO REGISTER THIS APPLICATION

```

Screen Shot A.

2. If you entered "Y", you will get an option to use the **PF12 key** to access the "Auth Rep - PACE/CAP Agency Data Screen" (screen shot A-1).

```
EJA003          ** EIS FORM 8124 **  FORM ID H444444 G TYPE APP 1 WORKER SMC
 CO NO  00  CO CASE        DIST  SMC  A1  800 RUGGLES DR      ADMIN   TRANS
 CASE ID 66667777  FOOD STP #        A2                   INDS ON APP  01
 HOW APP RECEIVED? M  BD   FAM PLAN?     CITY/ST/ZIP RALEIGH      NC  27699
 A/P/C  M  AD QI1?   HLTH CH?    C/H INC  Y DIS/DET ONG  Y RETRO  AUTHREP  Y
 LN INDIV ID   Z C R DQ    INDIVIDUAL NAME     SUF BIRTH  SEX   SSN    CLM
 01 999999999 P V    N JOHN     Q PUBLIC          12272004 M 666666666 N




     APPL DATE  07012010   P/DISP TYPE   DATE            REASON   NOTICE
 JOBS/WORK SAVINGS      R/DISP TYPE   DATE            REASON   NOTICE

 _____  _____
        APPLICANT SIGNATURE              CASEWORKER SIGNATURE
 PRESS PF12 TO CONTINUE TO THE AUTHORIZED REP DATA SCREEN
 IF AN INCORRECT IND ID IS ENTERED, RE-ENTER ID AND PRESS PF6 ELSE
 RECORD NECESSARY INFO AND PRESS ENTER TO UPDATE DATA BASE
```

Screen Shot A-1

3. The application number, case ID number, county case number, district number, worker number and aid program are brought forward from the DSS-8124 to the Auth Rep – PACE/CAP Data Screen (screen shot B).

```
EJA054        NORTH CAROLINA DEPT HEALTH AND HUMAN SERVICES    07/14/2010
  EXA054              ELIGIBILITY INFORMATION SYSTEM            16:01:25
                AUTH REP - PACE/CAP AGENCY DATA SCREEN

  APP NO    CASE ID   CO CASE  CO NO  DIST   WKR AID CAT
  H123456   66665555           00    SMC    SMC MAD

  AUTH FIRST    AUTH LAST    SUFFIX RELATIONSHIP CD    LANG PREF


  ADDR 1                      ADDR 2      CITY    ST  ZIP     PHONE #
                                                  00000  000-000-0000

  PACE AGENCY/CAP MANAGER


  ADDR1                       ADDR2       CITY    ST  ZIP     PHONE #
                                                  00000  000-000-0000



  PF2: RETURN TO INQUIRY MENU
  APPLICATION HAS BEEN UPDATED
  PLEASE ENTER AUTH REP AND/OR PACE/CAP INFO AND PRESS ENTER
```

Screen Shot B

4.   For the Authorized Representative, required fields are the name, address, relationship code of the representative to the applicant, and the language preference of the representative.

5.   Be sure to enter the name for the representative who corresponds to the highest priority type on the hierarchy list above.

6.   If you do not have the information available to complete the required fields, you may enter this data at any time prior to the disposition of the application or when the disposition is keyed.

7.   If the applicant is enrolled in CAP or PACE, key the data for the CAP Case Manager or PACE Agency. Required fields are the CAP Case Manager name/Pace Agency name, and address. Up to thirty characters may be keyed for the name field.

8.   Press enter to update the data.

9.   You may change or delete this data at any time prior to the disposition of the application or when the disposition is keyed. (See below instructions for Deleting Authorized Representative/PACE/CAP-Applications).

10.   If denying or withdrawing the application, changes to the Authorized Representative/PACE/CAP data must be made on the DSS-8124. If approving the application, data changes may be made on either the DSS-8124 or the DSS-8125.

B. AD Inquiry – Viewing Authorized Representative Data on Application

1. The Authorized Representative indicator is displayed on the Application Data (AD) screen. Use PF12 key option to view the Authorized Representative/PACE/CAP data (screen shot C).

```
EXA901              EIS APPLICATION DATA FOR PENDING APP NO  H444444G


       NAME                      AID-CAT QI1 NCHC FAMPLN APPL-DT    CASE-ID
 JOHN    Q PUBLIC                 MAF         N   07142010 2 22222222
 ADDRESS LINE 1    WORKER  CO CO-CASE DIST  IND-CT FSTAMP# HEAD INCL? AUTHREP
 100 RALEIGH RD     SMc    29  023969 SMc    01            Y          Y
 ADDRESS LINE 2     VER    AFS BD P/DISPOSITION DATE REASON NOTICE STATUS
                                       00000000               PA
  CITY       STATE  ZIP  APP RECVED  R/DISPOSITION DATE REASON NOTICE  LCD
 RALEIGH      NC   27777  D            00000000               2010195
 LN       INDIVIDUAL NAME       BIRTH-DT SEX CIT CLM   SSN      INDIV-ID
  01 JOHN    Q PUBLIC           12141983  M   V   N  000000000 999999999N








 SELECTION   AD   KEY  H444444G
 604-INQUIRY IS COMPLETE            PF12 AUTH REP INFO
```
Screen Shot C

2. The application number, case ID number, county case number, district number, worker number and aid program as well as other identifying information from the application are brought forward to the Current Authorized Representative data screen (screen shot D).

```
 EXA901          EIS APPLICATION DATA FOR PENDING APP NO  H444444G
                     CURRENT AUTH REP DATA
      NAME                       AID-CAT QI1 NCHC FAMPLN APPL-DT    CASE-ID
 JOHN    Q PUBLIC                 MAF         Y   07012010 1 22222222
                WORKER  CO CO-CASE DIST  IND-CT FSTAMP# HEAD INCL? AUTHREP
                 SMC    29         SMC    01            Y          Y

 AUTH FIRST     AUTH LAST     SUFFIX RELATIONSHIP CD    LANG PREF
 GEORGE         WASHINGTON                A                 EN

 ADDR 1                      ADDR 2      CITY      ST  ZIP    PHONE #
 800 RUGGLES DR                          RALEIGH   NC  27699 919-554-0000

 PACE AGENCY/CAP MANAGER
 BETTY FORD

 ADDR1                       ADDR2       CITY      ST  ZIP    PHONE #
 800 RUGGLES DR                          RALEIGH   NC  27699 919-554-0000




 SELECTION      KEY
```
Screen Shot D

C. CD Inquiry – Viewing Authorized Representative Data on EIS Case

1. The Authorized Representative indicator is displayed on the EIS Current Case Data (CD) screen (screen shot E).

```
                      EIS CURRENT CASE DATA

CASE-ID  12345678   CREATED  2010112   LAST-CHG   2010182   FORM-ID  44444464B
 CO 36  CO-CASE          DIST SMC CO-REASSIGN   0   000000 TERM      00000000
 CHEAD/PAYEE JOHN    Q PUBLIC              ID 999999999L (EN) PH#
ADDRESS LINE 1  1209 RALEIGH RD              ADDRESS LINE 2
 CITY  RALEIGH     STATE  NC ZIPCODE  22222  WORKER-NO  SMC  NEEDS UNIT
SUB-PAY-CODE            SUB-PAYEE-NAME

APPLICATION-NO  H222222            APPL-DATE  02122010        APPL-TYPE  1
ONGOING-DISP: DATE 04232010 REASON A1    RETRO-DISP: DATE 00000000 REASON
AID-PROG  M  AID-CATG  AD  CHILD ONLY RSN     SPOUSE IND N AUTH REP Y
PYMT-REVW-PERD 000000 000000 PYMT-TYPE 9  MO-PYMT-AMT 00000 PYMT-EFF  000000
MED-STAT A MED-EFF-DATE 08012010 MEDICAID-CERT-PERD 08012010 01312011
MED-DEDUCTIBLE-BAL 00000.00   MEDIC-CLASS  N    PAT-MO-LIABILITY-AMT  00000

GROSS INC 00000.00  DISREGD 00000.00  TOT-UNEARN 00000.00  MAIN-AMT  00903.00
 WORK-EXP 00000.00   NET-EARNED 00000.00  RSDI-AMT 00000.00  AMBULATORY-CAP
CHILD/ADULT-CARE  00000.00  SSI-AMT  00000.00  DOMICILIARY-RATE  0000.00
GRANT-RECOUP    0000  000000   OTH-UNEARN 00000.00  TOT-COUNT-MO-INC 00000.00

FOOD-STAMP       STEP-PARENT  PACE-ENRLL   EPICS CLM  N  SSI  N  VA-PAY  N
 SELECTION:      KEY:  12345678
CAP CASE =  CM                        PF12 AUTH REP INFO
```
Screen Shot E

2. Use PF12 key option to view the EIS Current Auth Rep Case Data screen (screen shot F).

```
              EIS CURRENT AUTH REP CASE DATA

 CASE-ID  12345678   CREATED  2010112   LAST-CHG   2010182   FORM-ID  4444444B
 CO 36  CO-CASE          DIST SMC CO-REASSIGN   0   000000 TERM      00000000
 CHEAD/PAYEE JOHN    Q PUBLIC         ID 999999999L (EN) PH#


 AUTH FIRST     AUTH LAST     SUFFIX RELATIONSHIP CD    LANG PREF
 MYAUTHFST     MYAUTHLST                B                EN

 ADDR 1                    ADDR 2     CITY     ST   ZIP    PHONE #
 3004 MAPLE AVE                       RALEIGH  NC  11111  919-456-6789

 PACE AGENCY/CAP MANAGER
 MYCAPMANAGER

 ADDR1                     ADDR2      CITY     ST   ZIP    PHONE #
 9999 RALEIGH RD                      RALEIGH  NC  22222  919-333-5555




 SELECTION:      KEY:
```
Screen Shot F

D. Deleting or Changing Authorized Representative/PACE/CAP – Applications

1. Use the DSS-8124 (function 7 to redisplay) or DSS-8125 to delete the Authorized Representative/PACE Agency/CAP Case Manager from an application in EIS. (See section F below for deleting using DSS-8125).

2. Key an * in the first position of the Authorized Representative first name field and/or CAP Case Manager/PACE Agency name to remove all data (screen shot G).

```
EJA054         NORTH CAROLINA DEPT HEALTH AND HUMAN SERVICES      07/14/2010
  EXA054                ELIGIBILITY INFORMATION SYSTEM               16:01:25
                   AUTH REP - PACE/CAP AGENCY DATA SCREEN

  APP NO    CASE ID    CO CASE  CO NO  DIST   WKR AID CAT
  H123456   55554444             00    SMC    SMC MAD

  AUTH FIRST      AUTH LAST     SUFFIX RELATIONSHIP CD    LANG PREF
  *ohn Q.     Public                        B              EN

  ADDR 1                        ADDR 2       CITY     ST   ZIP     PHONE #
  5555 Raleigh Rd                            Raleigh  NC   27777  919-555-1212

  PACE AGENCY/CAP MANAGER
  *y CAP Manager

  ADDR1                         ADDR2        CITY     ST   ZIP     PHONE #
  1229 Raleigh Rd                            Raleigh  NC   45921  919-555-1212




  PF2: RETURN TO INQUIRY MENU

 PLEASE ENTER AUTH REP AND/OR PACE/CAP INFO AND PRESS ENTER
```
Screen Shot G

3. Data will be removed overnight in batch processing.

4. If both the Authorized Representative and PACE/CAP data is removed, EIS will automatically reset the Authorized Representative indicator to "N".

5. At case termination, EIS will delete Authorized Representative/PACE/CAP data from the case after the notice has been generated. If the individual reapplies for assistance, Authorized Representative/PACE/CAP data must be reentered in EIS.

6. To change an entry previously made on the Authorized Representative/PACE/CAP agency data screen, you can key the new data over the previously entered data or space out the previously keyed data and then key the new data. The change will process and overlay the previously keyed data in overnight batch processing.

E. Updating Authorized Representative/PACE/CAP Data on Existing Cases – DSS-8125

1. For an existing case in EIS, if you learn the recipient has an Authorized Representative or is enrolled with PACE or CAP, use the DSS-8125 to enter the data into EIS. Entry of this data will automatically update the Authorized Representative Indicator on the case to "Y" (screen shot H).

   For the Authorized Representative, required fields are the name, address, relationship code of the representative to the applicant, and the language preference of the representative.

```
PAGE NO                    ** EIS FORM 8125 CONT. **        FORM ID
 SG1                        SG2                    SG3
 SP1                         2                      3
  PACE/CAP REP                                ADDR1
  ADDR2                 CTY              ST    ZIP        PH#
  AUTHRZED REP                                ADDR1
  ADDR2                 CTY              ST    ZIP        PH#
 NOTICE CODE     SPOUSE    CHILD ONLY RSN      REL CD    LNG
 TX1
 TX2
 TX3
 **********
**********
 INDIVIDUAL ID                    NAME
```
Screen Shot H

2. If an entry was previously made in the Authorized Representative field and it is learned that the recipient has a new representative or an additional representative with a higher priority than the previously entered representative, key the change on the DSS-8125. During overnight batch processing, the new data keyed will overlay what was previously keyed.

3. If the applicant is enrolled in CAP or PACE, key the data for the CAP Case Manager or PACE Agency. Required fields are the CAP Case Manager name/Pace Agency name, and address. Up to thirty characters may be keyed for the name field.

4. Authorized Representative/PACE/CAP data can be changed at any time and will update overnight in batch processing.

NOTE: 8125's that are pending or on hold on August 23, 2010 will be transitioned to the revised 8125. Any Authorized Representative or PACE data keyed on the pending 8125 will be brought forward upon form re-entry.

F. Deleting Authorized Representative/PACE/CAP – Existing Cases

1. Use the DSS-8125 to delete the Authorized Representative/PACE Agency/CAP Case Manager from a case in EIS.

    Key an * in the first position of the Authorized Representative first name field or CAP Case Manager/PACE Agency name to remove all data (screen shot I).

```
PAGE NO                    ** EIS FORM 8125 CONT. **        FORM ID
 SG1                       SG2                        SG3
 SP1                        2                          3
  PACE/CAP REP                                   ADDR1
  ADDR2                    CTY             ST    ZIP        PH#
  AUTHRZED REP *ohn Q. Public             ADDR1 1209 Raleigh Rd.
  ADDR2                    CTY Raleigh    ST NC ZIP 22445  PH#
  NOTICE CODE      SPOUSE     CHILD ONLY RSN     REL CD A   LNG EN
  TX1
  TX2
  TX3
  *********
*********
  INDIVIDUAL ID                         NAME
```

Screen Shot I

2. Data will be removed from the case overnight in batch processing.

3. If both the Authorized Representative and PACE/CAP data are removed, EIS will automatically reset the Authorized Representative indicator to "N".

4. At case termination, EIS will delete Authorized Representative data from the case after the notice has been generated. If the individual reapplies for assistance, Authorized Representative/PACE/CAP data must be reentered in EIS.

G. Transferring AAF Cases

1. When transferring from AAF Payment Type 1 or 2 to Payment Type 4 or 5, if there is an Authorized Representative, enter the Authorized Representative information on the DSS 8125 in the Authorized Representative Field.

2. When transferring from AAF Payment Type 1, 2 or S to Payment Type 9, if there is an Authorized Representative, enter the Authorized Representative information on the DSS 8125 in the Authorized Representative field.

H. Transferring MAF Cases to AAF

When transferring from MAF to AAF Payment Type 1, EIS automatically deletes all authorized representative and/or PACE/CAP data.

I. Transferring SA Cases to Medicaid

When transferring from SAA/SAD to Medicaid, Authorized Representative information can be added, modified or deleted. If Authorized Representative information is already on the case, EIS will retain that information unless it is modified.

V. EIS AUTOMATED NOTICES

A. Caseworker Actions on the DSS-8124 and DSS-8125

Unless overridden, EIS sends two automated notices: one to the casehead at the case address and one to the Authorized Representative at the address on the Authorized Representative screen.

If PACE or CAP information is available, EIS will also send a notice addressed to the PACE agency or CAP Case Manager at the address keyed for that agency.

B. Piedmont Behavioral Health County Transfer Notices

Two notices will be sent; one to the casehead and one to the Authorized Representative if there is one.

C. MMA Response File Notices

Two notices will be sent; one to the casehead and one to the Authorized Representative if there is one. (See EIS-3520, Medicare Entitlement and Enrollment).

D. SSI Approvals

For new SSI Medicaid recipients not active in EIS, EIS will read the SDX file for Representative Payee and address information. If the data is there, EIS sets the Authorized Representative indicator to Y, and moves the data to the Authorized Representative fields. We are currently using the Authorized Representative address as the EIS case address, therefore one notice will be sent to the casehead name at the Authorized Representative address.

For SSI cases, the caseworker is able to change the Authorized Representative name and address on the DSS-8125 for PLA, LTC and Special Assistance Cases.

E. Non-SSI Becoming SSI

If there is no Authorized Representative in EIS, EIS will load the information from the SDX. If Authorized Representative information is in EIS, it will not overlay it as we want to keep the data the worker has keyed previously. The Authorized Representative data from the SDX is written to a report in NCXPTR. See Reports below.

F. SSI Denials, TPR Terminations and TPR Denial Notices

If the individual is in LTC or AAF pay type 4, 5, or SAA, SAD, or HSF, notice will be sent to the address in EIS, and will also go to the Authorized Representative if there is one. Otherwise, the notice will be sent to the address from the SDX which would be the Authorized Representative address if there is one.

G. SSI Termination and Redetermination Notices

If the individual is in LTC or AAF pay type 4, 5, or SAA, SAD, or HSF, a notice will be sent to the address in EIS, and will also go to the Authorized Representative if there is one. Otherwise the notice will be sent to the address from the SDX which would be the Authorized Representative address if there is one.

H. Auto Term Notices for MIC, Children turning 19, and MQB-E Automated Terminations

Two notices will be sent, one to the casehead and one to the Authorized Representative if there is one.

I. Automated Reenrollment Forms

Automated Reenrollment forms will not be sent to the Authorized Representative, PACE agency, or CAP Case Manager.

J. Transitional Quarterly Reporting Forms

Transitional Quarterly Reporting Forms will not be sent to the Authorized Representative, PACE agency, or CAP Case Manager.

VI.   REPORTS

A. For existing SSI cases, if a worker has already entered Authorized Representative data and new information comes in on the SDX, this information will not overlay what the worker has keyed, but will be written to a new report in NCXPTR. The title of the report is: DHREJA AUTH REP FOR SSI MED IND (screen shot J).

```
7/15/2010           NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
     PAGE      1
                 AUTHORIZED REPRESENTATIVE FOR SSI INDIVIDUALS

                    COUNTY   92   DISTRICT   SMc

   CASE ID     INDIV ID    RECIPIENT           NAME        SDX PROC DATE

 88888888   123456789A    CHRISTOPHE   A   COLUMBUS              07142010

            AUTHORIZED REP:    FRED       R FLINTSTONE      III

            ADDRESS LINE 1:    100 COBBLESTONE RD

            ADDRESS LINE 2:    APT 21

            CITY/STATE/ZIP:    BEDROCK          NC   29999
```
  Screen Shot J

B. This report will run daily, and will include the following data elements:

1.   Individual Name

2.   Individual ID

3.   Case ID

4.   Authorized Representative name and address

5.   Date of SDX update

C. The report will be sorted by county and district number

D. The report will be retained for 1098 days.

E. The first report will run the night of Friday, August 27th, and will be available in NCXPTR the following day.

VII.   CLIENT SERVICE DATA WAREHOUSE (CSDW)

Current and historical Authorized Representative/PACE/CAP data will be stored in the CSDW.

If you have any questions regarding this material, please contact your Medicaid Program Representative.

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(This material was researched and written by Sharon McDougal, EIS Project Director, and William Appel, Policy Consultant, Medicaid Eligibility Unit.)