

Broadcast #103

DATE: September 22, 2022  
TO: Local Directors and Medicaid Staff  
FROM: Cindy Olson, Director, Eligibility and Enrollment Services, Department of Medical Assistance Services (DMAS)  
SUBJECT: Acknowledgement of Receipt of Verbal Consent and Designation of Authorized Representative  
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The purpose of this broadcast is to inform Local Agencies and state Medical Assistance staff that the Acknowledgement of Receipt of Verbal Consent continues to be valid and to explain how it relates to the Designation of an Authorized Representative

For the duration of the Public Health Emergency (PHE), individuals/entities are authorized to provide assistance to applicants for Medical Assistance upon receipt of verbal consent using the Acknowledgement of Receipt of Verbal Consent form. This form may be found by following the link below. **This verbal consent is limited to the completion and submission of an application for Medical Assistance.** This form should be used by individuals and entities such as application assisters, navigators, hospital outstation workers and Certified Application Counselors (CACs). The authorization of verbal consent will expire at the end of the PHE.

<https://fusion.dss.virginia.gov/bp/BP-Home/BP-COVID-19-One-Stop>

Certified Application Counselors and Navigators designated on the MA application (using Appendix C) are deemed to have client consent to release information without an additional release of information form. The client may revoke his consent to the release of information at any time by notifying the LDSS verbally or in writing. The revocation of consent or statement is to be documented in the case record.

Certified Application Counselors and Navigators may also be designated as Authorized Representatives on the MA application. **Individuals not determined to be incapacitated by a court can designate whomever they choose to be their authorized representatives, including a provider or a provider's contractor (such as an application assistance company).** The designation must be in writing, with the applicant or recipient specifying the information to be released to the authorized representative. It is not sufficient to indicate that any information in the case record may be released; the designation must state the specific information to be released (i.e. notices, the ability to make application or provide information necessary to determine eligibility, and what, if any, other information can be released to the authorized representative). The authorized representative designation is valid until:

- the application is denied;
- medical assistance coverage is canceled; or
- the individual changes his authorized representative.

The authorized representative can file an appeal on behalf of an individual whose application was denied or canceled. The DMAS Appeals Division will determine whether or not the authorized representative can represent the individual during the appeal.

Virginia has not yet received final guidance from the Centers for Medicare & Medicaid Services (CMS) regarding full unwinding methodology and plans relative to the PHE; however, CMS has indicated that they will provide states with a 60-day notice of unwinding requirements. Please be assured that communications will be made available when plans for moving ahead are disclosed, and authorized for distribution.