

Administrative Roles & LTC Providers Chart

Type	Guardians/ Conservators	Medical Representative	Durable Power of Attorney/Power of Attorney for Financial	Facilitators	Additional Correspondence Recipient	Nursing Facilities (Not Currently a Valid Facilitator)	HCBS Providers
Definition	<p>An individual or corporation who is appointed by a court to act on behalf of an individual.</p> <p>When the court appoints a Guardian or Conservator it means that the individual is NOT able to act in their own behalf and the Guardian/Conservator MUST act for them.</p> <p>Also includes all information applicable to the Definition of Medical Representative.</p>	<p>Can act in place of the member.</p> <ul style="list-style-type: none"> - Complete and sign application - Complete and sign review forms - Makes case choices - Receives copies of all notices and forms - Receives a separate review form - Responsible for submitting the consumer's review - May request a fair hearing, grievance, or redetermination <p>Note: Appointing a Medical Rep does not remove the rights of the consumer to act on their own behalf.</p>	<p>Durable Power of Attorney or Power of Attorney: An individual who has been appointed to act on behalf of a person. Appointing a POA/DPOA does not remove the rights of the consumer to act on their own behalf.</p> <p>There are multiple types of DPOA/POAs. Only a Financial DPOA/POA (or General that includes Financial) is a valid role for Medicaid purposes.</p> <p>Also includes all information applicable to the Definition of Medical Representative.</p>	<p>Someone granted limited authority to assist the applicant.</p> <ul style="list-style-type: none"> - Cannot complete application, review, or request services. - Receives copies of all notices and forms - Receives a separate review form (if still the Facilitator at the time of review) - May request a redetermination 	<p>Someone other than a Medical Representative or Facilitator who needs access to information related to the consumer's eligibility, payment or lack of payment of benefits, or claims.</p> <ul style="list-style-type: none"> - Cannot complete application or review, request services, or request a fair hearing, grievance, or redetermination. - Receives copies of all notices and forms - Receives a separate review form (if still appointed at the time of review) 	<p>Medicaid provider that provides institutional services to consumers.</p> <ul style="list-style-type: none"> - Receives special Facility forms when eligibility action is taken - 2126 forms are used to communicate 	<p>Medicaid provider involved in the HCBS care. Could be one of the following:</p> <p>CDDO Independent Living Center ADRC CMHC MCOs</p> <ul style="list-style-type: none"> - 3160/3161 forms are used to communicate

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Who can serve	Whomever has been appointed by the court	<p>Must be a Person Appointed to act on behalf of the consumer:</p> <ul style="list-style-type: none"> - Individual with knowledge of the Consumer’s circumstances and needs who has been appointed by the Consumer through an agency form - Attorneys representing an applicant or recipient - Facility Administrator or Designee – only if they are the SSA Payee, have been court appointed, or there is no one else who can act on behalf of the applicant. 	Whomever has been appointed by the individual	<p>Must be a Person, not an Organization. Can be a role within the Organization such as ‘Administrator’.</p> <p>Note: If an Organization is appointed, it is assumed that they are appointing the Administrator of that Organization. Also see PM2020-02-01.</p>	<p>Must be a Person, not an Organization. Can be a role within the Organization such as ‘Administrator’.</p> <p>Note: If an Organization is appointed, it is assumed that they are appointing the Administrator of that Organization. Also see PM2020-02-01.</p>		

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		Automatically able to act on behalf of the consumer: - Community Spouse of LTC applicant/recipient - Spouse of applicant/recipient, upon request - Social Security Rep Payee					
Who cannot serve		- Person collecting a medical debt - Care Coordinator - Case Manager - Working Healthy Benefits Specialist - Advocacy Groups or patient advocates					
Able to Act on Behalf of the Individual	Yes	Yes	Yes	No	No	No	No
Docs Required	Court documents, signed by the Judge	Med Rep form within the KanCare paper application	Legal documentation, appointing the person. Signed by the	Facilitator form within the KanCare paper application	Authorization for Release of Protected	Release forms not required. Must be able to provide the	Release forms not required.

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		<p>Or KC6100 – Medical Representative Authorization Form</p> <p>Or If SSA Payee – confirm through EATSS</p> <p>Or If an attorney representing the applicant/recipient - a letter written on the attorney's agency letterhead stating they are representing the consumer in their Kansas Medicaid matter</p> <p>Release forms are not required for spouses because they are legally responsible for each other and may act on each other's behalf.</p>	<p>applicant and Notarized.</p>	<p>Or KC6200 – Facilitator Authorization Form</p>	<p>Health Information form</p>	<p>NPI which must be verified using the MMIS or be found on the Nursing Home Active List to verify they are the provider calling.</p>	

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		Release forms are not required for SSA Payee but the SSA Payee must express involvement in the consumer's case.					
Length of Appointment	Based on court appointment.	Until Revoked, the SSA Payee status terminates, or the Medical Representative dies.	Until Revoked Note: Power of Attorney (POA) becomes void upon the consumer being determined legally incapacitated. Durable Power of Attorney (DPOA) cannot be revoked by the consumer once he/she is determined legally incapacitated.	Depends upon the form used to appoint. – Facilitator form within the KanCare paper application – through the application period – KC6200 – 6 months from date of signature or until application is completed, whichever is later unless individual provides a specific date of expiration Note: The application period is the month following the month of the determination.	The length of appointment shall be the date listed on line 8 of the form or 12 months, whichever is shorter. Note: The appointment of an Additional Correspondent cannot exceed 12 months.		

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				An appointment of a community organization, medical provider or staff cannot exceed 12 months.			
KEES Administrative Role	Guardian/Conservator	Medical Representative (SS Rep Payees shall also be added with a Med Rep role)	Medical Representative	Facilitator	Additional Correspondence Recipient	Not added as an Administrative Role	Not added as an Administrative Role
KEES Administrative Role Dates	Start Date: Application Date or first day of first prior medical month, if applicable. When outside of the application period, use the date of appointment. End date: Leave Blank	Start Date: Application Date or first day of first prior medical month, if applicable. When outside of the application period, use the date of appointment. End date: Leave Blank	Start Date: Application Date or first day of first prior medical month, if applicable. When outside of the application period, use the date of appointment. End date: Leave Blank	Start Date: Application Date or first day of first prior medical month, if applicable. When outside of the application period, use the date of appointment. End Date: Initially entered as 6 months from signature date unless otherwise stated on the form.	Start Date: Application Date or the first day of first prior medical month, if applicable. When outside of the application period, use the date of appointment. End Date: Initially entered as 12 months from signature date unless otherwise stated on the form.	Not applicable	Not applicable

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				<p>If it has already been 6 months at the time of application screening, the end date shall be extended.</p> <p>On the date of the determination – enter the end date as the last day of the month following the month of the determination.</p> <p>If the application is redetermined, the end date must be updated so the Facilitator receives notifications related to the redetermination.</p>			
What can we Release?	Everything that would be released to the Consumer. Receives copies of all notifications and forms.	Everything that would be released to the Consumer. Receives copies of all notifications and forms.	Everything that would be released to the Consumer. Receives copies of all notifications and forms.	Everything that would be released to the Consumer. Receives copies of all notifications and forms.	Everything that would be released to the Consumer. Receives copies of all notifications and forms.	<ul style="list-style-type: none"> – Status of the application (approved, denied, pending) – Dates of eligibility decisions and 	<ul style="list-style-type: none"> – Status of the application (approved, denied, pending) – Dates of eligibility decisions and

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						coverage effective dates – Patient Liability – Name and contact info of the Medical Rep or the MCO. – Case Number – Receives Facility notices when eligibility action is taken. DO NOT RELEASE the following: Details about the case such as why the consumer was denied, what information is outstanding, information about a transfer or property or how we determined the amount of the patient liability.	coverage effective dates – Client Obligation – Name and contact info of the Medical Rep or the MCO. DO NOT RELEASE the following: Details about the case such as why the consumer was denied, what information is outstanding, information about a transfer or property or how we determined the amount of the patient liability.
Authority to Re-Release Can this individual give	Yes. One-time verbal authorization. For	Yes. One-time verbal authorization. For	Yes. One-time verbal authorization. For	No.	No.	No.	No.

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permission to release information to another person?	ongoing release, must complete a form.	ongoing release, must complete a form.	ongoing release, must complete a form.				