

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 Representative 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 an application, review, or request service(s) - 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"> - Facilities use the MS-2126 form to communicate to the agency - Receives specific Facility notices when eligibility action is taken 	<p>Medicaid provider involved in the HCBS care.</p> <ul style="list-style-type: none"> - ES-3160/ES-3161 forms are used to communicate between providers and the agency

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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. 	<p>Whomever has been appointed by the individual</p> <p>Note: There may be instances where more than one person is appointed, or the person appointed can no longer serve. Please see specified verbiage outlined in the legal documentation provided.</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>	<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>	Approved Medicaid Institutions	<p>CDDO Independent Living Center ADRC CMHC</p>

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		Automatically able to act on behalf of the consumer: <ul style="list-style-type: none"> - Community Spouse of LTC applicant/recipient - Spouse of applicant/recipient, upon request - Social Security Rep Payee 					
Who cannot serve	Not applicable	<ul style="list-style-type: none"> - Person collecting a medical debt - Care Coordinator - Case Manager - Working Healthy Benefits Specialist - Advocacy Groups 	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
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 application Or KC-6100 – Medical Representative Authorization Form Or	Legal documentation, appointing the person. Signed by the applicant and Notarized	Facilitator form within the KanCare application Or KC-6200 – Facilitator Authorization Form	Authorization for Release of Protected Health Information form	Release forms are not required. Must be able to provide the NPI which must be verified using the MMIS or be found on the Nursing Home Active List to	Release forms not required

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		<p>If SSA Payee – confirm through EATSS 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>Release forms are not required for SSA Payee but the SSA Payee must express involvement in the consumer’s case.</p>				<p>verify they are the provider calling.</p>	

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Length of Appointment	Based on court appointment	Until Revoked, the SSA Payee status terminates, or the Medical Representative passes away.	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 application – through the application period or for 6 months (if selected), whichever is later; 12 months from signature date (if selected); or until a specified date (cannot be more than 12 months) – KC-6200 – 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	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.	Not applicable	Not applicable

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				<p>following the month of the determination.</p> <p>An appointment of a community organization, medical provider or staff cannot exceed 12 months.</p>			
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	<p>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.</p> <p>End date: Leave Blank</p>	<p>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.</p> <p>End date: Leave Blank</p>	<p>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.</p> <p>End date: Leave Blank</p>	<p>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.</p> <p>End date: Initially entered as 6 months from signature date</p>	<p>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.</p> <p>End date: Initially entered as 12 months from signature date</p>	Not applicable	Not applicable

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				<p>unless otherwise stated on the form.</p> <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 (unless a date is specified).</p> <p>If the application is redetermined, the end date must be updated so the Facilitator receives notifications related to the redetermination.</p>	<p>unless otherwise stated on the form.</p>		
What can we Release?	Everything that would be released to the Consumer.	Everything that would be released to the Consumer.	Everything that would be released to the Consumer.	Everything that would be released to the Consumer.	Everything that would be released to the Consumer.	– Status of the application (approved, denied, pending)	– Status of the application (approved, denied, pending)

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	Receives copies of all notices and forms.	Receives copies of all notices and forms.	Receives copies of all notices and forms.	Receives copies of all notices and forms.	Receives copies of all notices and forms.	<ul style="list-style-type: none"> – Dates of eligibility decisions and coverage effective dates – Patient Liability – Name and contact info of the Medical Representative or the MCO – Case Number – Receives Facility notices when eligibility action is taken <p>DO NOT RELEASE the following: Details about the case such as why the consumer was denied, what information is outstanding, information about a transfer of property or how we determined the amount of the patient liability.</p>	<ul style="list-style-type: none"> – Dates of eligibility decisions and coverage effective dates – Client Obligation – Name and contact info of the Medical Representative or the MCO <p>DO NOT RELEASE the following: Details about the case such as why the consumer was denied, what information is outstanding, information about a transfer of property or how we determined the amount of the patient liability.</p>
Authority to Re-Release	Yes	Yes	Yes	No	No	No	No

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Can this individual give permission to release information to another person?	One-time verbal authorization. For ongoing release, the guardian/conservator must complete a form.	One-time verbal authorization. For ongoing release, the individual must complete a form.	One-time verbal authorization. For ongoing release, the individual must complete a form.				