STATE OF CALIFORNIA–HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941

February 6, 1997

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No. 97-03

FURTHER POLICY CLARIFICATION REGARDING FORM MC 306, APPOINTMENT OF REPRESENTATIVE

Ref.: All County Welfare Directors Letters (ACWDL) Nos. 94-99, 95-30, 95-43, 95-60, 96-20, 96-41, 96-66, and 97-01.

The purpose of this ACWDL is to provide additional clarification regarding the Authorized Representative (AR) document for Medi-Cal disability cases as discussed in ACWDL 97-01.

In ACWDL 97-01, paragraph three, the following is stated:

"In ACWDL 96-20 (Q&A Update on form MC 306) there are clarifications regarding the MC 306. One of the questions is regarding original signatures. The answer is that the AR's **original** signature must be on the written authorization used, also, substantiation of the completed authorization must be done by the county welfare department (CWD) before accepting the form on behalf of the applicant."

The paragraph should read:

In ACWDL 95-20 (Q&A Update on form MC 306), there are clarifications regarding the MC 306 or any document authorizing another person to act on his/her behalf. Question number two reads: "Should the county accept form MC 306 when the form has been signed and dated by the applicant months prior to being signed and dated by the AR?"

The answer is it is the county's responsibility to verify that the AR document is correct and that the actual AR is named in the document. The latest of the dates in the AR document is the effective date of the document. There should not be more than a few days between the AR's and the client's signatures. If there are more than a few days difference between the dates, there is a possibility that the applicant/beneficiary was coerced into signing the AR document or did not know the identity of the designated AR. It is the county's responsibility to establish, to their satisfaction, that the applicant/beneficiary freely chooses the AR, understands his/her own responsibilities and rights, and understands what the authorization enables the AR to do on their behalf.

If there are any further concerns regarding this letter, please contact Helen Cahueque of my staff at (916) 657-1527. If you have any other concerns regarding authorized representatives, please contact Gary Varner of my staff at (916) 654-5321.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, CHIEF
Medi-Cal Cal Eligibility Branch