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Action Request Transmittal
Aging and People with Disabilities

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DHS | Oregon Department of Human Services

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Belit Burke, Self Sufficiency Program Design
Administrator

Vivian Levy, OHA Business Director – IE & ME
ONE Project, Health Systems Division, Oregon
Health Authority

Ashley Carson Cottingham, Aging & People with
Disabilities, Director   **Number:** APD-AR-19-026
Authorized signature   **Issue date:** 5/15/2019

Topic: Agency-wide Policy   **Due date:** 3/31/2020

Subject: Action Needed to Update Authorized Representative and Alternate Payee
Designation Forms

Applies to (*check all that apply*):

☐ All DHS employees   ☐ County Mental Health Directors
☒ Area Agencies on Aging: Type B   ☐ Health Services
☒ Aging and People with Disabilities   ☐ Office of Developmental
☒ Self Sufficiency Programs   Disabilities Services (ODDS)
☐ County DD program managers   ☐ ODDS Children's Intensive In
☐ Support Service Brokerage Directors   Home Services
☐ ODDS Children's Residential Services ☐ Stabilization and Crisis Unit (SACU)
☐ Child Welfare Programs   ☐ Other (*please specify*):

Action required:

Starting immediately, a new MSC0231 form (Designation of Authorized Representative
or Alternate Payee) is needed for all cases with an Authorized Representative or
Alternate Payee.

IMPORTANT – The section below corrects information provided in APD-PT-19-009
about how authorized representative information will be converted for non-MAGI
medical cases.

Follow the directions below to initiate the process of updating all Authorized Representative and Alternate Payee information in the various eligibility systems. These directions include using a newly-created form, 210AR (Additional Information Needed for your Authorized Representative Request) when sending the updated MSC0231 to an individual for completion.

Coding guides are attached to this transmittal with specific instructions on how to update and enter Authorized Representative and Alternate Payee information in the various eligibility systems.

Copies of the MSC0231 and the 210AR are also attached. The MSC231 is currently available on the forms server and the 210AR will be available on the forms server shortly.

See APD-PT-19-009 and SS-PT-19-003 for more information about the updated Authorized Representative and Alternate Payee rules.

Local Communication with individuals who have an Authorized Representative

- Confirm the updated MSC0231 form has been completed to designate an Authorized Representative or Alternate Payee during:
  - Initial application;
  - Redetermination/recertification;
  - Contact with an individual to add or change their representative; or
  - Any other contact with an individual who has an Authorized Representative or Alternate Payee.
- A 210AR (Additional Information Needed for Your Authorized Representative Request) should be sent with an MSC0231 as a cover letter for any follow up needed, such as;
  - The individual's request was initiated over the phone; or
  - The individual requests to add/delete/change an Authorized Representative or Alternate Payee but submits the incorrect form.

- Update all applicable eligibility systems (ONE, UCMS, FSMIS, ACCESS) with the updated Authorized Representative and Alternate Payee information

- Authorized Representative and Alternate Payee Coding and Narration Guidance

Program and Agency Communication
An individual may communicate with SSP, APD, or branch 5503 to establish or change their Authorized Representative or Alternate Payee information. If an individual has an active case in more than one system, all cases must be updated.

For example: If someone contacts their local SSP office to establish or change their authorized representative information, and the worker identifies the individual also has OHP benefits in the ONE system, the ONE case should also be updated via the non-eligibility update functionality.

If a case needs to be updated and there is no one in your office with access and training in the applicable system, send a copy of the MSC0231 to the appropriate branch or processing center using the following methods:
- Email SSP and APD offices at their case transfer email address
- APD offices – Fax the MSC231 to branch 5503 at (503) 378-5628 along with a completed MEDC form

IMPORTANT – PLEASE READ CAREFULLY
With the exclusion of TA-DVS and exceptions as outlined in OAR 461-115-0090 and 410-200-0111, an authorized representative designated for any SSP/APD/MAGI case will serve as the authorized representative for all cases and benefits with the same head of household, primary applicant, or primary contact. Therefore, it's critical that authorized representatives are added to EVERY case on which the designating individual is the head of household, primary person or primary contact. It is also critical that the spelling and length of the authorized representative's name is exactly the same on every case.

The updated MSC0231 provides the maximum character limit allowed which must be adhered to regardless of whether a source system actually allows more characters. This means a review for other open programs must be completed at the time an updated MSC0231 is received AND when existing clients with an authorized representative on their other case(s) under the updated MSC0231 permissions gets approved for a NEW/DIFFERENT program between now and April 2020.

Centralized Communications to Individuals with an Authorized Representative
A letter, targeted to be mailed late summer 2019, will be sent to anyone with an authorized representative on one or more cases which have not been updated with new signatures on the MSC0231 or added new as of May 1, 2019. Letters will communicate the requirement to have a single authorized representative across DHS Programs and include a copy of the new form MSC0231 with instructions to complete and return it if an authorized representative is still needed. More information will be provided in a subsequent transmittal closer to the first mailing date of these letters.

Authorized Representatives for Individuals Receiving APD Long-Term Care Services
An individual's paid service provider can continue to serve as the individual's authorized representative for purposes of assisting the individual with determining and maintaining financial eligibility for medical (MAGI and non-MAGI) and SSP benefits. The 3/1/19 changes to the policy and processes surrounding authorized

representatives do not replace or affect the current policies for who can serve as an individual's *designated representative* as defined in OAR 411-004-0010 or *representative* as defined in OAR 411-028-0010 and 411-030-0020 for long-term care services.

A permanent amendment to 461-115-0090, which will replace the current temporary version and take effect 7/1/19, will clarify that an individual's APD service provider can serve as an individual's *authorized representative* but not as the individual's *designated representative* or *representative*.

The restriction to one representative is confined to Integrated ONE and does not apply to capturing multiple representative types associated with APD service recipients as documented in the CA/PS tool and the **Contacts** tab in Oregon ACCESS.

Reason for action: Integrated ONE will go live beginning April 2020. The new system cannot accommodate more than one authorized representative on any one case. In Integrated ONE, a case may include several household or family members who receive a combination of MAGI, Self Sufficiency, and non-MAGI benefits. This Action Request supports the 3/1/19 rule changes establishing that an individual can only have one authorized representative for all program benefits they receive, excluding TA-DVS.

Field/stakeholder review: ☒ Yes ☐ No
 If yes, reviewed by: APD and SSP Policy and Operations

If you have any questions about this action request, contact:

Contact(s):	
APD: apd.medicaidpolicy@dhsoha.state.or.us Child Care: childcarepolicy@dhsoha.state.or.us Medical: occs.medicalpolicy@dhsoha.state.or.us Refugee: refugeepolicy@dhsoha.state.or.us SNAP: snappolicy@dhsoha.state.or.us TA-DVS: tadvspolicy@dhsoha.state.or.us TANF: tanfpolicy@dhsoha.state.or.us	
Phone:	Fax:
Email:	

Program:	Branch:	Case number:
Case name:		Worker ID:

Authorized Representative and Alternate Payee

You may choose someone to be an authorized representative, alternate payee or both. Please use this form to tell us about the person you have chosen. You must sign this form. The authorized representative and/or the alternate payee must also sign this form. This form will be used to inform you if an authorized representative or alternate payee is chosen for you by the Department of Human Services (DHS).

Client's name: _____   Date of birth: _____

Client's Social Security number, case number or OHP ID number: _____

Assigning an authorized representative

Rights and liability of an authorized representative

An authorized representative may do things such as the following for the client(s): Sign and submit applications and renewals, report changes, and receive copies of notices and other communication.

An authorized representative acts on behalf of the client(s) for the DHS and Oregon Health Authority (OHA) programs they apply for or receive (except the Temporary Assistance for Domestic Violence Survivors program and in some cases long-term care services). This will apply to all clients on the case. The authorized representative listed on this form will replace any previously designated authorized representatives on the case.

The person or organization that is chosen as the authorized representative will remain the authorized representative until:

- A client on the case tells DHS or OHA that they want to end this approval; or
- The authorized representative tells DHS or OHA that they want to end this approval; or
- The person or organization is no longer permitted to act as the client's authorized representative

If the authorized representative gives wrong or incomplete information to DHS or OHA and the information results in an overpayment, the clients and any other liable parties will have to pay back what they should not have received. If the authorized representative knowingly withholds or gives wrong information, the authorized representative will also have to pay it back.

The authorized representative must maintain the confidentiality of any information provided by DHS or OHA regarding anyone listed on the application or case as well as adhere to any other relevant state and federal laws concerning conflicts of interest and confidentiality of information.

Oregon Administrative Rules: 461-115-0090, 410-200-0111

Authorized representative information

Name *(Last, first)*

Date of birth

Organization *(if applicable)*

Email address

Mailing address

Phone number

Authorized representative agreement ☐ Check here if department designated

Client signature	Date signed
Authorized representative signature	Date signed

Assigning an alternate payee

Rights and responsibilities of an alternate payee

An alternate payee may use program benefits on the client(s) behalf. If the alternate payee misuses the program benefits, the client cannot get them back.

The person or organization chosen as the alternate payee will remain the alternate payee until:

- A client on the case or their authorized representative tells DHS or OHA that they want to end this approval; or
- The alternate payee tells DHS or OHA that they want to end this approval; or
- The person or organization is no longer permitted to act as the client(s) alternate payee

Oregon Administrative Rules: 461-115-0035

This person or organization is my alternate payee for:

☐ Supplemental Nutrition Assistance Program (SNAP)

☐ General Assistance — Utility and Personal Incidental Funds (GA)

☐ Temporary Assistance for Needy Families (TANF) or Refugee Assistance Programs (REF)

☐ Oregon Supplemental Income Program (OSIP)

Alternate payee information

Name *(Last, first)*

Date of birth

Organization *(if applicable)*

Email address

Mailing address

Phone number

Alternate payee agreement ☐ Check here if department designated

Client signature:	Date signed:
Alternate payee signature:	Date signed:

Our discrimination policy

The Department of Human Services (DHS) and the Oregon Health Authority (OHA) do not discriminate against anyone. This means that DHS|OHA will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs, disability or sexual orientation.

You may file a complaint if you believe DHS or OHA treated you differently for any of these reasons. To file a complaint with the state, you can call the Governor's Advocacy Office at 1-800-442-5238 (TTY 711) or write to their office at:

Governor's Advocacy Office
500 Summer Street NE, E17
Salem, OR 97301

Fax: 503-378-6532

Email: DHS.info@state.or.us

"Equal opportunity is the law!"

Additional Information Needed for Your Authorized Representative Request

Program:	Worker ID:
Branch:	Case number:
Case name:	
Date of notice:	

You recently informed us that you want someone to be your Authorized Representative. If you want to add an Authorized Representative or continue to keep a current Authorized Representative, you and your representative will need to complete and sign the new *Authorized Representative and Alternate Pay*e*e* form (MSC0231).

An Authorized Representative is someone who can work with Department of Human Services (DHS) on your behalf. You can have one Authorized Representative for the DHS programs that you receive benefits for, including cash, medical, Child Care, and SNAP (excluding Temporary Assistance for Domestic Violence Survivors and in some cases, long-term care services). Your Authorized Representative will receive copies of notices, and they can help you submit applications, report changes, submit renewals.

If you do not want to request an authorized representative, you do not have to return the form (MSC0231).

DHS Office:	Office Contact Information:

Authorized Representative and Alternate Payee Coding Guidance
5/15/19

Table of Contents

Authorized Representatives for Individuals with Medical Benefits in ACCESS
Effective immediately:
- The authorized representative's name will no longer be captured in the **Auth Repr** field on the **UCMS** screen
- Do not add new authorized representatives to the **UCMS** screen during integration
- Authorized representatives currently captured on **UCMS** should be removed the next time the case is integrated
- All authorized representative information for non-MAGI medical cases should be recorded in Oregon ACCESS on the **Contacts** tab. Specific instructions on how the information should be entered can be found under the System Coding section below.

*Important: Authorized representatives still listed on **UCMS** for _1, A1, _3, B3, _4, D4, _5, and P2 MSP-only cases will be brought over to the Alternate Payee module in integrated ONE at conversion.*

Alternate Payees for Individuals with Medical-Related Cash Benefits in ACCESS

Effective immediately:

- Only alternate payees should be coded in the **Auth Repr** field on the **UCMS** screen for APD cases with medical-related cash payments (Program _1, _3, _4 cases with CPA case descriptor).
- Alternate payee information should also be entered on the **Contacts** tab in Oregon ACCESS as show below; however, alternate payees <u>must</u> also be added to the **UCMS** screen prior to the launch of the integrated ONE system or else the alternate payee will not be converted into the new ONE case. This could result in lost or misused benefits in instances where the individual is not able to manage his/her benefits. Information about how the information should be entered can be found under the System Coding section below.

Authorized Representatives for Individuals Receiving SNAP, TANF, ERDC, REF(M)
Effective immediately:
- Only authorized representative information should be coded in the **Auth Repr** field on **FSMIS** or **UCMS**.
- Remove any alternate payees from **FSMIS** or **UCMS** the next time the case is updated.

  Important: Any alternate payees listed in the mainframe for these case types at the time of data conversion will be brought over to the authorized representative field in integrated ONE.

Alternate Payees for Individuals Receiving SNAP, TANF, or REF
Alternate payees should be added to the individual's EBT screen and issued their own EBT cards. They should not be added to **FSMIS** or **UCMS**. *Note: The ERDC program does not use alternate payees.*

Authorized Representatives for Individuals with Medical Benefits in ONE
Effective immediately:
- Adding a new Authorized Representative: Verification Date should be coded with the date the Authorized Representative verification was received. This data will be critical during Data Conversion.
- Confirming an existing Authorized Representative: When a new MSC231 is received naming an Authorized Representative who already exists on the case in ONE, add/update the Verification Date and remove middle initial and suffix (if present).
- See the **Authorized Representative Screens in ONE at Intake, Report a Change, and Non-Eligibility Update** on page 12 for more information

CODING INSTRUCTIONS AND EXAMPLES ARE SHOWN BELOW

System Coding - How to Enter Authorized Representative Name

Authorized Representative information must be entered <u>exactly the same</u> in every system (FSMIS, UCMS, ACCESS, and ONE) in order to be matched during Data Conversion. For individuals or organizations with names longer than the allowed character limit, the name must be truncated. The truncated name must be entered <u>exactly the same</u> in all systems.

<u>Individual Authorized Representative</u>
For all systems – FSMIS, UCMS, ACCESS, and ONE
- Maximum of 23 characters split between first and last name
- The 23-character limit does <u>not</u> count the comma and the space required in FSMIS and UCMS
- Special characters are not allowed (hyphens, apostrophes, periods)
- Do <u>not</u> include middle initial or suffix

For FSMIS and UCMS
- Enter a comma and space between the last name and first name. This will help distinguish the first and last names for data conversion

FSMIS: **Johnson Sanderson, Martha**

```
FSUP                       FastPath       EB        Next Code:
Case No:            Name: TEST, NEW              Br:      Reg: 3 Agy: AFS
Trans: adj           D-Eff: 050119                    Wrk Id:
Start Cert: 000000 Expr Cert: 000000 Reason:    Option:   Categ:    Lang:
Mand Rpt: N Form: N Rept: N Ben Per:    Rpt Exp:       Fil Dt: 000000 Pror
Rel ATP:    N/C Dollar Amount:        Ben MO-YR:     Cat El:      Prnt:
Tot Rsrc     .00 Authorization #       # To Be Replaced
 FilGrp 01 BenGrp: 00   Shelt:    .00 Util:    .00   Print Id:    Hold Cd:
Bypass:       Prg:    Meals:    Cnty:    HH Types:
Home Addr:                      City St:            Zip:
Mail Addr:                      City St:            Zip:
Auth Rep Cd: a Name:  Johnson Sanderson, Martha  Area Cd: █   Phone:
Setup Date: 04/10/19 Orig Cert:   00/00/00 # Certs:    00              DD: N
HH Stat: PE Stat Reas:    Excp Reas: CRT Lst Actn: 04/10/19
Last Eff: 00/00/00          Last Oper Id:        Ovp Bal:
Pro Rata Amt:         Supp Amt:
Max Allot:     .00 30% NFSI:     .00 Ovp Recov:        Net Allot:    .00
Per    Tot EML Tot Oth Tot Comb Std D  EML Dis Net CC  Adj Inc SH Off  N.F.S.I.
         .00     .00     .00     .00     .00    .00    .00    .00     .00
         .00     .00     .00     .00     .00    .00    .00    .00     .00
```

- UCMS: **Johnson Sanderson, Martha**
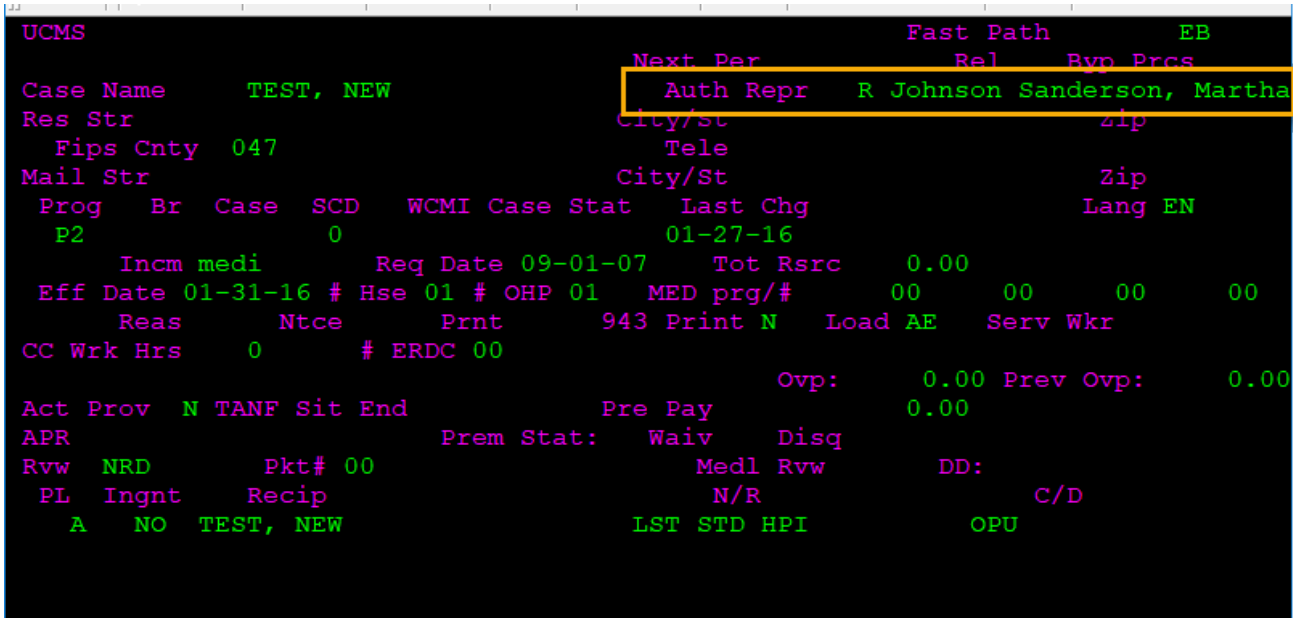
- Oregon ACCESS:
  - Last name: **Johnson Sanderson**
  - First name: **Martha**
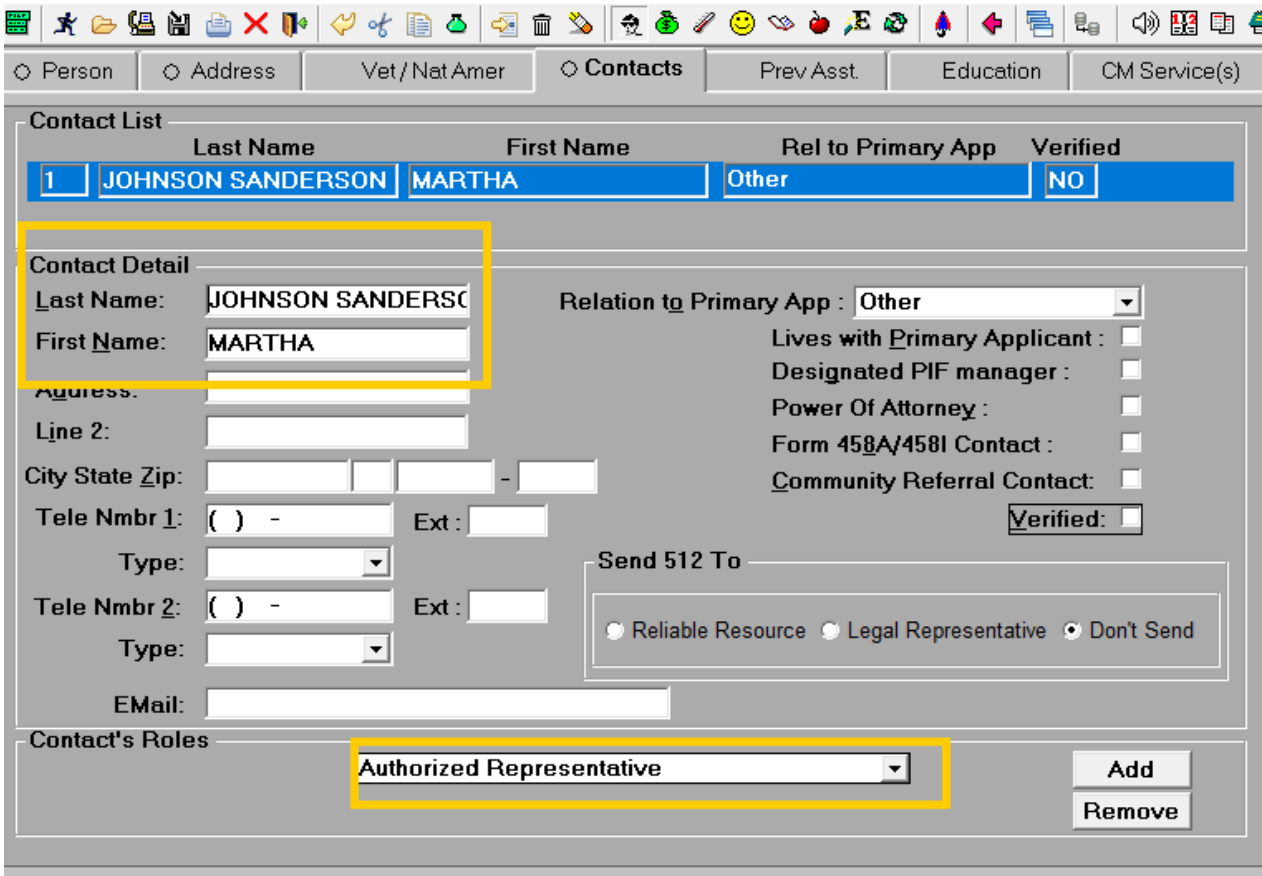
- ONE:
  - First: **Martha**
  - Last: **Johnson Sanderson**
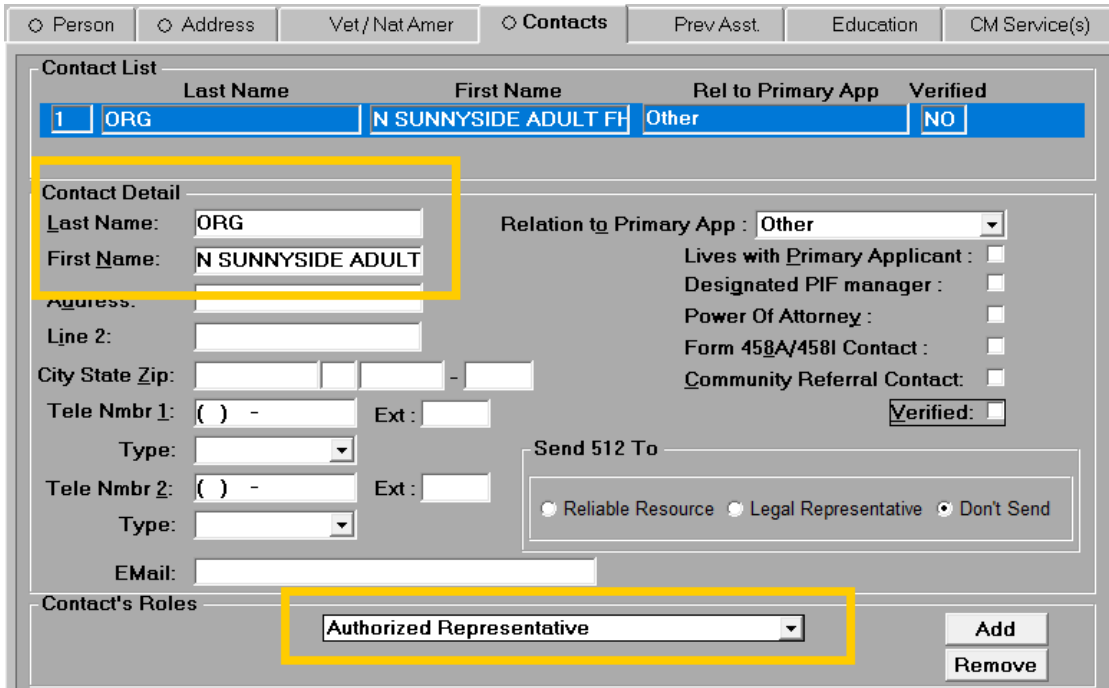
Organization Authorized Representative

An organization authorized representative is a business, partner agency, facility, or non-profit that acts as an Authorized Representative. Sometimes employees of an organization will provide their name; however, the agreement to represent the client is made between the organization and the client, and liability may fall upon the organization in the event of an overpayment. Some examples of organization authorized representatives include drug and alcohol facilities, assisted living facilities, adult foster homes, contracted partners, private businesses, churches, etc.

FSMIS and UCMS:
- Maximum 20 characters to be coded as a first name
- Must start with "**Org**" to identity it as an organization for data conversion
- Special characters are not allowed (hyphens, apostrophes, periods)
- Examples
  - FSMIS: **Org, N Sunnyside Adult FH**

```
FSUP                        FastPath       EB          Next Code:
Case No:           Name: TEST, NEW                 Br:       Reg: 3 Agy: AFS
Trans: adj              D-Eff: 050119                      Wrk Id:
Start Cert: 000000 Expr Cert: 000000 Reason:    Option:   Categ:    Lang:
Mand Rpt: N Form: N Rept: N Ben Per:     Rpt Exp:        Fil Dt: 000000 Pror
Rel ATP:    N/C Dollar Amount:        Ben MO-YR:      Cat El:       Prnt:
Tot Rsrc       .00 Authorization #        # To Be Replaced
 FilGrp 01 BenGrp: 00   Shelt:     .00 Util:    .00    Print Id:    Hold Cd:
Bypass:        Prg:    Meals:    Cnty:     HH Types:
Home Addr:                        City St:              Zip:
Mail Addr:                        City St:              Zip:
Auth Rep Cd: a Name:   Org, N Sunnyside Adult FH Area Cd:    Phone:
Setup Date: 04/10/19 Orig Cert:    00/00/00 # Certs:    00              DD: N
HH Stat: PE Stat Reas:     Excp Reas: CRT Lst Actn: 04/10/19
Last Eff: 00/00/00           Last Oper Id:        Ovp Bal:
Pro Rata Amt:        Supp Amt:
Max Allot:      .00 30% NFSI:     .00 Ovp Recov:        Net Allot:     .00
Per   Tot EML Tot Oth Tot Comb Std D  EML Dis Net CC  Adj Inc SH Off  N.F.S.I.
        .00      .00      .00     .00      .00      .00     .00     .00      .00
        .00      .00      .00     .00      .00      .00     .00     .00      .00
```

o UCMS: **Org, N Sunnyside Adult FH**
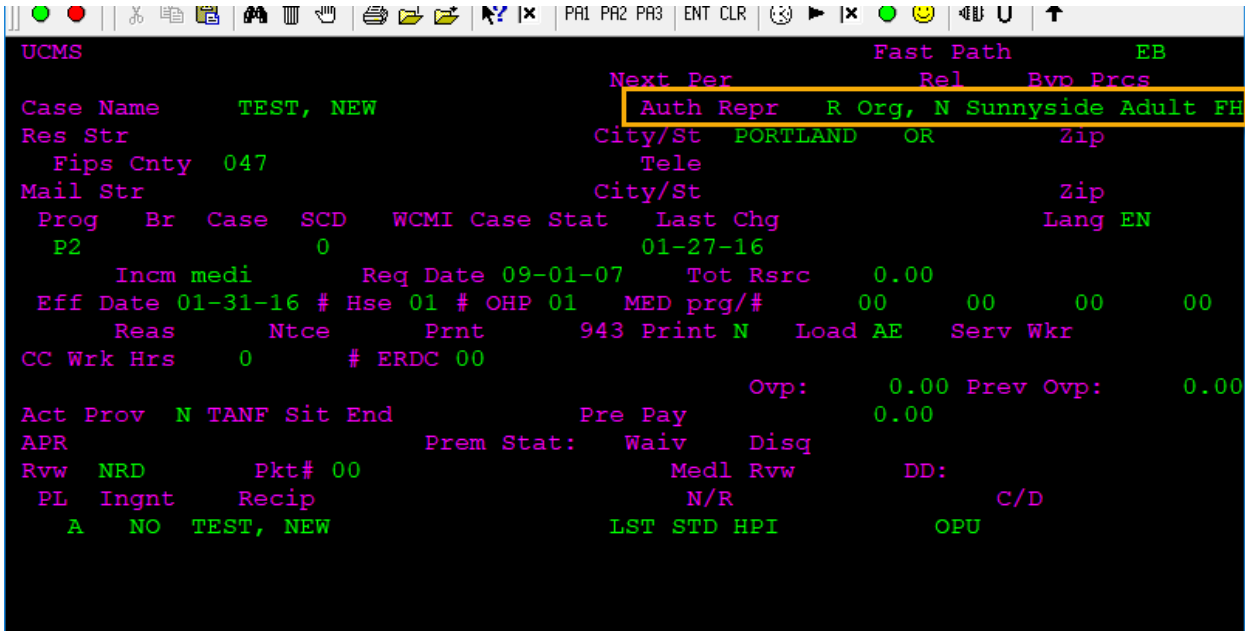
Oregon ACCESS
- Maximum 20 characters in **First Name** field
- **Last Name** must be "**Org**" to identify it as an organization for data conversion
- Special characters are not allowed (hyphens, apostrophes, periods)
- Example:
  o Last name: **Org**
  o First name: **N Sunnyside Adult FH**

ONE
- Maximum 20 characters in **Organization Name** field
- No special characters (hyphens, apostrophes, periods)
- Example:
  - Organization name: **N Sunnyside Adult FH**

System Coding - Coding the *Auth Repr* Field on UCMS and FSMIS

Non-MAGI (UCMS)
- Auth Rep code: NOT IN UCMS, CODE ON CONTACTS TAB IN ACCESS
- Alt Payee codes will result in the benefit check printing as follows:

Code/Type	Check prints as follows
G Guardian	payee name FOR client name
R Representative payee	payee name REP client name
F All other payees	payee name FOR client name
D Dual Payee	DO NOT USE FOR MEDICAL CASES

MAGI and MAGI/non-MAGI combo (UCMS)
- Auth Rep code: **R**
- Alt payee code: N/A

TANF (UCMS)
- Auth Rep code: **R**
- Alt payee code: N/A, stored in EBT

REF CASH V2(UCMS)
V2 will not be converted

ERDC (UCMS)
Auth Rep code: **R**
Alt Payee code: N/A

SNAP (FSMIS)
Auth Rep code: Any
Alt Payee code: N/A, stored in EBT

Authorized Representative Screens in ONE at Intake, Report a Change, and Non-Eligibility Update

At Intake

*When a signed MSC0231 form is received with an initial application or at the time of intake, the authorized representative can be added to Worker Portal starting in Application Registration.

1. Application Registration > Application Registration screen:
    a. Upon beginning an application, the following questions are asked:
        i. "Would the client like to name an authorized representative or a person to consent to release?" ---- answer Yes
        ii. "Would the client like to name an authorized representative or a person to consent to release now?" ---- answer Yes

2. Application Registration > Application Registration Screen:
   a. Upon clicking 'Next', the Representatives screen will display.
      i. Complete the fields
      ii. Click 'Next'

3. Data Collection > Representative Screen:
    a. The Representative screen will be displayed again during Data Collection with pre-populated data based on what was entered during Application Registration. Edits can be made on this page, but four additional questions are asked on this screen which were not asked in the initial Representative screens:
        i. Verification (Client Statement, Court Documents, Power of Attorney Document, Not Verified, 2099 Verified, 231 Verified) – The Verification Type should be left as 'Client Statement' until the signed MSC0231 is received. *Do not use '2099 Verified' value on the Representatives screen.*
        ii. Verification Date (mm/dd/yyyy format) – enter the latter of the Client Signature or Authorized Representative Signature, it will be assumed that the new version of the MSC0231 is on file for any dates after 5/15/19.
        iii. 2099 Received (Same as Individual, Another Individual) – *answer Yes if signed MSC3010 (formerly DHS2099) has been received, but add the name and contact details in case notes*
        iv. Received Date (mm/dd/yyyy format) – can be entered to track an MSC3010 received, but name and contact details need to be captured in case notes only

Non-Eligibility Update

*An Authorized Representative can be added in Worker Portal via Non-Eligibility Update.
1. Case Updates > Application Information screen:
    a. Upon performing a non-eligibility update, the following questions are asked:
        i. "Would the client like to name an authorized representative or a person to consent to release?" ---- answer Yes
        ii. "Would the client like to name an authorized representative or a person to consent to release now?" ---- answer Yes

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Home   Application/Case   Inbox   Inquiry   Correspondence   Tools   Quick Search   Version : 1.0.0.0

< Back to Case Summary

Case Updates

- Application Information ✓
- Representatives
- Community Partner
- Racial/Ethnic Identity and Language ✓
- Contact Information ✓
- Address Match Associated Cases
- Non Custodial Parent Information
- Non Custodial Parent Relationship Information
- Voter Registration ✓
- Veteran Status ✓
- Enrollment Manager ✓
- Confirm Updates ✓

Application Information 🖨 📄 ❓

Applicant	
Would the client like to name an authorized representative or a person for* consent to release?	Yes ▾
Would the client like to name an authorized representative or a person for* consent to release now?	Yes ▾
Would the client like to name a Community Partner?*	No ▾

Next >

Case: 870603281

Case Program Status
OH.   Approved
...de   Active
...on
Date   4/26/2018
Renewal Date 3/31/2019

Household Members

👤 SARA SMITH   Primary
Age   39   Sex   Female
Individual # 560702067
SSN

👤 JOHN SMITH   Son
Age   39   Sex   Male
Individual # 560702068
SSN

Address
1234 ALDER
SALEM, OR, 97301

Contact Info
Phone 5033333333
E-Mail SARASHITH@YAHOO.COM

2. Case Updates > Representatives Screen:
   a. Upon clicking 'Next', the Representatives screen will display.
      i. Complete the fields

Report a Change

1. Data Collection > Application Information screen:
   a. Upon clicking Report a Change, a user will be taken to the Application Information screen under the Data Collection tab. The following questions are asked:
      i. "Would the client like to name an authorized representative or a person to consent to release?" ---- answer Yes
      ii. "Would the client like to name an authorized representative or a person to consent to release now?" ---- answer Yes

2. Data Collection > Representatives Screen:
    a. Upon clicking 'Next', the Representatives screen will display. Complete the required fields, including the 'Verification Date'
        i. Verification (Client Statement, Court Documents, Power of Attorney Document, Not Verified, 2099 Verified, 231 Verified) – The Verification Type should be left as 'Client Statement' until the signed MSC0231 is received. *Do not use '2099 Verified' value on the Representatives screen.*
        ii. Verification Date (mm/dd/yyyy format) – enter the latter of the Client Signature or Authorized Representative Signature, it will be assumed that the new version of the MSC0231 is on file for any dates after 5/15/19.
        iii. 2099 Received (Same as Individual, Another Individual) – *answer Yes if signed MSC3010 (formerly DHS2099) has been received, but add the name and contact details in case notes*
        iv. Received Date (mm/dd/yyyy format) – can be entered to track an MSC3010 received, but name and contact details need to be captured in case notes only

Not naming an Authorized Representative NOW

*While it's possible to answer questions as described below prior to collecting a signed MSC0231, it's not necessary to do so, nor is it needed for any specific system functionality. It's most advisable not to answer, "Would the client like to name an authorized representative or a person for consent to release now?" as "Yes" until the signed MSC0231 is received and you're ready to add the authorized representative to the case.

1. Data Collection > Application Information screen:
   a. Upon clicking Report a Change, you are brought into the Data Collection tab and on the Application information screen. The following questions are asked:
      i. "Would the client like to name an authorized representative or a person to consent to release?" ---- answer Yes
      ii. "Would the client like to name an authorized representative or a person to consent to release now?" ---- answer No

If you don't choose to name an Authorized Representative now, the authorized representative dropdown on the case summary page will be blank and can be completed later by navigating back to the Application Information page via Non-eligibility Update or Report A Change.