



Date: June 8, 2018

DMS Operations Memo 18-16
 Amended September 25, 2018

To: Income Maintenance Supervisors
 Income Maintenance Lead Workers
 Income Maintenance Staff
 FSET Agencies
 W-2 Agencies

Affected Programs:	
<input checked="" type="checkbox"/> BadgerCare Plus	<input checked="" type="checkbox"/> Caretaker Supplement
<input checked="" type="checkbox"/> FoodShare	<input checked="" type="checkbox"/> FoodShare Employment and Training
<input checked="" type="checkbox"/> Medicaid	
<input checked="" type="checkbox"/> SeniorCare	

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 Bureau of Enrollment Policy and Systems
 Division of Medicaid Services

Policy Changes and CARES Enhancements to Allow Organizations to Act as Authorized Representatives

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CROSS REFERENCE

- FoodShare Wisconsin Handbook, [Section 1.2.3.1 Identity Verification](#) and [Section 2.1.3.3 Use of an Authorized Representative](#)
- Medicaid Eligibility Handbook, [Section 2.5.1.1 Signatures from Representatives](#), [Section 3.1.3 Renewal Processing](#), and [Section 33.2.4 Authorized Representative](#)
- BadgerCare Plus Eligibility Handbook, [Section 25.5 Valid Signature](#) and [Section 26.3 Renewal Processing](#)
- Process Help, [Section 1.4.9 Special Attention Flags](#)
- Wisconsin Works (W-2) Manual, [Section 4.4.4 Access to ECF by an Authorized Representative of the Applicant/Participant](#) and [Section 1.4.1.2 Using an Authorized Representative](#)
- Operations Memo [18-05](#)

EFFECTIVE DATE

June 23, 2018

PURPOSE

This Operations Memo announces policy changes and CARES enhancements that allow organizations to be appointed as authorized representatives in compliance with the Affordable Care Act (ACA). This Memo will also provide details about the responsibilities of an authorized representative who is acting as a Medicaid payee and how an applicant or member can appoint his or her authorized representative as a Medicaid payee.

BACKGROUND

Previously, only individuals could act as authorized representatives. Under ACA regulations enacted in 2013, the Centers for Medicare & Medicaid Services defined an authorized representative as an individual or organization that acts responsibly on behalf of the applicant or member in assisting with the individual's application and renewal of eligibility and other ongoing communications with the agency.

To comply with the ACA regulations, both organizations and individuals will be able to serve as an authorized representative for the purposes of eligibility effective June 23, 2018.

POLICY

Effective June 23, 2018, applicants or members can appoint either an individual or an organization as the authorized representative for their case.

A case can have no more than one authorized representative. Once appointed, the authorized representative (individual or organization) can act on the applicant's or member's behalf for any of the following programs:

- Wisconsin Medicaid
- BadgerCare Plus
- FoodShare
- Family Planning Only Services
- Caretaker Supplement
- SeniorCare

If the member is enrolled in any of the programs above and Wisconsin Works (W-2), the authorized representative can also act on behalf of the member for W-2. SeniorCare authorized representatives can only be appointed through the SeniorCare program and can only act for SeniorCare.

As a reminder, authorized representatives cannot be appointed for the Wisconsin Shares Child Care Subsidy Program.

RESPONSIBILITIES AND EXPECTATIONS OF THE AUTHORIZED REPRESENTATIVE

Authorized representatives should be familiar with an applicant's or member's household situation and are expected to fulfill their responsibilities to the same extent as the individual being represented. An authorized representative is limited to doing any or all of the following on behalf of the applicant or member:

- Apply for or renew benefits
- Report changes in the applicant's or member's circumstances or demographic information
- Receive copies of the applicant's or member's notices and other communications from the agency
- Work with the IM agency on any benefit-related matters
- File grievances or appeals regarding the applicant's or member's eligibility

There is no set time limit on an authorized representative's appointment; it is valid until the applicant or member notifies the income maintenance (IM) agency of a change in writing.

For health care programs, a member is responsible for paying back any benefits received in error if the authorized representative reports inaccurate or false information. For FoodShare, the member or authorized representative may be responsible for paying back any benefits received in error if the authorized representative knowingly provides false information (commits an intentional program violation) or traffics the FoodShare benefits.

APPOINTING AN AUTHORIZED REPRESENTATIVE

An applicant or member and authorized representative must complete the appropriate appointment through one of the following means:

- ACCESS when applying
- Federally Facilitated Marketplace
- Paper form (The forms will be available on June 25, 2018.):
 - [Appoint, Change, or Remove an Authorized Representative: Person, F-10126A](#)
 - [Appoint, Change, or Remove an Authorized Representative: Organization, F-10126B](#)

~~If an applicant or member is represented by a legal guardian, conservator, or power of attorney, the legal guardian, conservator, or power of attorney must appoint the authorized representative.~~

If an applicant or member is represented by a legal guardian of the person and the estate, legal guardian of the estate, legal guardian in general, or conservator, the legal guardian or conservator must appoint the authorized representative. If the applicant or member only has a legal guardian of the person, the applicant or member must appoint the legal guardian of the person as an authorized representative if the applicant or member would like the legal guardian of the person to act on his or her behalf. If the applicant or member has a power of attorney, the applicant or member can still appoint an authorized representative.

A valid authorized representative appointment requires the signatures of the applicant or member, the authorized representative, and a witness. If the applicant or member is signing with an “X,” a valid appointment requires a witness signature. If any of the required signatures are missing, the following three conditions apply:

- The authorized representative appointment is **not** valid.
- This authorized representative cannot take action on behalf of the applicant or member.
- The IM agency cannot disclose information about the case to the invalid authorized representative.

IM workers must ensure that all contact information for the authorized representative is complete and verify that all signatures are provided. If required fields, including the authorized representative’s contact information, are not completed or all the required signatures are not provided, workers must follow up with the applicant or member by mail or by phone.

An organization appointed as an authorized representative must provide the name and contact information of a person from the organization in case the agency needs to contact the organization. However, once the organization has been appointed as the authorized representative, **anyone from the organization** will be able to take action on behalf of the applicant or member (not just the person who signed the designation on behalf of the organization). Also, copies of notices and agency communications will be addressed to the contact person of the organization in order to protect the applicant’s or member’s private information if the applicant or member chose for the authorized representative to receive their notices and agency communications.

~~**Note:** A complete Appoint, Change or Remove Authorized Representative form must be on file for an authorized representative designation to be valid. Therefore, the authorized representative’s identity does not need to be verified.~~ Verification of an authorized representative’s identity is required when an authorized representative is applying on behalf of the household for FoodShare (see [FoodShare Wisconsin Handbook, Section 1.2.3.1 Identity Verification](#)). The completed authorized representative

designation, either electronic or paper, meets this ID verification requirement. Agencies should not request additional verification of the authorized representative's identity

CHANGING OR REMOVING AN AUTHORIZED REPRESENTATIVE

Applicants or members can change an authorized representative at any time by completing and submitting the Appoint, Change, or Remove an Authorized Representative form to their IM agency.

To remove an authorized representative, the applicant or member needs to let the agency know of the removal in writing (for example completing section one of the Appoint, Change, or Remove an Authorized Representative form or submitting a signed letter indicating the removal). ~~Only the applicant's or member's signature is required to remove an authorized representative.~~ Authorized representatives can also request in writing (for example, a signed statement) to be removed if they no longer want to act as the authorized representative. If an authorized representative is requesting to be removed, a signed statement is not needed by the member. An authorized representative designation is valid on a case until a written and signed request is received for removal.

Example 1: Penny is due for renewal of her BadgerCare Plus benefits on August 31. In July, she receives her case summary as part of the administrative renewal process. Penny's case summary lists her mom, Darlene, as her authorized representative. Penny no longer wants Darlene to be her authorized representative.

Penny crosses out the authorized representative information on the case summary, signs it, and mails it to the IM agency. The IM agency receives the case summary on August 3. Based on Penny's handwritten update on the case summary, the IM agency removes Darlene as Penny's authorized representative effective on August 3.

CHANGING AN ORGANIZATION'S CONTACT PERSON

Either a representative of the organization or the applicant or member must notify the IM agency, by phone or in writing, if the organization's contact person has changed. The Appoint, Change, or Remove an Authorized Representative form does not need to be used.

Example 2: Serena is open for FoodShare and BadgerCare Plus benefits and has appointed ORG Co., an organization, as her authorized representative. Serena has permitted ORG Co. to receive copies of her notices. Christian, an employee of ORG Co., has been listed as the contact person for the organization, but he leaves the organization in May.

In June, Micah calls the IM agency, identifies himself as an employee of ORG Co., says Christian no longer works at ORG Co., and indicates that he should be listed as the contact person at ORG Co. instead of Christian. The worker asks Micah to validate some information on Serena's case, such as her date of birth and her current address, which Micah is able to provide. The worker updates the contact person for ORG Co. as Micah and confirms the case. Copies of Serena's correspondence will now be sent to Micah at ORG Co. Other ORG Co. employees besides Micah can ask questions or make changes, which must be documented in case comments; however, Micah will be listed as the contact person.

RESPONSIBILITIES OF A MEDICAID PAYEE

An applicant or member can choose to appoint an **individual** who is acting as his or her authorized representative to also be his or her Medicaid payee (also known as MA Payee). The authorized representative and the Medicaid payee must be the same person. The Medicaid payee cannot be an organization. As Medicaid payee, the authorized representative receives the member's ForwardHealth card and is also allowed to do the following tasks:

- Enroll the member in an HMO
- Contact Member Services or the HMO about a bill, service or other medical information, including protected health information (PHI)
- File grievances and appeals about the member's health care services (for example, treatment and bills)

An authorized representative is not required to act as an Medicaid payee unless appointed to do so. An applicant or member should only appoint a Medicaid payee if he or she needs assistance with the responsibilities listed above.

APPOINTING A MEDICAID PAYEE

An applicant or member can appoint his or her authorized representative as a Medicaid payee by checking Yes in Section 1 Part C of the Appoint, Change or Remove Authorized Representative: Person form. As part of the Medicaid payee designation, the applicant or member acknowledges that he or she is authorizing the disclosure of PHI to the authorized representative. This allows the authorized representative to fulfill the responsibilities of the Medicaid payee and get access to the applicant's or member's medical information, such as a health care services or treatments and medical bills.

REMOVING A MEDICAID PAYEE

As with the authorized representative, there is no time limit on a Medicaid payee designation. An applicant or member can request removal of the Medicaid payee in writing at any time. The applicant or member can submit the Appoint, Change or Remove Authorized Representative: Person form or write a letter indicating the removal.

CARES

The updates to CARES described in this Memo will be implemented June 23, 2018. In addition to the changes described below, CARES will be updated to send authorized representative details to ForwardHealth interChange when an authorized representative is added, updated, or removed from a case or when an authorized representative's Medicaid payee status is changed. Workers must only assign Medicaid payee authority to an authorized representative (individual) when the applicant or member has indicated to do so by completing the PHI disclosure on the Appoint, Change, or Remove an Authorized Representative: Person form.

APPLICATION SUMMARY PAGE

Three signatures (applicant or member, authorized representative, and witness) are required when an applicant or member appoints an authorized representative; however, ACCESS will not prevent an applicant or member from completing an online application if the required signatures are not collected as part of the application.

A new flag has been created to identify when any of the three signatures are not included as part of the authorized representative appointment in ACCESS. The new flag, Missing signature(s) for authorized representative, alerts workers if any of the signatures (applicant or member, authorized representative, or witness) were not included as part of the authorized designation on the ACCESS application.

Note: Other flags may appear when an authorized representative is appointed to a case:

- **Authorized Representative:** This flag appears any time an authorized representative was entered on the ACCESS application even if the required three signatures were not completed.
- **Applicant signature does not match name:** This flag appears any time the signature on the application does not match the primary person who is applying for benefits. This flag will also appear when an invalid authorized representative signs the application on behalf of an applicant or member when the required authorized representative signatures have not been collected.

Application Summary Reset

Individuals on Application

Name	Birth Date	Gender	SSN	U.S. Citizen	Relationship	Programs Requested	HC Programs	Disabled	Language	Match
[REDACTED]	03/17/1990	FEMALE	[REDACTED]	Yes	PP	HC	CLA	No	ENGLISH	NO

Application Information

ACCESS Application Number: [REDACTED] [View](#) Status: **Assigned**

Filing Date: **05/10/2018** Community Access Point Number: [REDACTED]

Data Collection Method: **Customer** Item Type: **Automated Case Processing**

Phone/Mail Application Submitted Worker: [REDACTED]

Office Information

County / Tribe: **MILWAUKEE COUNTY** Eligibility Office: **MILWAUKEE ENROLLMENT SERVICES (5040)**

Assigned Worker: [REDACTED] IM Consortium: **STATE CONSORTIUM**

Contact Information

County of Residence: **MILWAUKEE COUNTY** Homeless: **No**

Household Address: [REDACTED]

Phone: [REDACTED]

CWW Information

Resulting RFA: [REDACTED] Resulting Case: [REDACTED]

Special Attention

Description
Authorized Representative
Missing signature(s) for authorized representative
Applicant Signature does not match name

Programs

Programs	Filing Date
Health Care	05/10/2018

Related Submissions

Figure 1 Application Summary Page Showing Missing Signature(s) for Authorized Representative Flag

When an applicant or member appoints an authorized representative through the ACCESS application, a copy of the electronic authorized representative appointment form is stored in the Electronic Case File (ECF). Workers must ensure all signatures are displayed on this form or on the ACCESS application

summary PDF prior to creating or updating the Representative Details page. Since authorized representatives are not a condition of eligibility, the case will not pend for authorized representative information. Workers will be able to complete an application and process eligibility without the authorized representative signatures. However, if any of the required signatures are missing, workers must follow up with the applicant or member either by mail or phone to collect the required signatures before creating or updating the Representative Details page.

Example 4: Antonio is filling out an application on ACCESS requesting health care and FoodShare benefits. He wants to appoint his friend, Shannon, as his authorized representative. However, Shannon was not available to electronically sign the authorized representative page when he started his application, so he continues the online application without getting either Shannon or a witness's signature to complete the authorized representative appointment. Antonio signs and submits his application on August 14.

When the worker begins processing the online ACCESS application into a CARES case on August 16, she sees the Missing signature(s) for authorized representative flag. The worker checks the ACCESS application summary PDF and sees that neither Shannon nor a witness electronically signed the authorized representative appointment. The worker contacts Antonio to complete his FoodShare interview. While conducting the interview, the worker informs Antonio that he did not get the signature of his authorized representative or a witness to complete the appointment of his authorized representative, and he must complete a paper form. Antonio understands and requests a blank form be sent in the mail so he can get Shannon and a witness to sign the form. The worker mails Antonio a blank Appoint, Change or Remove Authorized Representative: Person form. Meanwhile, the worker completes the interview and finishes processing the application without adding any authorized representative details.

REPRESENTATIVE DETAILS PAGE

When workers select the Representative Type AR – Auth Rep/Desig Rep, the Representative Subtype drop-down menu will be enabled. Workers must select IN - Individual or OR - Organization depending on whom the applicant or member has appointed as authorized representative.

If workers select OR - Organization, the Authorized Organization Name field will be enabled, and workers must then enter the name of the organization into that field. When the authorized representative is an organization, the first and last names of the contact person at the organization will also be required.

The screenshot shows a web form titled "Representative Details". At the top right are "Cancel" and "Reset" buttons. The form is divided into three main sections:

- Effective Period:** Contains "Last Updated:" and "Sequence Number: 0". There is a "Delete Reason:" dropdown menu.
- Representative Information:** Contains "* Representative Type:" with a dropdown menu showing "AR - AUTH REP/DESIG REP". To its right is "Representative Subtype:" with a dropdown menu showing "OR - ORGANIZATION".
- Representative Name:** Contains "Authorized Organization Name:" with a text box containing "ZYX Assistance, Inc." and "ID Verification Type:" with a dropdown menu. Below this are fields for "* First Name" (containing "Calvin"), "MI", "* Last Name" (containing "Repguy"), and "Suffix".

Red boxes highlight the "Representative Subtype" dropdown, the "Authorized Organization Name" text box, and the "First Name" and "Last Name" text boxes.

Figure 2 Representative Details Page

An organization cannot serve as a payee; therefore, workers will not be able to select any of the payee fields (FS, MA, W-2) for an organization.

Because the Representative Subtype field and Authorized Organization Name fields were not available prior to June 2018, all existing authorized representatives will have an individual representative subtype.

As a reminder, for cases that are reopening, existing authorized representative designations are still valid, regardless of the amount of time that has passed since the case closed. Workers should review the authorized representative details with the member if an authorized representative is still listed on the case. If the member no longer wants the authorized representative on his or her case, the worker should explain to the member how to remove the authorized representative and, if needed, send a copy of the Add, Change, or Remove an Authorized Representative form. To prevent disclosure of private information while waiting to receive the member's signed statement, workers should update the value in the Send copy of notices? field to No on the Representative Details page.

CASE INFORMATION SUMMARY PAGE

The Case Information Summary page will be enhanced to display the representative's type and subtype when a representative is on a case or is being added to a case. Workers must check the type and subtype prior to merging a newly reported authorized representative with existing authorized representative pages.

- If a new representative's type and subtype match the existing representative's type and subtype, workers can merge the new representative to the existing page.
- If the type or subtype of the new authorized representative in the "Client Reported Information" section does not match the subtype of the existing authorized representative in the "Representative" section (for example, changing from an individual to organization), workers can select Replace or Do Not Add.
 - If workers select Replace, the existing authorized representative will be deleted using code NL, and a new Representative Details page will be created with the new representative's information.
 - If workers select Do Not Add, the new representative details will be discarded, and the existing Representative Details sequence will remain unchanged.

If all three signatures for the authorized representative have not been collected on the ACCESS application, workers will not be able to add the authorized representative through the Case Information

Summary page. Workers can still navigate to the Representative Details page to add the authorized representative details. However, workers should **only** add the authorized representative to the case if all signatures have been collected.

Case Information Summary
Cancel Reset

Household Members and Relationships

Relationship to SALLY	Last Updated	Begin Month	Purchases & Prepares With	Filling Parental Role	Is Caring For	Has Legal Custody Of	Is Essential Person For	Is LTC Tax Dependent Of
No data found.								

Representatives

Name	Representative Type	Representative Subtype
	Authorized Representative	Individual

Program Requests

Category	MA	MSP	BC	FPW	CTS	FS	CC	W-2
Begin Month	04/2018	04/2018	N/A	04/2018	04/2018	04/2018	04/2018	04/2018
Program Filing Date	04/30/2018	04/30/2018	N/A	04/30/2018	04/30/2018	04/30/2018	04/30/2018	04/30/2018
Last Updated	04/30/2018	04/30/2018	N/A	04/30/2018	04/30/2018	04/30/2018	04/30/2018	04/30/2018
Household Request	Yes	No	N/A	No	No	No	No	No
SALLY PEPPER 37F PP	Yes	No	N/A	No	No	No	N/A	N/A

Individual
Begin Month
Updated on or before

ALL
MM / YYYY
MM / DD / YYYY

Figure 3 Case Information Summary Page Showing Organization as Authorized Representative

AUTOMATED CASE PROCESSING STATUS

Automated Case Processing will create a Representative Details page if none exists. If any of the three signatures are missing, CWW will not create a Representative Details page but will display a follow-up action on the Automated Case Processing Status page directing the worker to follow up with the applicant or member. When the follow-up action displays, the Representative Details page will be scheduled in the workflow. The worker must follow up with the applicant or member, by phone or by mail, to complete the required action.

Automated Case Processing Status Cancel Reset

Automated Case Processing Summary

ACCESS Application Number: 1701863014 <input type="button" value="View"/>	Submission Date: 05/01/2018
Updated By: ACPCWW	Last Updated: 05/01/2018

Follow-Up Actions

Action Needed	Programs
Missing signature(s) for authorized representative	N/A

Update Agency Information

* Eligibility Office:

* Worker ID:

What would you like to do?

Complete follow-up actions

Cancel

Figure 4 Automated Case Processing Status Page Showing Follow-Up Action for Signatures

CASE SUMMARY PDF

The Case Summary PDF has been enhanced to display the organization’s name and contact person if an organization has been appointed as the authorized representative.

your summary was generated on May 1, 2018 at 10:44 AM

This is a summary of the information we used to determine your eligibility.

Basic Information

Person	Gender	Language	County or Tribe
	FEMALE	ENGLISH	MILWAUKEE COUNTY
Where You Live		Mailing Address	
FoodShare Break in Service Requirements Met Date			
Homeless?		No	
Contact Information			
Home Phone			
Work Phone			
Cell Phone			
Message Phone			
Best way to get in touch with you			
Phone Type			
Best time to get in touch with you			

Email Information

Person	Email Address	Get Email from Health Care Partners?	Get Letters Online?
JULIA		No	No

Representatives

Name	Representative Type	Mailing Address	
COOKING, INC. PAULA MURPHY	AUTH REP/DESIG REP		
	Email Address	Phone Number	Language
			ENGLISH
	W-2 Payee?	FoodShare Payee?	Medicaid Payee?
	No	No	No

Figure 5 Case Summary PDF Showing Authorized Representative Organization and Contact Person

ACCESS

Effective June 23, 2018, the ACCESS Apply for Benefits module will be updated to allow applicants and members to appoint an organization as their authorized representative. Members will not be able to appoint or change an authorized representative through the Check My Benefits, Report My Changes, and Renew My Benefits modules; however, a link to the Appoint, Change, or Remove an Authorized Representative forms will be added to those modules.

APPLY FOR BENEFITS

USING ACCESS PAGE

If the authorized representative option is chosen on the Using ACCESS page, two new radio buttons will display for the user to indicate whether the authorized representative is a person or an organization. Different pages will be scheduled based on the selection.

The screenshot displays the ACCESS web application interface. At the top left is the Wisconsin state logo with the text 'YOU ARE ON WISCONSIN.GOV'. The main header features the 'ACCESS' logo and the tagline 'Your Connection to Programs for Health, Nutrition, Child Care, and Employment'. On the right, it says 'Hello, Larsa | Español' and includes 'Print' and 'Help' buttons. A 'Your tracking number:' field is present. A vertical sidebar on the left contains buttons for 'Start', 'People', 'Other Benefits', 'Liquid Assets', 'Other Assets', 'Job Income', 'Other Income', 'Housing Bills', 'Other Bills', 'Health Insurance', and 'Submit'. The main content area is divided into three sections: 'Using ACCESS' with radio buttons for 'For yourself.', 'For another person.', and 'At a community agency...'; 'Applying for Another Person' with radio buttons for various relationships like 'Friend or family member', 'Authorized representative', 'Legal guardian', etc.; and 'Link your Express Enrollment Information' with a question and 'Yes/No' radio buttons. 'Back' and 'Next' navigation buttons are at the bottom right.

Figure 6 Using ACCESS Page

MORE ABOUT YOUR AUTHORIZED REPRESENTATIVE PAGE: PERSON

If the applicant chooses to appoint an individual as his or her authorized representative, the following page will be displayed:

ACCESS
Your Connection to Programs for Health, Nutrition, Child Care, and Employment

Hello, David | [Español](#)

Print Help

Your tracking number: [REDACTED]

1% Complete

Start | People | Other Benefits | Liquid Assets | Other Assets | Job Income | Other Income | Housing Bills | Other Bills | Health Insurance | Submit

More About Your Authorized Representative

To appoint an authorized representative, you, your authorized representative, and a witness must complete this page. This includes providing your signatures. If all three signatures are not provided, then your authorized representative **cannot** act on your behalf.

By completing this page, you are appointing your authorized representative to act on your behalf for any of the following programs:

- Wisconsin Medicaid
- BadgerCare Plus
- FoodShare
- Family Planning Only Services
- Caretaker Supplement

If you are enrolled in any of the programs above **and** Wisconsin Works (W-2), your authorized representative may also act on your behalf for W-2.

You **cannot** appoint an authorized representative to apply for you for the Child Care program. You must apply for that program yourself.

Once appointed, your authorized representative may do any or all of the following on your behalf:

- Apply for or renew benefits
- Report changes to your information
- Work with your agency on any matters related to your benefits
- File grievances and appeals about your eligibility for programs you are applying for or are enrolled in

If you want, your authorized representative can also get copies of letters about your benefits.

If you don't want to appoint an authorized representative online, you can fill out and submit the paper [Appoint, Change, or Remove an Authorized Representative: Person form](#) instead. If you choose to fill out and submit the paper form instead of this page, you must sign this application. Your authorized representative cannot sign it for you.

Authorized Representative Contact Information

Please tell us more about the authorized representative.

Figure 7 More About Your Authorized Representative Page: Person

The information being collected on this page has not changed; however, the introduction as well as the applicant's and authorized representative's statements of understanding have been updated to outline the responsibilities of an authorized representative.

The signature of the applicant, authorized representative, and witness are not required to continue with the application; however, if all three signatures are not provided, a new message will display indicating that the authorized representative appointment is not valid if the signatures are not provided.

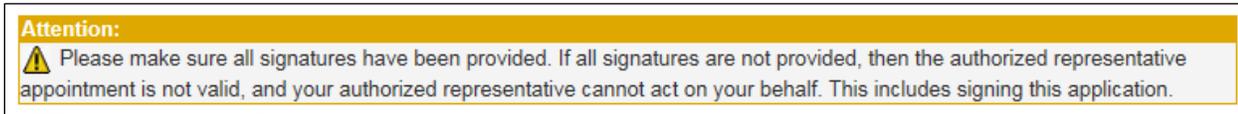


Figure 8 More About Your Authorized Representative Page Showing Signature Warning Message

MORE ABOUT YOUR AUTHORIZED REPRESENTATIVE PAGE: ORGANIZATION

If the applicant chooses to appoint an organization as his or her authorized representative, the following page will be displayed. This page will collect the organization’s contact information as well as the contact information for the organization’s contact person.



The screenshot shows the 'ACCESS' web portal interface. At the top, it says 'YOU ARE ON WISCONSIN.GOV' and 'Your Connection to Programs for Health, Nutrition, Child Care, and Employment'. The user is logged in as 'Hello, David | Español'. There are 'Print' and 'Help' buttons. A progress bar shows '1% Complete'. The main heading is 'More About Your Authorized Representative'. Below this, a warning message states: 'To appoint an organization as an authorized representative, you, a contact person from that organization, and a witness must complete this page. This includes providing your signatures. If all three signatures are not provided, then your authorized representative cannot act on your behalf.' Below the warning, there are fields for 'Organization Name', 'Address Line 1', 'Address Line 2', 'City', 'State' (with a dropdown menu), and 'ZIP Code'. There are also fields for 'Phone Number' and 'Ext.'. At the bottom, there are fields for 'Contact Person's First Name', 'Contact Person's Middle Initial', 'Contact Person's Last Name', and 'Contact Person's Email Address'.

Figure 9 More About Your Authorized Representative Page: Organization

The signature of the applicant, authorized representative, and witness are not required to continue with the application; however, if all three signatures are not provided, a new message will display indicating that the authorized representative appointment is not valid if the signatures are not provided.

ACCESS APPLICATION SUMMARY PDF

The ACCESS application summary PDF will continue to list authorized representative information in the Help From Others section. The electronic signature(s) will also display. If any of the authorized representative signatures are missing, they will be listed as “Not Provided.”

If an organization is appointed as an authorized representative, the organization name and the organization’s contact person will display in the Representative Name column.

Application Summary
Here is a summary of what you told us, as well as important information about your rights and responsibilities. If you see N/A in this summary, it means the question was Not Applicable. We did not ask the question and it is not required for your application.

Help From Others

Representative Name	Phone Number	Email Address
Organic Health Co John Doe		
Representative Address		
[Redacted]		
Copy of Letters?		Letter Language
Yes		English
Authorized Representative		
John Doe		

Applicant's Signature
 I understand that by checking this box and typing my name below, I am providing my electronic signature. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.
[Redacted]

Authorized Representative's Signature
 I understand that by checking this box and typing my name below, I am providing my electronic signature. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.
[Redacted]

Witness's Signature
 I understand that by checking this box and typing my name below, I am providing my electronic signature. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.
[Redacted]

Figure 10 ACCESS Application Summary PDF Showing Authorized Representative Organization and Contact Person

CHECK MY BENEFITS

CONTACT INFORMATION PAGE

If a member has an authorized representative, the “Authorized Representative Address and Phone Number” section will be displayed on the Contact Information page. Although members cannot change their authorized representative through Check My Benefits, a link to the Appoint, Change, or Remove an Authorized Representative forms will be added to this section so that they can complete and submit the applicable form to their agency.

YOU ARE ONLINE WISCONSIN STATE

ACCESS

Hello, [Name] [Logout](#) | [Español](#) | [Home](#)

Your Connection to Programs for Health, Nutrition, Child Care, and Employment

Print Help

Case Number: [Number] Household Head: [Name]

MyACCESS Benefit Details Get a New Card Get an Explanation of Benefits **Contact Information** History

Contact Information

This page lets you know how to get in touch with someone about your case. To use ACCESS to report changes to your local agency, please click the Back to MyACCESS button at the bottom of the page. Then, click the Report My Changes link.

If you have questions about using this website, please call Member Services at 1-800-362-3002.

Your Change Center

Your county has a special phone number for letting us know about any changes that may affect your case. If you need to call us about a change, please use the number below instead of calling your worker.

Please call 1-888-947-6583 to report changes that may affect your case. Or, to use ACCESS to report changes, please click the Back to MyACCESS button at the bottom of the page. Then, click the Report My Changes link.

Your Case Worker

[Blurred contact information]

Your Mailing Address and Phone Number

This is the mailing address and phone number we have on file for you. If we have the wrong information, please contact the worker, change center or customer service center listed above as soon as possible to let them know. If we have the wrong information, we may not be able to get in touch with you.

[Blurred contact information]

Authorized Representative Address and Phone Number

Below is the authorized representative information we have on file. If you would like to change or remove your authorized representative, fill out and submit the [paper form](#).

[Blurred contact information]

Federal Health Insurance Marketplace

People who are not able to enroll in BadgerCare Plus or Medicaid may be able to get help with paying for private insurance through the federal Health Insurance Marketplace (also called the Exchange).

To learn more about getting help through the Marketplace, visit www.healthcare.gov or 1-800-318-2596 (TTY: 1-855-889-4325).

Go to MyACCESS

Figure 11 Contact Information Page

REPORT MY CHANGES, RENEW MY BENEFITS, AND ADD A PROGRAM

Members will be able to view the authorized representative listed on their cases using the Report My Changes, Renew My Benefits, and Add a Program modules. Although members cannot change their authorized representative through these modules, a link to the Appoint, Change, or Remove an Authorized Representative forms will be added so that members can complete and submit the applicable form to their agency.

CORRESPONDENCE

If an organization has been appointed as an authorized representative and the applicant or member has chosen for the organization to receive copies of notices, the notices the organization receives will be addressed to the organization’s contact person and the organization as shown below. The name and address of the authorized representative is based on the information on the Representative Details page in CWW.

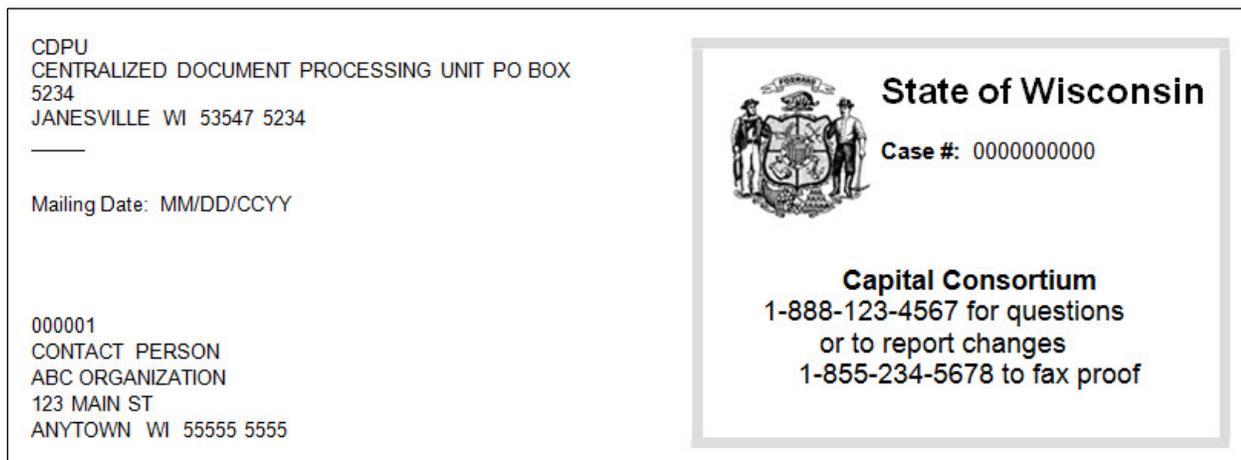


Figure 12 Mailing Address on Notices Sent to Organizations

CONTACTS

BEPS CARES Information and Problem Resolution Center

DHS/DMS/BEPS/PJH