



Vicky Pulos <vpulos@mlri.org>

COVID-19 Assister Guidance Updated 5/8/20

1 message

MAhealthconnectorUpdates <mahealthconnectortraining@state.ma.us>

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Reply-To: mahealthconnectortraining@state.ma.us

To: vpulos@mlri.org

Assister Updates

Important News for Certified Assisters in Massachusetts



May 8, 2020



COVID-19 Assister Guidance Updated 5/8/20

In response to COVID-19, and to help Assisters understand the related updates from MassHealth and the Health Connector, we are providing guidance on several areas of importance. Please review this document along with additional COVID-19 resources posted on <https://www.mass.gov/coronavirus-disease-covid-19-and-masshealth> as you assist individuals across the Commonwealth.

Please regularly check mass.gov/2019coronavirus for general updated information and mass.gov/coronavirus-disease-covid-19-and-masshealth for MassHealth-related information, and review updates from the Health Connector at mahealthconnector.org/covid-19.

We also encourage you to consult both the [MA Department of Public Health](https://www.mass.gov/public-health) and the [Centers for Disease Control](https://www.cdc.gov/) websites for the most up to date information.

We thank you for the support you provide individuals to obtain and maintain health coverage especially during this difficult time. Provided below are updated guidance for Certified Application Counselors, Navigators, and representatives of the member's choice, as you help to assist individuals across the Commonwealth.

Reminder:

- The CAC Designation Form (CDF) is what gives a CAC the authority to assist a consumer. CACs must complete a CDF for each consumer they assist, before they provide assistance.
- The Permission to Share Information (PSI) form authorizes MassHealth to share information with a specific person or organization identified by the consumer in Section 3 of the form (the "Recipient"). **New extension**, during the COVID-19 national emergency, for MassHealth members, a PSI can be signed by a representative of the member's choosing on behalf of the member.

MassHealth Applications

Massachusetts Application for Health and Dental Coverage and Help Paying Costs (ACA-3)

- Assisters should remind and encourage individuals of 'social distancing friendly' ways to apply for health and dental benefits at this time:
 - The fastest way to apply is online at www.mahealthconnector.org and it is also a mobile friendly page
 - Individual can also apply telephonically with MassHealth Customer Service at (800) 841-2900, TTY (800) 497-4648)
- Remind individuals that if they have an Authorized Representative Designation (ARD) Form already on file, that they may save time and resources by contacting their ARD and requesting their assistance
- If the member has exhausted these methods, or has expressed an urgent need for your assistance, Assisters should follow the guidance below during the COVID-19 national emergency:
 - **The Assister has worked with this individual in the past, and has already completed a CAC Designation Form (CDF), or a Navigator Designation Form (NDF) for this individual-**
 - For Navigators, current practice permits remote assistance to individuals who have already completed an NDF
 - For CACs with access to the Assister Portal, they may obtain the information from this individual telephonically, or in person if their site is allowing in person contact. If the information is received telephonically by a CAC with portal access, the CAC should enter the application as if the member was physically present but complete a signed signature page to record the verbal consent received via telephone.
 - The CAC must sign his or her name on the signature field of the CDF along with a notation that documents the consent as follows: **"CAC name is signing for individual's name based on authorization provided by individual's name over the phone on (xx/xx/2020) at (timestamp)."**; and/or
 - Assisters must type in the signature field with the notation that documents the consent as follows: **"/s/ Assister name, a certified application counselor at [provider location] signing on behalf of the applicant individual's name based on verbal consent from the applicant provided to me via phone on (xx/xx/2020) at (timestamp) because due to COVID-19, the applicant is not able to provide a physical signature and further is not able to send an email to me indicating consent."**
 - For CACs without Assister Portal access, an individual's request to have an application submitted by the CAC may be done by paper.
 - The Assister must sign his or her name on the signature line of the paper application along with a notation that documents the consent as follows: **"CAC name is signing for individual's name based on authorization provided by individual's name over the phone on (xx/xx/2020) at (timestamp)."**; and/or
 - Assisters must type in the signature field with the notation that documents the consent as follows: **"/s/ Assister name, a certified application counselor at [provider location] signing on behalf of the applicant individual's name based on verbal consent from the applicant provided to me via phone on (xx/xx/2020) at (timestamp) because due to COVID-19, the applicant is not able to provide a physical signature and further is not able to send an email to me indicating consent."**
 - **The Assister has a new applicant, with no previous relationship with this Assister -**

- Consistent with current practice, the Assister must first complete the corresponding Designation Form for either a CAC or Navigator, for every member they are working with. If the Assister is providing assistance via telephone, and with Assister Portal access, the Assister may sign the Designation Form with the applicant's verbal consent received via telephone.
 - Assisters must read the CAC Designation Form, or Navigator Designation Form in its entirety and should offer to email or mail the form to the individual for their reference.
 - The Assister must sign his or her name on the signature line of both forms along with a notation that documents the consent as follows: **"Assister name is signing for individual's name based on authorization provided by individual's name over the phone on (xx/xx/2020) at (timestamp).";** and/or
 - Assisters must type in the signature field with the notation that documents the consent as follows: **"/s/ Assister name, a certified application counselor at [provider location] signing on behalf of the applicant individual's name based on verbal consent from the applicant provided to me via phone on (xx/xx/2020) at (timestamp) because due to COVID-19, the applicant is not able to provide a physical signature and further is not able to send an email to me indicating consent."**
- **If Assisters are unable to follow the steps above and sign on behalf of the individual, they may call the MassHealth Assister line with the individual and obtain their consent on a recorded line, disconnect with MassHealth Customer Service and proceed to assist the individual.**
- Once an Assister has obtained a signed Designation Form please refer to the guidelines above for Applicants with a Completed CDF or NDF.
- If Assisters do not have access to the Assister Portal during this time, they should strongly encourage members to utilize the alternative methods of applying, as they are the most time efficient for both the applicants and Assisters.
- If an Assister would like to complete a conference call with MassHealth Customer Service, and the individual to complete a telephonic application they may do so, however it may be time consuming for the Assister, and the Customer Service Representative would complete the actions.

Application for Health Coverage for Seniors and People Needing Long-Term-Care SACA-2, and Assistance with Medicare Costs Medicare Savings (also known as Buy-In) Programs Application:

Please note the following guidance is applicable during the COVID-19 national emergency and MassHealth will inform Assisters when we are returning to normal practices.

- Applications should be mailed or faxed at this time, in person drop offs are suspended until MassHealth Enrollment Centers are re-opened
- Applications can be completed via paper, business as usual. For the fillable PDF, go to <https://www.mass.gov/doc/application-for-health-coverage-for-seniors-and-people-needing-long-term-care-services-0/download>
- Remind individuals that if they have an Authorized Representative Designation (ARD) Form already on file, that they may save time and resources by contacting their ARD and requesting their assistance
- If the member has exhausted these methods, or has expressed an urgent need for your assistance, Assisters should follow the guidance below:
 - **The Assister has worked with this individual in the past, and has already completed a CAC Designation Form (CDF), or a Navigator Designation Form (NDF) for this individual** - Assisters may obtain the information from this individual telephonically, or in person if their site is allowing in person

contact. If the information is received telephonically, Assisters may sign this application for the individual with their verbal consent received via telephone.

- The Assister should sign his or her name on the signature line along with a notation that documents the consent as follows: **"Assister name is signing for individual's name based on authorization provided by individual's name over the phone on (xx/xx/2020) at (timestamp)."**; and/or
 - Assisters must type in the signature field with the notation that documents the consent as follows: **"/s/ Assister name, a certified application counselor at [provider location] signing on behalf of the applicant individual's name based on verbal consent from the applicant provided to me via phone on (xx/xx/2020) at (timestamp) because due to COVID-19, the applicant is not able to provide a physical signature and further is not able to send an email to me indicating consent."**
- **The Assister has a new applicant, with no previous relationship with this Assister** - Consistent with current practice, the Assister must first complete a CAC Designation Form. If the Assister is providing assistance via telephone, the Assister may sign both the CAC Designation Form as well as the actual application with the applicant's verbal consent received via telephone.
- Assisters must read the CAC Designation Form, or Navigator Designation Form in its entirety and should offer to email or mail the form to the individual for their reference.
 - The Assister must sign his or her name on the signature line of the CDF along with the notation that documents the consent as follows: **"Assister name is signing for individual's name based on authorization provided by individual's name over the phone on (xx/xx/2020) at (timestamp)."**; and/ or
 - Assisters must type in the signature field with the notation that documents the consent as follows: **"/s/ Assister name, a certified application counselor at [provider location] signing on behalf of the applicant individual's name based on verbal consent from the applicant provided to me via phone on (xx/xx/2020) at (timestamp) because due to COVID-19, the applicant is not able to provide a physical signature and further is not able to send an email to me indicating consent."**
 - **If Assisters do not want to follow the steps above and sign on behalf of the individual, they may call MassHealth Customer Service with the individual and obtain their consent on a recorded line, disconnect with MassHealth Customer Service and proceed to assist the individual.**

In Summary

Designation Form Type	Required Authorization	Assister Portal Action	Follow-Up Steps
In-person signature	An in-person (wet) signature or form mailed to the Assister with applicant or member's signature.	Enter the member's name in the signature line of the designation form.	Submit the signed form via Document Upload, mail, or fax the designation form to the Commonwealth; proceed with the application or updates as usual through the Assister Portal.

Wet signature based on verbal consent	Email authorization or verbal consent* from the applicant or member; or recorded consent through MassHealth Assister line.	Enter the member's name in the signature line of the designation form. Enter the Assister's name and applicant or member's name in the form submitted to the Commonwealth.	Submit the signed form via Document Upload, mail, or fax the designation form with the wet signature based on verbal consent language to the Commonwealth; proceed with the application or updates as usual through the Assister Portal.
Verbal signature	Recorded consent through MassHealth Assister line.	Enter the member's name in the signature line of the designation form. Enter the Assister's name and document the required verbal consent language provided in the Assister Guidance in the signature line of the designation form submitted to the Commonwealth.	Submit the signed form via Document Upload, mail, or fax the designation form with the required verbal signature language to the Commonwealth; proceed with the application or updates as usual through the Assister Portal.
Text Signature	Email authorization or verbal consent* from the applicant or member; or recorded consent through MassHealth Assister line.	Enter the member's name in the signature line of the designation form. Enter the Assister's name and document the required consent language provided in the Assister Guidance in the signature line of the designation form submitted to the Commonwealth.	Submit the signed form via Document Upload, mail, or fax the designation form with the required verbal signature language to the Commonwealth; proceed with the application or updates as usual through the Assister Portal.

*An Assister may proceed with the designation form with just the verbal consent of a member; however, the Authorization is stronger if an email consenting can be provided. This email consent can serve as ratification of the consent given if there was a dispute about the changes made afterwards.

MassHealth and the Health Connector

	<p>Important Links</p> <p>MAHealthconnector.org</p> <p>MassHealth Website</p> <p>Learning Management System</p>	
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MassHealth, The Health Connector, Boston, MA 02115

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