

Alaska was approved by the Centers for Medicare & Medicaid Services (CMS) for a temporary waiver that allows a Medicaid recipient to verbally designate an organization to be their authorized representative for the purpose of signing the renewal form. The approved organization will be responsible for documenting the verbal designation using the attached form and must submit it to the Division of Public Assistance (DPA) with the completed renewal form.

**Important Information:**

1. There is a 180 day renewal reconsideration period in place until September 30, 2024. If an individual's Medicaid closed for failure to submit a renewal form, they have 180 days from the date of closure to submit it. DPA will determine their eligibility back to the date of closure without requiring a new application.
2. If a Medicaid recipient gives you verbal authorization to sign their renewal form, you must sign the Medicaid renewal form with your name. Do not attempt to sign the recipient's name.
3. The completed Verbal Authorized Representative Designation Form must be submitted with the completed renewal form, or the Medicaid renewal will not be processed.
  - ARIES Pre-populated Renewal Form for MAGI Medicaid. *If this form is lost, an Eligibility Review Form (GEN 72) can be used.*
  - Eligibility Review Form (GEN 72) for non-MAGI Medicaid if the household cannot attest to the items on the Medicaid Simplified Renewal Form (MED 72).
  - Medicaid Simplified Renewal Form (MED 72) for non-MAGI Medicaid if the individual (and their spouse if applicable) can attest that no change has occurred in their household composition since their last renewal, that their countable monthly income remains below the eligibility standard for their household type, and that their countable resources are below the appropriate limit.
4. The ability to verbally designate an authorized representative is only temporary and valid for Medicaid renewals only. Do not mark other programs. Your signature is not valid for any other program.
5. As an approved organization, you must explain to the Medicaid recipient that their verbal authorization only gives you the limited authority to sign their Medicaid renewal form. Your organization will not be able to get information from DPA about your Medicaid case.
6. When the forms are complete, they can be sent to DPA in one of the following ways:
  - In person to any Public Assistance Office
  - By mail to any Public Assistance Office
  - By fax to 888-269-6520
  - By email to [hss.dpa.offices@alaska.gov](mailto:hss.dpa.offices@alaska.gov)

Any questions regarding Medicaid policy should be directed to [hss.dpa.policy@alaska.gov](mailto:hss.dpa.policy@alaska.gov).

## Verbal Authorized Representative Designation Form

This form is used to document a Medicaid recipient's verbal authorized representative designation for an approved organization to sign their Medicaid renewal form. This temporary authorized representative designation is limited to signing the Medicaid renewal form. Additional written consent and authorization is required for appointment as an individual's authorized representative.

Recipient's Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Case Number or SSN: \_\_\_\_\_

Date of Verbal Authorization: \_\_\_\_\_

**This form must be submitted with the Medicaid renewal form.**

Your signature on this form certifies:

- I have explained to the Medicaid recipient that this verbal authorization only gives you the limited authority to sign the Medicaid renewal form. It cannot be used for any other purpose or program.
- I understand that this verbal consent does not authorize the Division of Public Assistance to release information to you or your organization.
- I will provide the Medicaid recipient with a copy of the completed verbal authorized representative designation form.

Under penalty of perjury, I certify that all information provided on this form and the associated renewal form is true and correct to the best of my knowledge.

Printed Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Forms received after November 30, 2024 are not valid.*