

**County of San Diego, Health and Human Services Agency (HHSA)
County Medical Services (CMS) Program Guide**

Statement of Facts (SOF)

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Background

Workers use the SOF plus appropriate supplemental forms located in the CMS IT System to determine CMS eligibility.

Policy:

A: Who May Complete and Sign the SOF

As long as the applicant has the capacity to discharge his/her responsibilities, he/she is responsible for participating in the application process.

The SOF must be completed and signed as follows:

If the applicant...	Then...
Is competent	The SOF must be completed and signed by the applicant or spouse. The applicant or spouse is also responsible providing all information and verifications necessary to determine eligibility.
Is incompetent	The SOF must be completed and signed by the applicant's (in order of rank): <ul style="list-style-type: none"> • Spouse; • Conservator, guardian or executor, if there is one; • Relative or person with knowledge of applicant's circumstances; or • Representative of a public agency or the County department.
Is incapable of signing because of a physical condition	Applicant should provide the information, and a relative, knowledgeable person, or worker can sign the SOF.
Can sign making a "mark"	A witness should also sign the SOF.

B: Authorized Representative (AR)

Applicants/beneficiaries may designate any person they choose at any time to be an AR to accompany and assist them in the eligibility determination process. The AR may not appear or act in lieu of the applicant/beneficiary. A competent applicants/beneficiaries participation in the CMS application process is not excused by designating another person.

To designate an AR to assist in the application or redetermination process, the applicant/beneficiary must sign and date an Appointment of Representative form or any other written authorization. The written designation appoints an individual or an individual designated by an organization to assist them in establishing CMS eligibility. The AR may assist the applicant at the interview, help in obtaining required verification, etc. The person may be a family member, friend, representative of an organization, or anyone else the applicant chooses.

While the County must allow applicants the right to choose someone to accompany, assist and represent them, applicants continue to have the responsibility to cooperate by completing and signing the SOF. When there is a face-to-face interview, the applicant must be present and personally ensure timely and complete responses to requests for information.

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Any written authorization is required to be signed and dated by the applicant/beneficiary for all CMS cases, even when an AR is designated to assist the client in the CMS application or redetermination process. The AR authorization does not grant the AR the authority to complete the SOF or attend a face-to-face interview in lieu of the applicant/beneficiary. Also the authorization does not grant the AR the authority to process ongoing case management or to access the applicant's/beneficiary's other programs. The applicant/beneficiary is to understand that if the AR fails to perform as the applicant/beneficiary intends and the application is denied or benefits are discontinued due to that failure, the applicant/beneficiary must accept the consequences of the AR's actions or inactions.

A written AR authorization is to be recognized for one year from the date signed and may be revoked by the applicant at any time.

C: Determining A Knowledgeable Person

A knowledgeable Person must have real, personal and specific knowledge of the applicant's affairs. The person must be able to answer vital income and property questions with a response other than "unknown."

When the SOF is completed and signed by someone other than the applicant or his/her spouse, that person assumes the responsibilities of the applicant and is liable for declarations, made on behalf of the applicant; therefore, if the person signing the SOF willfully conceals or fails to report essential facts, that person not the applicant/beneficiary could be referred for a fraud investigation.

If the "knowledgeable person" is found to have no real, personal, and specific knowledge of the applicant's affairs, the worker will determine whether another "knowledgeable" person, such as a relative or an LTC representative (if the applicant is in LTC) is available. If no such person is available, the worker may sign and complete the SOF.

Other Program Impact:

None

Reference(s):

None

Sunset Date:

This policy will be reviewed for continuance by 04/30/2019.

Release Date:

April 04, 2016