

Proposed Rule
LSA Document #08-195

DIGEST

Amends [405 IAC 2-1-2](#) to describe the form of the initial applicant interview and the reinvestigation interview and to allow for the acceptance of electronic signatures on applications. Effective 30 days after filing with the Publisher.

[IC 4-22-2.1-5 Statement Concerning Rules Affecting Small Businesses](#)

[405 IAC 2-1-2](#)

SECTION 1. [405 IAC 2-1-2](#) IS AMENDED TO READ AS FOLLOWS:

[405 IAC 2-1-2 Interview of applicants and recipients](#)

Authority: [IC 12-13-5-3](#); [IC 12-13-7-3](#); [IC 12-15-1-10](#)

Affected: [IC 12-15-4](#); [IC 12-15-5](#)

Sec. 2. (a) In addition to the requirements of [470 IAC 2.1-1-2](#), each applicant for and recipient of medical assistance or the individual authorized to act in the individual's behalf must be interviewed by the ~~county office~~ **division of family resources (division)** at the time of the initial investigation and at each annual reinvestigation of eligibility.

(b) The initial investigation interview required under subsection (a) may be conducted:

- (1) in a division office;**
- (2) at a home visit;**
- (3) by telephone; or**
- (4) at a community location designated by the division or designee.**

(c) The annual reinvestigation interview required under subsection (a) may be conducted:

- (1) in a division office;**
- (2) at a home visit;**
- (3) by telephone;**
- (4) by mail; or**
- (5) at a community location designated by the division or designee.**

~~(b)~~ **(d)** An application for medical assistance shall be filed on the form prescribed by the division. ~~of family and children.~~

~~(e)~~ **(e)** The applicant or recipient may use an authorized representative to:

- (1) apply for medical assistance; to**
- (2) represent the applicant or recipient in all interviews; and to**
- (3) notify the ~~county office~~ **division** of any changes.**

The authorization must be in writing except as provided in subsections ~~(e)~~ and ~~(f)~~. **(g) and (h).**

~~(d)~~ **(f)** Notwithstanding the availability of an authorized representative, the ~~county office~~ **division** may require personal contact with the applicant or recipient in order to obtain information necessary for the determination of eligibility.

~~(e)~~ **(g)** The parents of an applicant or recipient under twenty-one (21) years of age may apply for medical assistance on behalf of the applicant or recipient without the written authorization specified in subsection ~~(e)~~. **(e).**

~~(f)~~ **(h)** The written authorization specified in subsection ~~(e)~~ **(e)** shall not be required if medical documentation

shows that the applicant or recipient is medically unable to provide such authorization.

(i) The division will accept an application for medical assistance signed with an electronic signature.

~~(g)~~ **(j)** An applicant or recipient who does not meet the requirements of this section shall be ineligible for medical assistance.

(Office of the Secretary of Family and Social Services; [405 IAC 2-1-2](#); filed Mar 1, 1984, 2:31 p.m.: 7 IR 1013, eff Apr 1, 1984; filed Jun 19, 1984, 10:25 a.m.: 7 IR 1821, eff Jul 1, 1984 [[IC 4-22-2-5](#) suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #84-29 was filed with the secretary of state June 19, 1984.]; filed Feb 16, 1993, 5:00 p.m.: 16 IR 1781; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; readopted filed Sep 19, 2007, 12:16 p.m.: [20071010-IR-405070311RFA](#)) NOTE: Transferred from the Division of Family and Children ([470 IAC 9.1-1-2](#)) to the Office of the Secretary of Family and Social Services ([405 IAC 2-1-2](#)) by P.L.9-1991, SECTION 131, effective January 1, 1992.

[Notice of Public Hearing](#)

Posted: 05/14/2008 by Legislative Services Agency
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