



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

Family Investment Administration
ACTION TRANSMITTAL

Control Number:09-39

Effective Date: Upon Receipt

Issuance Date: May 22, 2009

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND CASE MANAGERS**

**FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR, FAMILY INVESTMENT
ADMINISTRATION**

RE: AUTHORIZATION TO RELEASE INFORMATION

**PROGRAM AFFECTED: MEDICAL ASSISTANCE - AGED, BLIND, AND DISABLED
COVERAGE GROUP**

ORIGINATING OFFICE: DISABILITY SERVICES OPERATIONS

SUMMARY:

This Action Transmittal (AT) obsoletes AT 03-43 and the Authorization to Release Information (DHR/FIA 161) form. This AT also introduces the Authorization to Disclose Information form (DHR/FIA 827-see Attachment) that replaces the DHR/FIA 161 form and provides instructions on how to use the DHR/FIA 827 form.

Federal and State regulations require a disability determination on all individuals that apply for Medical Assistance as a disabled person. The responsibility for the disability determination of an individual for Medical Assistance is with the State Review Team (SRT). The SRT reviews medical records, educational records and other information related to an individual's ability to perform tasks. In order for the SRT to obtain the required records, the applicant must give written consent to release the required information to the SRT.

ACTION REQUIRED:

Effective upon receipt of this AT, case managers will review, explain and obtain the required signature on the DHR/FIA 827 form from all individuals applying for Medical Assistance as a disabled person. Only one completed DHR/FIA 827 is required for each individual applying for Medical Assistance. The DHR/FIA 827 form will establish consent to release information for all providers of the applicant; no longer will an applicant complete a consent to release information form for each individual provider.

HOW TO USE THE DHR/FIA 827 FORM:

For each individual applying for Medical Assistance as a disabled person the case manager will:

- Explain the purpose of the form,
- Explain to whom the form will be sent,
- Explain when the DHR/FIA 827 form authorization will expire,

- Have the applicant or their representative complete the authorization information, and
- Include one completed DHR/FIA 827 form in each referral packet to the SRT.

Note: All SRT referral packets must include a completed DHR/FIA 827 form.

INQUIRIES: Please direct all inquiries to Cynthia Carpenter at 410-767-8910 or ccarpent@dhr.state.md.us

cc: DHR Executive Staff
FIA Management Staff
Constituent Services
Help Desk