



*340 Cedar Springs Road
Spartanburg, SC*

Phone: 864-583-4175

Fax: 864-582-5327

Documents/Items needed during the application process:

- History and Physical - This medical information cannot be older than 30 days.
Please make sure it addresses Decisional Capacity
- Medication List –Must be accurate and current
- Tuberculosis test (PPD)- Cannot be older than 30 days
- Immunization Record
- Level of Care Assessment Letter- To obtain this, please call Community Long Term Care
at 864-594-4964
- Proof of Insurance – Please provide a copy of applicant’s Medicare and Medicaid Card

Contact Jasmine Jenkins or Emily Lipshetz if you have any questions

Phone: 864-582-4175

Fax: 864-582-5327

Email Jasmine: jjenkins@mountainviewnh.com

Email Emily: elipshetz@mountainviewnh.com

**Authorization for Release of Information and
 Appointment of Authorized Representative
 for Medicaid Applications/Reviews and Appeals**

Name of Medicaid applicant/member	Social Security Number
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Appointing an Authorized Representative

Would you like to allow someone to represent you on all matters related to your case?

You can give a trusted person or an organization permission to talk about your application with us, see your information, and act for you on matters related to your application, including getting information about your application and signing your application on your behalf. This person can also act for you on other matters, including reviews, appeals and managed care processes. This person is called an "authorized representative." The Medicaid eligibility worker can release any information regarding your application/review and status to your authorized representative. More than one person or organization can serve as your authorized representative.

You can appoint, withdraw or change an authorized representative at any time. If you ever need to change your authorized representative, contact Healthy Connections. If you are a legally appointed representative for someone on this application, you do not need to complete this section.

Full Name of Authorized Representative or Organization		<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Remove this person or organization as my authorized representative	
Jeanne Smith			
Point of Contact If Authorized Representative Is An Organization	Unit* (if applicable)	ID number (if applicable)	
Mountainview Nursing Home		291168	
City	State	ZIP code	
Spartanburg	SC	29302	
Authorized Representative's phone number	Other phone number		
864-582-4175	FAX 864-583-2310		
Authorized Representative's email address			
jsmith@mountainviewnh.com			
Authorized Representative's address (Leave blank if you don't have one)			Apartment or suite number
340 Cedar Springs Road			

*It is best to identify a specific unit for large organizations.

OR

Permission to Release Information

Is there anyone that you would like us to share information with about your application?

By completing this section, you can give permission for the following person to receive information about your application/case, but they won't have the ability to act on your behalf like an authorized representative. You also give SCDHHS permission to release information about this application to this additional person or organization.

Name of person/organization		Phone	
Address		City	State ZIP
Unit (if applicable)		ID Number (if applicable)	

Medicaid applicant/member's signature	Date (mm/dd/yyyy)
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If signing with an "X," please have two people sign below as witnesses.

Witness: _____ Witness: _____

Member is incapacitated and unable to sign. SCDHHS reserves the right to verify member's inability to sign. Provide reason:

Mail your signed form to: SCDHHS - Central Mail, PO Box 100101, Columbia, SC 29202-3101 **Fax:** (888) 820-1204

NEED HELP WITH YOUR APPLICATION? Visit SCDHHS.gov or call us at **1-888-549-0820**. Para obtener una copia de este formulario en Español, llame **1-888-549-0820**. If you need help in a language other than English, call **1-888-549-0820** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call **1-888-842-3620**.

*Thank you for considering
Mountainview for your loved one.
We look forward to working with
you during the application process.
Please reach out if you have any
questions.*

Phone: 864-582-4175

Fax: 864-582-5327

Email Jasmine: jjenkins@mountainviewnh.com

Email Emily: elipshetz@mountainviewnh.com