

Minnesota Delegation/Rescission of Authority

130435-4			
This document is a pu	blic record and is available for publi	ic inspection.	
1. Departmen	t of Human Services	2. Name of Designee (include titl	e)
Health Care		Geneva Finn, Manager, Special Recovery Unit, Bene Recovery, Ombudsman, and Eligibility Appeals Div	
	2 Dougon dologotina		
		/rescinding (include title) SIONER PAMELA WHEELOCK	
4. Choose fror	n the following option	S	
	the powers and/or duties listed in named designee, effective:	☑ I hereby RESCIND all prior delegations of authorit file for the above named person effective:	y on
July 19	2019	July 19 2019	
Month Day	Year	Month Day Year	
elease check all that	ts (Provide details below)	Pursuant to: M.S. 16C.03, Subd. 16 (By the Commissioner of Administration of Admini	
5. If you are de Execute Contract Other (Provide de DETAILS	egating powers and/or	(By the Commissioner of Administration duties, mark the appropriate line(s) b gn Purchasing Documents (Provide details below)	
Details See Attachment A	egating powers and/or (ts (Provide details below)	(By the Commissioner of Administration duties, mark the appropriate line(s) b gn Purchasing Documents (Provide details below)	
Execute Contract Other (Provide de DETAILS See Attachment A. Signatures CELEGATING/RESCINDING AUTHOR	egating powers and/or its (Provide details below) which is hereby incorporated by re	(By the Commissioner of Administration duties, mark the appropriate line(s) b gn Purchasing Documents (Provide details below)	
Flease check all that and the second of the	egating powers and/or its (Provide details below) Signature which is hereby incorporated by reserving Academics	(By the Commissioner of Administration duties, mark the appropriate line(s) b gn Purchasing Documents (Provide details below)	elo

200731

Geneva Finn, Manager Benefit Recovery, Ombudsman and Eligibility Appeals Division 130435-4 Attachment A

Within the limits specified in the Medicaid State Plan, full authority to act for me to perform all duties and sign all documents by affixing her signature in lieu of mine as required to recover payments for benefits made under Medical Assistance, General Assistance, Minnesota Family Investment Program, and Aid to Families with Dependent Children, in order to accomplish the following:

- 1. Sign liens, releases and subordinations for Medical Assistance Property Liens, Alternative Care Property Liens, and Notices of Potential Claims under Minnesota Statutes, sections 256B.15 and 514.980 through 514.985;
- 2. Negotiate and execute agreements to settle, discharge, or pay off Medical Assistance Property Liens, Alternative Care Property Liens, and liens arising under Notices of Potential Claims under Minnesota Statutes, sections 256B.15, and 514.980 through 514.985;
- 3. Discuss, negotiate, settle or confirm payout or designation of beneficiary of an annuity under Minnesota Statutes, sections 256B.056 and 256B.0595;
- 4. Discuss, negotiate, settle or confirm payout or designation of beneficiary of a Special Needs Trust or Pooled Trust under Minnesota Statutes, sections 256B.056 and 501C.1205;
- 5. Execute, settle and negotiate medical care liens and releases as needed to secure third party liability recovery of payments under Minnesota Statutes, sections 256B.15 and 256B.042; and
- 6. Execute, settle and negotiate workers compensation interventions as needed to secure third party liability recovery of payments under Minnesota Statutes, section 176.191.