The Commonwealth of Kentucky



# Quick Reference Guide Add, Edit, and Remove an Individual Authorized Representative





This Quick Reference Guide is designed to help users complete the steps required to add, edit, and remove an individual as an Authorized Representative in kynect benefits.

# Table of Contents

Authorized Representative Overview	3
Adding an Authorized Representative4	ł
Editing an Authorized Representative's Information10	)
Remove an Authorized Representative14	ł



**Please Note**: Residents who still need help after referencing this Quick Reference Guide can call **(855) 459-6328** for additional assistance.



#### Authorized Representative Overview

Authorized Representatives are appointed to manage designated benefits on behalf of a Resident. Authorized Representatives can be friends, family members, providers, or attorneys. Residents can give an Authorized Representative permission to complete any of the following actions on their behalf in kynect benefits:

- Apply for Benefits
- Report a Change in information
- Recertify Benefits Application
- Receive a Copy of Notices
- Request an EBT Card
- View Messages, Notifications, and To-Do's

To add an Authorized Representative through kynect benefits, the Resident must first log in and navigate to the **Get Local Help** screen.

#### Ways to Access the Get Local Help screen

- 1. Click **Get Local Help** on the **menu** icon that is found in top left of a **mobile device** screen, or click **Get Local Help** on the **top** menu while using a computer.
- 2. Click the Reps, kynectors, & Agents tile on the Resident Dashboard.
- 3. Complete the *Reps, kynectors, & Agents* section in the **Benefits Application**.

Authorized Representative Give a trusted friend or family member access to your case or application.



## Adding an Authorized Representative

Below are the steps to add an individual as an Authorized Representative from the **Dashboard**.

#### Steps to Add an Authorized Representative

1. Click **Get Local Help** on the **top** menu of the **Dashboard** on a computer or from the **menu** icon on a mobile device.

	kynect	Dashboard	Programs 🗸	Get Local Help	Child Care Provider Search	Help & FAQs	
Welcome, N	JUAA	ARDK		AAUS	IJ		
Mylelanator			+ 11		Add Oth	er Benefits	App pro hou
View details on your benefits applica	ition, cases, and benef	fits.	for side	Martin	and the second se		
Benefits →							
Case#: 100088782 • Acti	ve						

2. Click the **Add an Authorized Representative** button to continue to the **Authorized Representative** search tool.

Free hel <u>j</u> below op	p with your benefit application is available. There are several ways to get help. Explore th tions to find what is right for you.
Author	zed Representative
An Auth them pe	orized Representative can apply for and manage your benefits on your behalf. You can gi rmission to do any of the following activities on your behalf:
<ul> <li>apply f</li> </ul>	or benefits
<ul> <li>Report</li> </ul>	Changes in your information
<ul> <li>recerti</li> </ul>	fy your benefits application
<ul> <li>receive</li> <li>Use EE</li> </ul>	a copy of notices (Medicaid) T Card (SNAP and KTAP)
An autho	prized Representative can be a family member, friend, provider, or attorney.





**Please Note**: Authorized Representatives can only be added after logging into kynect benefits. If you need additional assistance adding Authorized Representatives please call **(855) 459-6328**.

- 3. Enter the Authorized Representative's **First Name**, **Middle Initial** (optional), and **Last Name**.
- 4. Enter the Authorized Representative's **Email**.
- 5. Click Search Auth Rep.

Be sure to add the correct indivi- based on the permissions you set	idual. The person you add will get access to your case informa elect.
Enter the following details about you	ur authorized representative.
First Name	M.L (optional)
JANE	
Last Namo	Suffix (Optional)
LEARY	Select 🛇
Email	
JaneLeary@mailinator.com	



**Please Note**: The **Continue Entering Information** pop-up appears to manually enter the information if the individual is not found in the system.

6. Enter Social Security Number.



- 7. Select Gender.
- 8. Enter **Date of Birth**.
- 9. Enter a **Phone Number**.
- 10. Select a **Preferred language**.
- 11. Select Yes or No to Does this authorized representative work for an organization that provides you assistance?.
  - If **Yes**, the user is prompted to enter **the Organization Name** and **Organization ID** (reference the Add an Organization Authorized Representative QRG on the <u>kynect benefits home page</u>).

**Please Note**: Reference the **Add an Organization Representative quick reference guide** for more details about adding Organization Authorized Representatives.

12. Click Next.

Gender       Date of Birth         Select       Imm/dd/yyyy iii         Phone number       Ext. (optional)         ###+-###+-#####       Imm/dd/yyyy iii         Preferred language       Start Typing         Does this authorized representative work for an organization that provides you assistance?		7
Phone number Ext. (optional)	Sender Date of Birth Select 🕥 mm/dd/yyyy 📸	]
###-###       Preferred language         Start Typing       Preferred language         Does this authorized representative work for an organization that provides you assistance?	Phone number	Ext. (optional)
Preferred language Start Typing Does this authorized representative work for an organization that provides you assistance?	###-###-####	
Start Typing	referred language	¬
Does this authorized representative work for an organization that provides you assistance?	Start Typing	
Yes No	Does this authorized representative work for Yes No	an organization that provides you assistance?

13. Select a response from the **How is this person related to you?** drop-down.

#### 14. Enter an Address.



Be sure to add the correct individual. The perso based on the permissions you select	on you add will get access to your case informatior
hadd on the permissions you select.	
Select	
Address	Address Line 2
	I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B
Please indicate the programs and level of acces Representative. Which program(s) do you want this authorize	ed representative to have access to?

15. Select the programs that the Authorized Representative is requesting access to.

16. Click Next.



	Spouse O	
	Address	Address Line 2
	123, WEST MAIN STREET, LEXINGTON, FAYETTE C	I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B
	Please indicate the programs and level of access Representative.	s you would like to grant your Authorized
Г	Which program(s) do you want this authorize	d representative to have access to?
	Medicaid/KCHIP/Qualified Health Plan wi	ith payment assistance (APTC)
	Apply, Report Changes , Recertify	
	Apply, Report Changes , Recertify	and receive copy of Notices
	QHP (Medical and Dental Insurance plar	ns without payment assistance)
	Back Cancel	Next

17. Read the **Terms of Agreement** on the **Authorized Representative Consent** screen.



#### 18. Enter First Name, Middle Initial, and Last Name to sign.



based on the permissions	t individual. The perso you select.	on you add will get	t access to ye	our case information
Terms of Agreement				
<ol> <li>I give permission to th them information that</li> </ol>	is authorized represe t is true to the best of t	ntative to perform my knowledge.	n the chosen	actions. I will give
<ol> <li>I will not give false infe to do so, I may face cor benefits and paying bit</li> </ol>	ormation and will rep nsequences. I underst ack benefits	ort changes in a ti and this includes	mely manne prosecution	er. I understand if I fa for fraud, losing
benenis, and paying be	ick benefiti.			
By entering your name be	elow, you are electron	ically signing this	form.	
By entering your name be First Name	elow, you are electron	ically signing this	form.	
By entering your name be First Name James	elow, you are electron	ically signing this	form.	Date

#### 20. View the Authorized Representative for the Resident.

Authorized Represen	ative	
An Authorized Represen	ative can apply for and manage your benefits on your b	behalf. You can give
them permission to do a	y of the following activities on your behalf:	
<ul> <li>apply for benefits</li> </ul>		
Report Changes in you	information	
recertify your benefits	application	
receive a copy of notic	s (Medicaid)	
Use EBT Card (SNAP a	d KTAP)	
An authorized Represen	ative can be a family member, friend, provider, or attorn	ley.
An authorized Represen <b>DAN SMITH</b> Medicaid/KCHIP/Qualified plans without payment a: <b>Application #: 6006</b>	ative can be a family member, friend, provider, or attorn lealth Plan with payment assistance (APTC),QHP (Medical and Dental istance) <b>7004</b>	Insurance



# Editing an Authorized Representative's Information

Authorized Representative information can be found in two places after they have been added into kynect benefits:

- Click the **Authorized Representative** link on the **Reps, kynectors, & Agents** tile on the **Resident Dashboard**.
- Click **Get Local Help** on the **top** menu of the **Resident Dashboard** or the **menu** icon on a mobile device.

Below are the steps to edit an Authorized Representative's information.

#### Steps to Edit Authorized Representative Information

- 1. Click **Get Local Help** on the **top** menu of the **Dashboard** on a computer or **Get Local Help** from the **menu** icon on a mobile device.
- 2. Click the **Expand** icon by the Authorized Representative's name.

Authorized Representative	
An Authorized Representative can apply for and manage your benefits them permission to do any of the following activities on your behalf:	on your behalf. You can give
• apply for benefits	
<ul> <li>Report Changes in your information</li> </ul>	
<ul> <li>recertify your benefits application</li> </ul>	
<ul> <li>receive a copy of notices</li> </ul>	
JANE GLOVER Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)	۲



### 3. Click Edit.

JANE LEARY Medicaid/KCHIP,SNAP (Food Assistance) Case #: 112255097		Θ
Permission Details Medicaid/KCHIP Case # 112255097 SNAP (Food Assistance) Case # 112255097	Apply, Report Changes , Recertify Use EBT Card	
Contact Information		
Phone		
865-555-6666		
Email		
jane.leary@mailinator.com		
Address		
123 TRAINING ADDRESS, Allen, LEXINGTON,	<u>Kentucky, 40502</u>	
	Edit	
	Remove	

Edit any new information for the Authorized Representative.
 Click Next.



Search /	Auth Rep	
Social Security Number		
Gender	Date of Birth	
Female 📀	9/27/1975 🛗	
Phone number		Ext. (optional)
865-555-6666		
Preferred language		
English		
Does this authorized re	epresentative work for No	an organization that provides you assistance?

- 6. Confirm relationship on the *How is this person related to you?* drop-down.
- 7. Confirm Address.

Be sure to add the correct individual. The pers based on the permissions you select.	on you add will get access to your case information
How is this person related to you?	
Family member (not spouse)	0
Address	Address Line 2
123, West Main Street, Downtown, Louisville,	i.e. apt. #, suite, unit, building, floor, P.O. box,
123, West Main Street, Downtown, Louisville, . Please indicate the programs and level of acce	i.e. apt. #, suite, unit, building, floor, P.O. bo

- 8. Select the programs that the Authorized Representative is requesting access to.
- 9. Click Next.



Sp	ouse	$\odot$	
Addre	SS		Address Line 2
123	WEST MAIN STREET, LEXIN	IGTON, FAYETTE C	I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B
Plea: Repr	e indicate the programs esentative.	and level of access y	ou would like to grant your Authorized
Whie	<b>ch program(s) do you w</b> Medicaid/KCHIP/Qual	<b>vant this authorized</b> ified Health Plan with	representative to have access to? n payment assistance (APTC)
	Apply, Report Ch	nanges , Recertify	
	Apply, Report Ch	nanges , Recertify ar	nd receive copy of Notices
	QHP (Medical and De	ntal Insurance plans	without payment assistance)
	Duch	2 mm mil	
	BOCK	Cancel	Next

- 10. Read the **Terms of Agreement** on the **Authorized Representative Consent** screen.
- 11. Enter First Name, Middle Initial, and Last Name to sign.
- 12. Click Submit Authorized Representative.

kynect
benefits

based on the permissions	t individual. The perso 9 you select.	on you add will get	t access to y	our case informati	ion
Terms of Agreement					
1. I give permission to th	is authorized represer	ntative to perform	n the chosen	actions. I will give	е
benefits, and paving b	ack benefits.				
benefits, and paying b By entering your name b	ack benefits.	ically signing this	form.		
benefits, and paying b By entering your name b	elow, you are electroni	ically signing this <sup>ML</sup>	form.		
benefits, and paying b benefits, and paying b By entering your name b First Name	elow, you are electroni	ically signing this ML	form.		
benefits, and paying b benefits, and paying b By entering your name b First Name James	elow, you are electroni	ically signing this MI. Suffix	form.	Date	

# Remove an Authorized Representative

Below are the steps to remove an Authorized Representative.

#### Steps to Remove an Authorized Representative

1. Click **Get Local Help** on the **top** menu of the **Dashboard** on a computer or **Get Local Help** from the **menu** icon on a mobile device.



2. Click the **Expand** icon by the Authorized Representative's name.



3. Click Remove.



	Edit	
	- /	
Address <u>123, West Main Street, Fayette</u>	e, Lexington, Kentucky, 40507	
<u>jgioverizs@mallinator.com</u>		
Email		
<u>333-444-4444</u>		
Phone		
Contact Information		
Apply, Report Changes , Reco	ertify and receive copy of Notices	
Medicaid/KCHIP/Qualified He	alth Plan with payment assistance (APT	C) Case # 112835857
Permission Details		
Case #: 112835857		
Medicaid/KCHIP/Qualified Health Pla	n with payment assistance (APTC)	E

4. Click **Remove** to confirm removal of the representative from the case.

JANE	LEARY	
Medic Case	Confirm Removal ×	$\bigcirc$
<b>Perm</b> Media	Are you sure you want to remove JANE LEARY from your case? Once removed, the individual will no longer have access to your information.	
Cont Phon <u>865-</u>	Remove	
Email	Cancel	

**Please Note**: Once removed, the individual no longer has access to the Resident's information.