

The Commonwealth of Kentucky



**kynect**  
benefits

**Quick Reference Guide**  
**Add, Edit, and Remove an**  
**Organization Authorized**  
**Representative**





**This Quick Reference Guide is designed to help users complete the steps required to add, edit, and remove Organization Authorized Representatives in kynect benefits.**

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**Please Note:** Residents who still need help after referencing this Quick Reference Guide can call **(800) 635-2570** for additional assistance.



## Organization Authorized Representative Overview

In kynect benefits, Residents can add an individual from an organization of their choice as an Authorized Representative. Organization Authorized Reps work on behalf of an organization, such as a nursing home or long-term care facility, to help and manage their benefit information. Organization Authorized Reps are different from individual Reps in that they work with a registered organization.



**Please Note:** All Organization Authorized Representatives from an organization can see individuals in their organization once a Rep is added by a Resident. Use this quick reference guide for the steps to **View**, **Edit**, and **Delete** Organization Authorized Representative information.

Residents can give an Organization Authorized Representative permission to do any of the following things on their behalf:

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

To add an Organization Authorized Representative, Residents must first log in and navigate to the **Get Local Help** screen.

### Ways to Access the Get Local Help screen

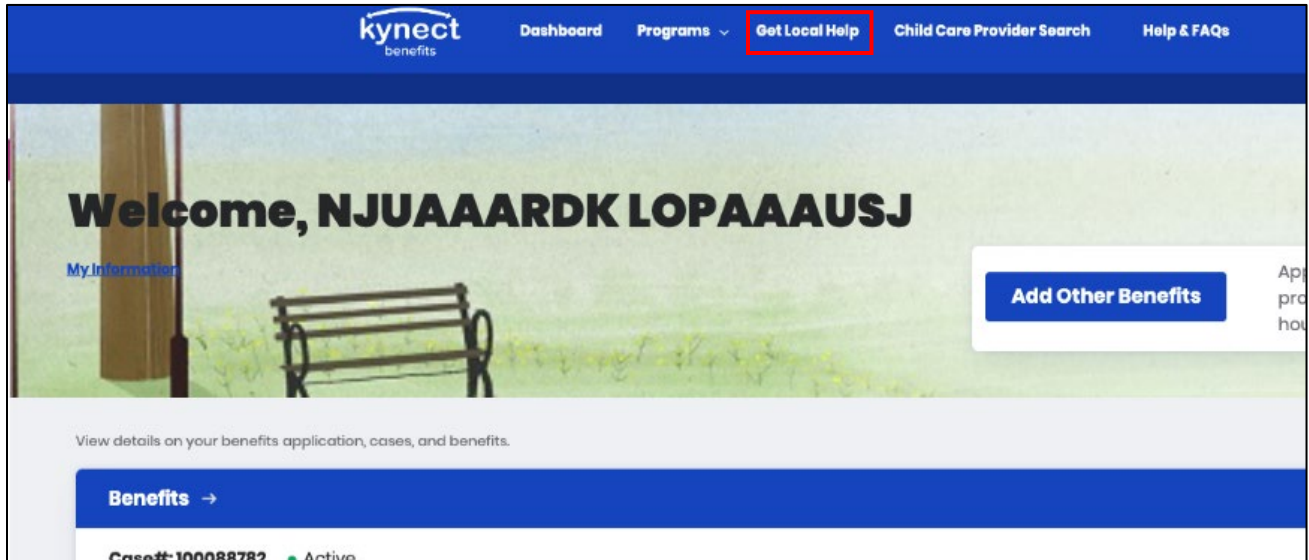
1. Click **Get Local Help** on the **menu** icon that is found in top left of a **mobile device** screen, or click **Get Local Help** on the **top** menu while using a computer.
2. Click the **Reps, kynectors, & Agents** tile on the **Resident Dashboard**.
3. Complete the **Reps, kynectors, & Agents**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

## Adding an Organization Authorized Representative

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

### Steps to Add an Organization 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.




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



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

## Add Authorized Representative

 Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

Enter the following details about your authorized representative.

First Name	ML (optional)
<input type="text" value="JANE"/>	<input type="text"/>
Last Name	Suffix (Optional)
<input type="text" value="LEARY"/>	<input type="text" value="Select"/>
Email	
<input type="text" value="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. Select **Gender**.
7. Enter a **Phone Number**.
8. Select a **Preferred language**.
9. Select **Yes** to **Does this authorized representative work for an organization that provides you assistance?**
10. Enter the **Organization Name**.
11. Enter the **Organization ID (optional)**.
12. Click **Next**.


A screenshot of a web form titled "Search Auth Rep" in a purple header. The form contains several input fields: "Social Security Number", "Gender" (a dropdown menu), "Date of Birth" (a date picker showing "mm/dd/yyyy"), "Phone number", "Ext. (optional)", and "Preferred language". Below these fields is a question: "Does this authorized representative work for an organization that provides you assistance?" with "Yes" and "No" radio buttons. The "Yes" button is selected. At the bottom, there are two more fields: "Organization Name" containing "ORGANIZATION NAME" and "Organization ID (optional)" containing "1234567890". A "Cancel" button is on the left and a "Next" button is on the right. Red rectangular boxes highlight the "Organization Name" field, the "Organization ID" field, and the "Next" button.

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

## Add Authorized Representative

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

How is this person related to you?

Nursing Facility Representative 

Address


Address Line 2  i.e. apt. #, suite, unit, building, floor, P.O. box,

Please indicate the programs and level of access you would like to grant your Authorized Representative.

**Which program(s) do you want this authorized representative to have access to?**

Medicaid/KCHIP

15. Select the programs that the Authorized Representative is requesting access to.
16. Click **Next**.

Spouse 

Address: 123, WEST MAIN STREET, LEXINGTON, FAYETTE C

Address Line 2: I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B

Please indicate the programs and level of access you would like to grant your Authorized Representative.


**Which program(s) do you want this authorized representative to have access to?**

Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)

Apply, Report Changes , Recertify

Apply, Report Changes , Recertify and receive copy of Notices

QHP (Medical and Dental Insurance plans 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.



**Please Note:** The signature must match the Individual's information in kynect benefits or it will not be able to be submitted.

19. Click **Submit Authorized Representative**.

## Authorized Representative Consent

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

### Terms of Agreement

1. I give permission to this authorized representative to perform the chosen actions. I will give them information that is true to the best of my knowledge.
2. I will not give false information and will report changes in a timely manner. I understand if I fail to do so, I may face consequences. I understand this includes prosecution for fraud, losing benefits, and paying back benefits.

By entering your name below, you are electronically signing this form.

First Name	MI.	
<input type="text" value="James"/>	<input type="text"/>	
Last Name	Suffix	Date
<input type="text" value="Leary"/>	<input type="text" value="Select"/>	<input type="text" value="8/24/2020"/>

20. View the **Organization Authorized Representative** under **Authorized Representative**.

### Authorized Representative

An Authorized Representative can apply for and manage your benefits on your behalf. You can give them permission to do any of the following activities on your behalf:

- apply for benefits
- Report Changes in your information
- recertify your benefits application
- receive a copy of notices

An authorized Representative can be a family member, friend, provider, or attorney.

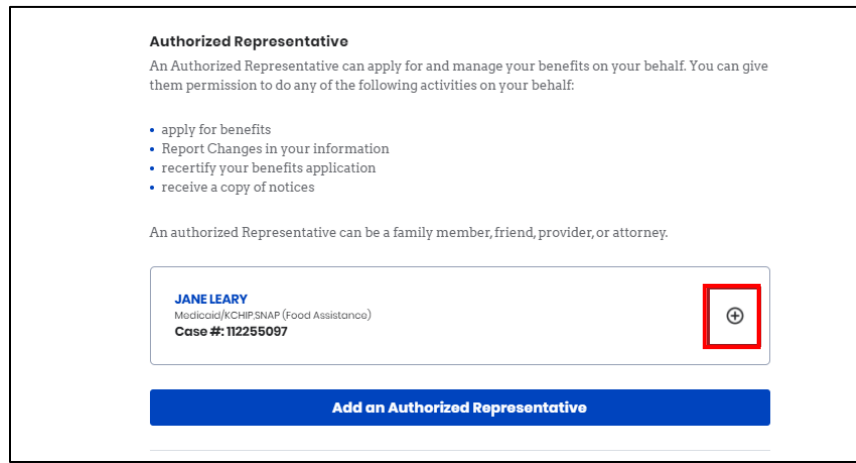
**Jane Leary**  
SNAP (Food Assistance)  
Case #: 112255422

## Editing an Organization Authorized Representative's Information

Below are the steps to edit an Organization Authorized Representative's information in kynect benefits from the Resident Dashboard:

### Steps to Edit Organization 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 Organization Authorized Representative's name.



3. Click **Edit**.

An authorized Representative can be a family member, friend, provider, or attorney.

**JANE LEARY**  
 Medicaid/KCHIP,SNAP (Food Assistance)  
**Case #: 112255097**

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**Permission Details**  
 Medicaid/KCHIP Case # 112255097      Apply, Report Changes , Recertify  
 SNAP (Food Assistance) Case # 112255097      Use EBT Card

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**Contact Information**

Phone  
[865-555-6666](tel:865-555-6666)

Email  
[jane.leary@mailinator.com](mailto:jane.leary@mailinator.com)

Address  
[123 TRAINING ADDRESS, Allen, LEXINGTON, Kentucky, 40502](#)

[Edit](#)

[Remove](#)

[Add an Authorized Representative](#)

4. Edit any information for the Organization Authorized Representative.
5. Click **Next**.

[Search Auth Rep](#)

Social Security Number

Gender  Date of Birth

Phone number  Ext. (optional)

Preferred language

Does this authorized representative work for an organization that provides you assistance?  
 Yes  No

Organization Name

Organization ID (optional)

[Cancel](#)

[Next](#)

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

## Add Authorized Representative

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

How is this person related to you?  
Nursing Facility Representative

Address  
Address Line 2  
i.e. apt. #, suite, unit, building, floor, P.O. box,

Please indicate the programs and level of access you would like to grant your Authorized Representative.

Which program(s) do you want this authorized representative to have access to?

Medicaid/KCHIP

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

Spouse

Address  
123, WEST MAIN STREET, LEXINGTON, FAYETTE C

Address Line 2  
I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. BI

Please indicate the programs and level of access you would like to grant your Authorized Representative.

Which program(s) do you want this authorized representative to have access to?

Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)

Apply, Report Changes , Recertify

Apply, Report Changes , Recertify and receive copy of Notices

QHP (Medical and Dental Insurance plans without payment assistance)

Back 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**.

## Authorized Representative Consent

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

### Terms of Agreement

1. I give permission to this authorized representative to perform the chosen actions. I will give them information that is true to the best of my knowledge.
2. I will not give false information and will report changes in a timely manner. I understand if I fail to do so, I may face consequences. I understand this includes prosecution for fraud, losing benefits, and paying back benefits.

By entering your name below, you are electronically signing this form.

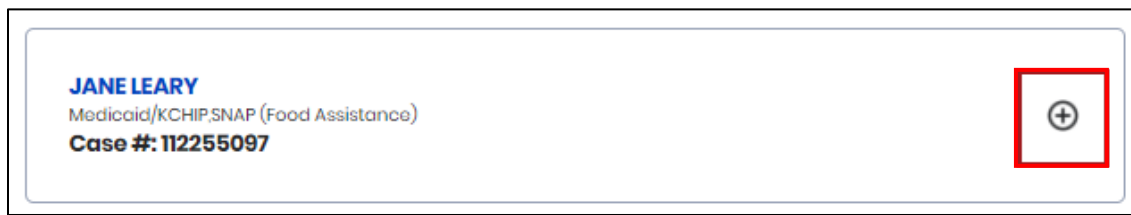
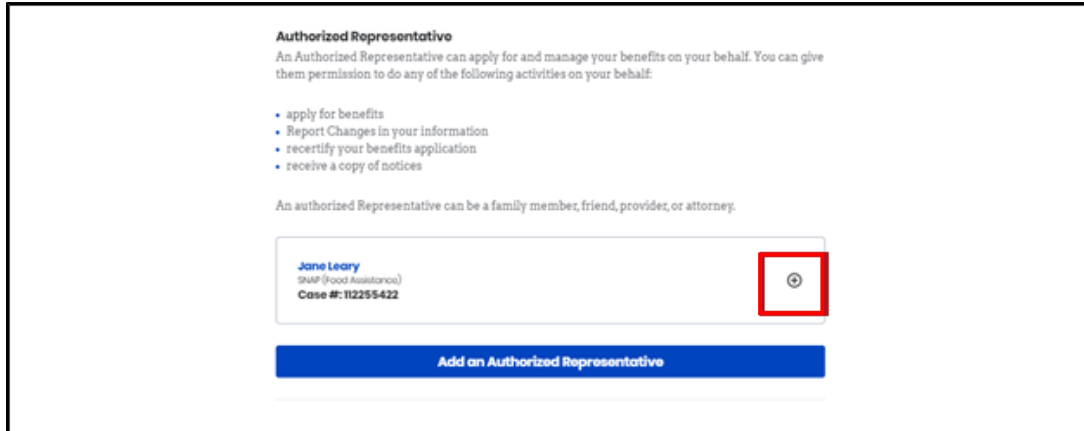
First Name	MI.	
<input type="text" value="James"/>	<input type="text"/>	
Last Name	Suffix	Date
<input type="text" value="Leary"/>	<input type="text" value="Select"/>	<input type="text" value="8/24/2020"/>

### Remove an Organization Authorized Representative

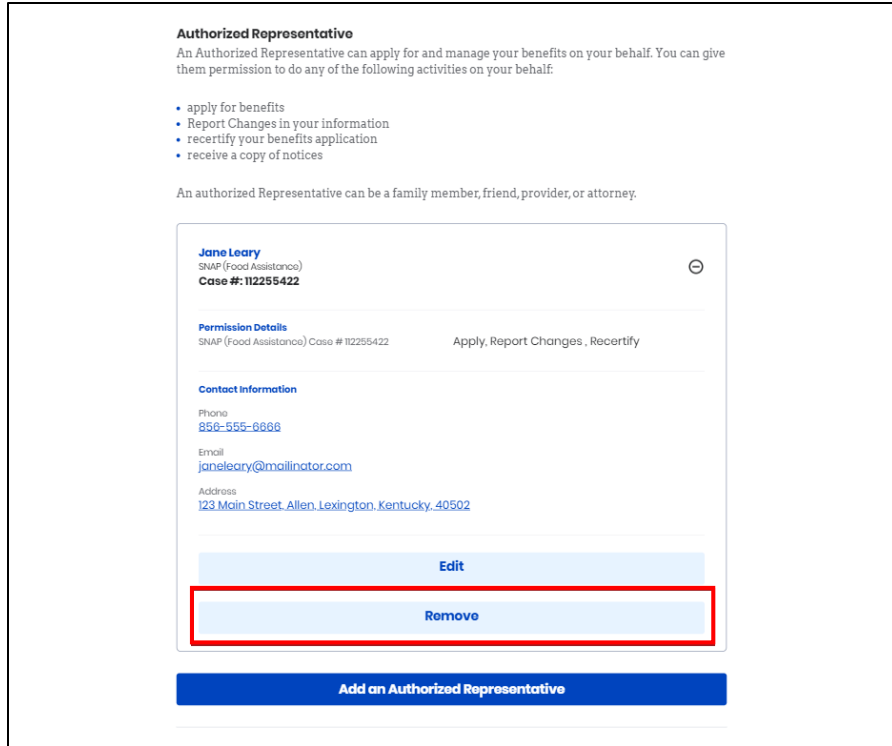
Below are the steps to remove an Organization Authorized Representative from Resident Dashboard:

## Steps to Remove an Organization Authorized Representative

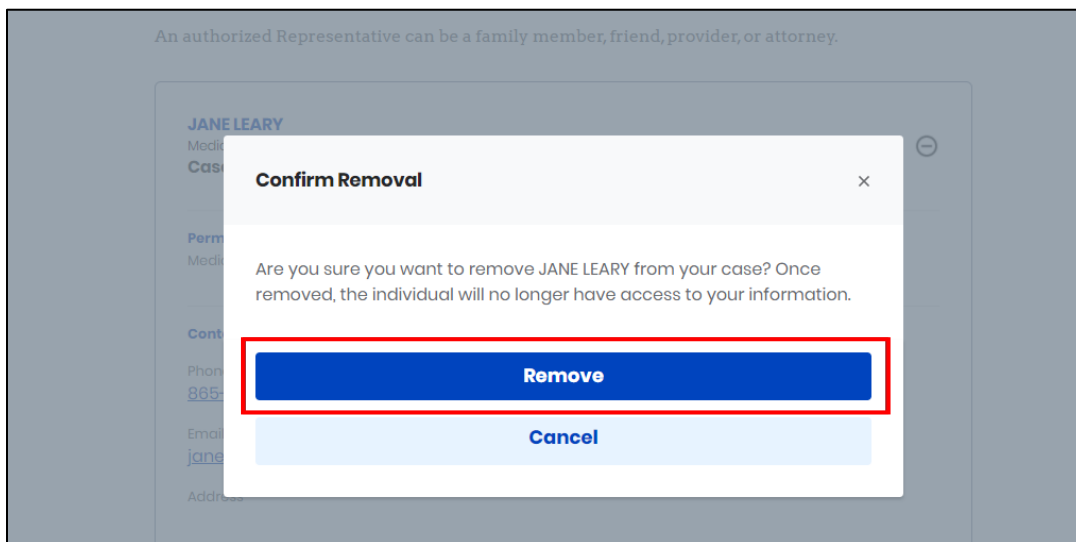
1. Click **Get Local Help** on the **top** menu of the **Dashboard** on a computer or **Get Local Help** from the **menu** icon on a mobile device.
2. Click the **Expand** icon by the Organization Authorized Representative's name.



3. Click **Remove**.



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



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