

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.

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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.

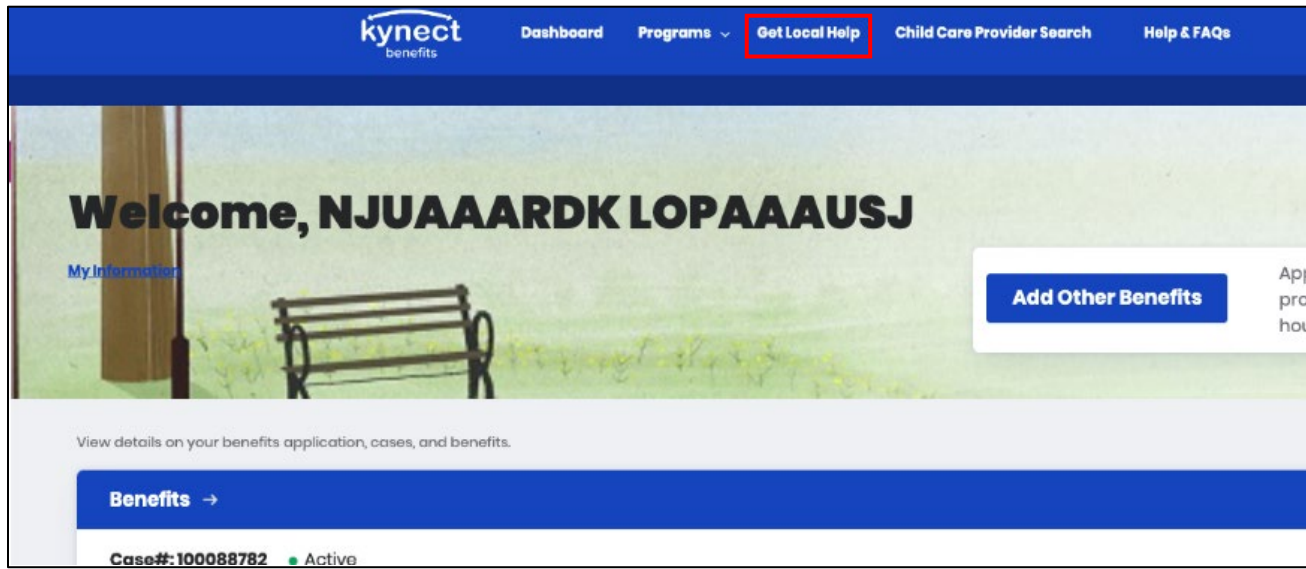


Adding an Authorized Representative

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.



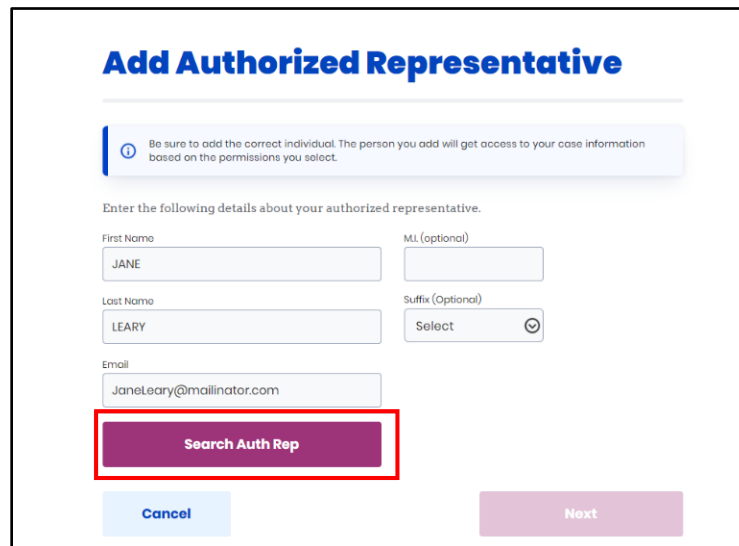
2. Click the **Add an Authorized Representative** button to continue to the **Authorized Representative** search tool.





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**.

A screenshot of the "Add Authorized Representative" form. The form has a title "Add Authorized Representative" in blue. Below the title is a light blue box with an information icon and text: "Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select." Below this is a prompt: "Enter the following details about your authorized representative." The form contains several input fields: "First Name" with the value "JANE", "MI (optional)" which is empty, "Last Name" with the value "LEARY", "Suffix (Optional)" with a dropdown menu showing "Select" and a checkmark icon, and "Email" with the value "JaneLeary@mailinator.com". At the bottom of the form are three buttons: "Search Auth Rep" (highlighted with a red rectangle), "Cancel", and "Next".

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 [kynect benefits home page](#)).



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

12. Click **Next**.


A screenshot of a web form titled "Search Auth Rep" in a purple header bar. The form contains several input fields: "Social Security Number" (a text box), "Gender" (a dropdown menu with "Select" and a checkmark icon), "Date of Birth" (a text box with "mm/dd/yyyy" and a calendar icon), "Phone number" (a text box with "###-###-####" and a mask icon), "Ext. (optional)" (a text box), "Preferred language" (a text box with "Start Typing"), and a question "Does this authorized representative work for an organization that provides you assistance?" with "Yes" and "No" buttons. A red rectangle highlights the "Gender", "Date of Birth", "Phone number", "Ext. (optional)", "Preferred language", and the question area. At the bottom, there is a blue "Cancel" button and a purple "Next" button, with the "Next" button highlighted by a red rectangle.

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?

Select 

Address

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)

☐ QHP (Medical and Dental Insurance plans without payment assistance)



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

- 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.
- 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.	
James		
Last Name	Suffix	Date
Leary	Select	8/24/2020

Cancel
Back
Submit Authorized Representative

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

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 (Medicaid)
- Use EBT Card (SNAP and KTAP)

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

DAN SMITH
Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC), QHP (Medical and Dental Insurance plans without payment assistance)
Application #: 600607004

Add an Authorized Representative

?



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 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 GLOVER

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

Case #: 112835857



Add an Authorized Representative



3. Click **Edit**.

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

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

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

Contact Information
Phone
[865-555-6666](tel:865-555-6666)
Email
jane.leary@mailinator.com
Address
[123 TRAINING ADDRESS, Allen, LEXINGTON, Kentucky, 40502](#)

Edit

Remove

Add an Authorized Representative

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



Search Auth Rep

Social Security Number

Gender
Female ☒

Date of Birth
9/27/1975

Phone number
865-555-6666

Ext. (optional)

Preferred language
English

Does this authorized representative work for an organization that provides you assistance?

Yes No

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?
Family member (not spouse) ☒

Address
123, West Main Street, Downtown, Louisville, .

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. 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?

<input checked="" type="checkbox"/>	Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)
<input type="checkbox"/>	Apply, Report Changes , Recertify
<input checked="" type="checkbox"/>	Apply, Report Changes , Recertify and receive copy of Notices
<input type="checkbox"/>	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	ML	
<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"/>

Cancel

Back

Submit Authorized Representative

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.


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 (Medicaid)
- Use EBT Card (SNAP and KTAP)

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

DAN SMITH
Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC), QHP (Medical and Dental Insurance plans without payment assistance)
Application #: 600607004



Add an Authorized Representative



3. Click **Remove**.

JANE GLOVER
Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)
Case #: 112835857

Permission Details
Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC) Case # 112835857
Apply, Report Changes , Recertify and receive copy of Notices

Contact Information
Phone
[333-444-4444](tel:333-444-4444)
Email
jglover123@mailinator.com
Address
[123, West Main Street, Fayette, Lexington, Kentucky, 40507](#)

Edit

Remove

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

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

JANE LEARY
Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)
Case #: 112835857

Permission Details
Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC) Case # 112835857
Apply, Report Changes , Recertify and receive copy of Notices

Contact Information
Phone
[865-555-1234](tel:865-555-1234)
Email
janeleary@mailinator.com
Address
[123, West Main Street, Fayette, Lexington, Kentucky, 40507](#)

Edit

Remove

Confirm Removal
Are you sure you want to remove JANE LEARY from your case? Once removed, the individual will no longer have access to your information.

Remove

Cancel



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