

## Participant/Self-Direction Appointment of Authorized Agent/Personal Representative

This form allows me, as a Participant/Self-Direction Member, to choose someone to be my Authorized Agent/Personal Representative. My Authorized Agent/Personal Representative can be anyone of my choosing. **(If the Authorized Agent/Personal Representative is the member/participant's legal guardian, or has Power of Attorney or Conservatorship over financial matters, the Authorized Representative Form should be completed instead of this form).** The person I choose to be my Authorized Agent/Personal Representative will be able to help me and will also have my permission to talk to the companies I have chosen on this form. After we (I and my chosen Authorized Agent/Personal Representative) sign this form, my Authorized Agent/Personal Representative will be able to talk to these companies about me and the Participant/Self-Directed Program.

This form does NOT allow my Authorized Agent/Personal Representative to do the job of the Employer of Record (EOR) as written in the Participant/Self-Direction Regulation, found in 8.314.6 Mi Via NMAC as well as 8.314.7 Supports Waiver NMAC. Also, my Authorized Agent/Personal Representative does not have the authority to direct my services or make decisions for me.

After I sign this form, the person I choose will be my Authorized Agent/Personal Representative for one (1) year. I understand that my Support Broker/Consultant and I must decide every year if my Authorized Agent/Personal Representative should stay as my Authorized Agent/Personal Representative. If I want him or her to continue being my Authorized Agent/Personal Representative, we will need to fill out a new form every year.

|   |                       |                          |
|---|-----------------------|--------------------------|
| <b>Name of Member/Participant:</b>  |                       | <b>Date of Birth:</b>    |
| <b>Last four (4) digits of the Member/Participant's Social Security Number:</b>                           |                       |                          |
| <b>Name of Authorized Agent/Personal Representative:</b>  | <b>Date of Birth:</b> |                          |
| <b>Authorized Agent's/Personal Representative's Street Address:</b>                                       |                       |                          |
| <b>City:</b>  | <b>State:</b>         | <b>Zip Code:</b>         |
| <b>Relationship to Participant:</b>   |                       | <b>Telephone Number:</b> |
| <b>Last four (4) digits of Authorized Agent's/Personal Representative's Social Security Number:</b>       |                       |                          |
| <b>I agree to be the Authorized Agent/Personal Representative for this member/participant. Signature:</b> |                       | <b>Date:</b>             |

***These companies can give my Authorized Agent/Personal Representative information about me on the Self-Direction Program.***

The Member/Participant must check the check boxes and also write their initials next to each company so that the company can provide information to the Authorized Agent/Personal Representative.

**Self-Directed Community Benefits (SDCB) Program:**

- Financial Management Agency (FMA): Conduent  
Phone: 800-283-4465
- Blue Cross Blue Shield (BCBS)  
\_\_\_ Phone: 866-689-1523
- Presbyterian Health Plan (PHP)  
\_\_\_ Phone: 888-977-2333
- Molina  
\_\_\_ Phone: 844-862-4543
- United Healthcare (UHC)  
\_\_\_ Phone: 8-77-236-0826
  
- Support Broker Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Mi Via Program:**

- \_\_\_ Financial Management Agency (FMA): Conduent  
Phone: 800-283-4465
- \_\_\_ Third Party Assessor (TPA): Comagine-Qualis Health  
Phone: 866-962-2180 Local: 505-217-7680
- \_\_\_ Consultant Agency Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Supports Waiver Program:**

- \_\_\_ Financial Management Agency (FMA): Conduent  
Phone: 800-283-4465
- \_\_\_ Third Party Assessor (TPA): Comagine-Qualis Health  
Phone: 866-962-2180 Local: 505-217-7680
- \_\_\_ Community Support Coordinator Agency Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

## **Authorization Signature**

*I understand that by completing and signing this form, I give my permission to the companies shown above to give information to my Authorized Agent/Personal Representative. After both my Authorized Agent/Personal Representative and I sign this form, my Authorized Agent/Personal Representative will be able to get information about me on the Self-Direction Program; but he or she will NOT be able to make decisions for me. For example, my Authorized Agent/Personal Representative will not be able to hire or terminate any employee. My Authorized Agent/Personal Representative will also NOT be able to sign any paperwork for me as the Employer of Record (EOR). Even though I have an Authorized Agent/Personal Representative, my mail will still be sent to me. I also understand that if I want to stop someone from being my Authorized Agent/Personal Representative, I will contact CONDUENT and let them know I no longer want this person to be my Authorized Agent/Personal Representative.*

**I have read and understand the above information.**

**Signature of Member/Participant:**

*Note: Expiration Date is one (1) year from the signature date.*

**I understand that if the information on this form is not complete it will be returned to me to make corrections. The person I have chosen will not start as my Authorized Agent/Personal Representative until this form has been filled out correctly with all the necessary information.**

**I understand that I can have more than one Authorized Agent/Personal Representative. If I want more than one person to be my Authorized Agent/Personal Representative, I will fill out a form for each person. If I need more forms, I can get them from Conduent-FMA or my Support Broker/Consultant/Community Support Coordinator.**