

Self-Direction Appointment of Authorized Agent/ Personal Representative

This form allows me, as a Self-Direction Member/Participant, 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 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 Self-Direction Regulation, found in 8.314.6 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.

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

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

The Member/Participant must check the checkboxes 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 (formerly Xerox)
Phone: 866-916-0310
- ☐ ___ Blue Cross Blue Shield (BCBS)
Phone: 866-689-1523
- ☐ ___ Molina Healthcare (MHC)
Phone: 800-580-2811
- ☐ ___ Presbyterian Health Plan (PHP)
Phone: 888-977-2333
- ☐ ___ United Healthcare (UHC)
Phone: 877-236-0826
- ☐ ___ Support Broker Name: _____
Phone: _____

Mi Via Program:

- ☐ ___ Financial Management Agency (FMA): CONDUENT (formerly Xerox)
Phone: 866-916-0310
- ☐ ___ Third Party Assessor (TPA): Qualis Health
Phone: 866-962-2180 Local: 505-217-7680
- ☐ ___ Consultant 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 (formerly Xerox) 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:
Date: <i>Note: Expiration Date is one (1) year from the signature date.</i>

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 (formerly Xerox)-FMA or my Support Broker/Consultant.