

**INSTRUCTIONS (STAFF ONLY)**

**DHS 1121A (10/18)**

**AGREEMENT TO ACT AS AN AUTHORIZED REPRESENTATIVE**

**PURPOSE:**

The DHS 1121A "Agreement To Act As An Authorized Representative" form will be used as the Med-QUEST Division's documentation of a Healthcare Surrogate, Power of Attorney (POA), Court Appointed Representative or Other Authorized Individual who has agreed to act as an Authorized Representative for an incapacitated person as allowed under Hawaii Revised Statutes (HRS) §327E.

An individual chosen to be an Authorized Representative for an incapacitated person is required to complete and sign the DHS 1121A as evidence that the Authorized Representative has attested to maintain the confidentiality of any information regarding the applicant or beneficiary required by Medicaid regulations and understands regulations in relation to conflicts of interest.

NOTE: A Healthcare surrogate is limited to the following interested persons: spouse (except if legally separated or estranged), reciprocal beneficiary, adult child, parent, adult sibling, or adult grandchild of applicant/beneficiary or any adult who has exhibited special care and concern and is familiar with the applicant/beneficiary's personal values.

**SPECIFIC INSTRUCTIONS:**

**For Authorized Representative:**

1. PRINT the name of the individual who is designated to act as the Authorized Representative.
2. PRINT the name of the Applicant/Beneficiary and check the appropriate supporting documentation type (i.e. copy of surrogate form, Power of Attorney, Court Order or Other legal documentation) that is attached.
3. If "Other" is checked, describe the type of documentation attached. Write in the effective of the supporting documentation.
4. The Healthcare Surrogate, Power of Attorney (POA), Court Appointed or Other Authorized Individual shall sign/date in the designated area with a contact number and mailing address.
5. Upon completion of this form, the Authorized Representative shall return the original and a copy of the document authorizing them as the representative to their assigned eligibility worker. They may also contact Customer Service at 524-3370 or for the neighbor islands 1-800-316-8005, (TTY/TDD 711) for additional information.

**For Med-QUEST Division Eligibility Staff:**

1. The EW shall check that the appropriate supporting documentation type (i.e. copy of surrogate form, Power of Attorney, Court Order or Other) that is attached and write in the "Effective Date".  
**Note: The Privacy Rule requires that an Authorization contain either an expiration date or an expiration event that relates to the individual or the purpose of the disclosure. For example, an Authorization may expire "one year from the date the Authorization is signed" or "upon termination of enrollment in the health plan."**
2. If supporting documentation is not attached to the DHS 1121A form, staff shall accept and pend using current procedures for the missing Healthcare Surrogate, Power of Attorney (POA), Court Appointed or Other Authorized Individual document to submit.
3. If the form is complete, the Eligibility Worker (EW) shall complete the "official use only" portion of the form.
  - a. UNIT-Self Explanatory
  - b. WKR-Worker
  - c. CID-Client ID
  - d. DATE-Date worker reviewed completed form.

**FILING/DISTRIBUTION INSTRUCTIONS:**

1. EB shall document the "designation of authority" or any changes to the individual in appropriate KOLEA case.
2. EB shall scan DHS 1121A form into the appropriate KOLEA case file as appropriate.
3. EB shall send a copy of the signed DHS 1121A to the Authorized Individual.