

IHSS Physician Attestation of Consumer Capacity

The following client is interested in participating in In-Home Support Services (IHSS). To qualify for IHSS, the client's primary care physician shall attest that the client has the capability to direct their own care; or recommend the client appoint an Authorized Representative* (AR); or recommend the client utilize additional support from an IHSS agency.

Note: Sections of the Nurse Practice Act and Certified Nursing Aide legislation does not apply to IHSS.

I. Client Information			
Client Medicaid #:			
Last Name:	First Name:	Middle Initial:	
Address:	City:	State:	Zip:
Date of Birth:	Phone:	<input type="checkbox"/> Male	<input type="checkbox"/> Female

II. Services
<p>In-Home Support Services Agencies provide intake and orientation services, assistance with selecting attendants, verification of attendant skills and competency, attendant training and oversight, supervision by a licensed health care professional, and 24-hour back-up staffing. Additionally, IHSS agencies are required to offer additional assistance to all IHSS clients. Examples of the additional supports that may be provided by IHSS agencies include support with selecting and dismissing Attendants, information and referral services, systems advocacy, independent living skills training, and cross disability peer counseling.</p> <p>If the client has an unstable medical condition, the physician may indicate whether additional in-home supervision is necessary and if so, the amount and scope of the in-home supervision.</p>
<p>Medical recommendations for additional in-home supervision for clients in an unstable medical condition:</p>

III. Statement of Consumer Capacity	Licensed Medical Professional Initials
<p><i>* Must be completed by a licensed medical professional: Physician (MD/DO), Physician Assistant (PA) and Advanced Practice Nurse (APN)</i></p>	
<p>Review and initial ONE of the following: As the treating physician, I believe this individual has sound judgment² and has the ability to direct their own care.³</p> <p>OR</p> <p>As the treating physician, I am of the opinion this individual requires an Authorized Representative⁴ or requires additional support from an IHSS agency⁵ to assist them in acquiring and utilizing services through IHSS.</p>	

IV. Licensed Medical Professional ⁸			
Name of Attesting Licensed Medical Professional:		License #:	
Address:		City:	
State:	Zip:	Phone:	
Name of Person Completing Form:		Date:	
Signature of Attesting Licensed Medical Professional:		Date:	

V. Definitions / Examples

1	Stable health means a medically predictable progression or variation of disability or illness.
2	Sound Judgment means an understanding of one's condition and the knowledge to make good decisions regarding one's care.
3	Ability to Direct One's Care means the client has the ability to clearly explain to an Attendant how to provide a skilled or unskilled procedure or service.
4	Authorized Representative (AR) means an individual designated by the client or the legal guardian, if appropriate, who has the judgment and ability to direct IHSS on a client's behalf. The AR must be at least 18 years of age; has known the client for at least two years; has not been convicted of any crime involving exploitation, abuse, or assault on another person; and does not have a mental, emotional, or physical condition that could result in harm to the client.
5	In-Home Support Services Agencies provide intake and orientation services, assistance with selecting attendants, verification of attendant skills and competency, attendant training and oversight, supervision by a licensed health professional, and 24-hour back-up staffing. Additionally, IHSS agencies are required to offer additional assistance to all IHSS clients. Examples of the additional supports that may be provided by IHSS agencies include support with selecting and dismissing Attendants, information and referral services, systems advocacy, independent living skills training, and cross disability peer counseling
6	In-Home Monitoring Example: The physician may recommend that the IHSS agency's licensed health care professional must conduct monthly supervisory visits to ensure the client can still be safely served through IHSS.
7	Health Maintenance Activities means those routine and repetitive skilled health related tasks, which are necessary for health and normal bodily functioning, that an individual with a disability would carry out if they were physically able, or that would be carried out by family members or friends if they were available. These Activities include any excluded personal care tasks as defined in 10 C.C.R 2505-10 § 8.489, as well as skilled tasks typically performed by a Certified Nursing Assistant (CNA) or licensed nurse that do not require the clinical assessment and judgement of a licensed nurse.
8	Licensed Medical Professional means the primary care provider of the client who possesses one of the following medical licenses: Physician (MD/DO), Physician Assistant (PA) and Advanced Practicing Nurse (APN) as governed by the Colorado Medical Practice Act and the Colorado Nurse Practice Act.