

## 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's 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.

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

Section II: Services
<p><b>In-Home Support Services Agencies</b> provide intake and orientation services, assistance with selecting attendants, verification of attendant skills and competency, attendant training and oversight, monitoring 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 an Attendants: information and referral services: systems advocacy: independent living skills training: and cross disability peer counseling.</p> <p><b>If the client has an unstable medical condition, the physician may indicate whether additional in-home monitoring is necessary and if so, the amount and scope of the in-home monitoring.</b></p> <p><b>Physician recommendations for additional in-home monitoring:</b> _____</p> <p>_____</p>

Section III: Physician Statement	Physician's Initials
<p><b>Please review and initial one of the following:</b></p> <p>As the treating physician, I am of the opinion that this individual has <b>sound judgment<sup>2</sup></b> and has <b>the ability to direct his or her care.<sup>3</sup></b></p> <p><b>OR</b></p> <p>As the treating physician, I am of the opinion this individual <b>requires an Authorized Representative<sup>4</sup></b> or <b>requires additional support from an IHSS agency<sup>5</sup></b> to assist him or her in acquiring and utilizing services though IHSS.</p>	<p>_____</p> <p>_____</p>

Section IV: Medical Provider					
Attesting Physician Name:		License #			
Address:		City:			
State:		Zip:		Phone:	
Name of Person Completing Form:		Date			
Signature of Attesting Physician:					

### Section V: Definitions / Examples

**\*Please reference definitions on the back of the page.**

**Section V: Definitions / Examples**

1	<b>Stable health</b> means a medically predictable progression or variation of disability or illness.
2	<b>Sound Judgement</b> means an understanding of one's condition and the knowledge to make good decisions regarding one's care.
3	<b>The Ability to Direct his or her Care</b> means the client has the ability to clearly explain to an Attendant how to provide a skilled or unskilled procedure or service.
4	<b>Authorized Representative (AR)</b> 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	<b>In-Home Support Services Agencies</b> provide intake and orientation services, assistance with selecting attendants, verification of attendant skills and competency, attendant training and oversight, monitoring 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 an Attendants; information and referral services; systems advocacy; independent living skills training; and cross disability peer counseling.
6	<b>In-Home Monitoring Example:</b> The physician may indicate that the IHSS agency's licensed health professional must conduct monthly supervisory visits to ensure the client can still be safely served through IHSS.
7	<b>Health Maintenance Activities:</b> Health Maintenance Activities means those routine and repetitive health related tasks, which are necessary for health and normal bodily functioning, that an individual with a disability would carry out if he/she 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 CCR 2505-10 Section 8.489, as well as Certified Nursing Assistant (CNA) and nursing services. In the event of the observation of new symptoms or worsening condition that may impair the client's ability to direct their care, the agency, in consultation with the client, shall contact the client's physician and receive direction as to the appropriateness of continued care. The outcome of that consultation shall be documented in the client's record.