

Physician Attestation of Consumer Capacity

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

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

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I. Member Information						
Health First Colorado #:						
Last Name:		First Name:			Middle Initial:	
Address:		City:	S	State:	Zip:	
Date of Birth:		Phone:		□ Male □	☐ Female	
II. Services						
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 members. 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. If the member 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.						
Medical recommendations for additional in-home supervision for members in an unstable medical condition:						
condition.						
					Licensed Medical	
III. Statement of Consumer Capacity					Professional Initials	
* Must be completed by a licensed medical professional: Physician (MD/DO), Physician Assistant (PA) and Advanced Practice Nurse (APN)						
Review and initial ONE of	_					
As the treating physician, I believe this individual has sound judgment ² and has the ability to direct their own care. ³ OR						
As the treating physician, I am of the opinion this individual requires an Authorized Representative ⁴						
IV. Licensed Medical Pr	rofessional ⁸					
Name of Attesting Licensed	oressionar					
Medical Professional:				License #	#:	
Address:			City:			
State:	Zip:		Phone:			
Name of Person						
Completing Form:				Date:		
Signature of Attesting Licensed Medical Professional:				Date:		

V. D	efinitions / Examples 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 member 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 member or the legal guardian, if appropriate, who has the judgment and ability to direct IHSS on a member's behalf. The AR must be at least 18 years of age; 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 member.
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 members. 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 member 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 judgment of a licensed nurse.
8	Licensed Medical Professional means the primary care provider of the member 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.

November 2022 Page 2 of 2