

Consumer-Directed Attendant Support Services and In-Home Support Services Physician Attestation of Member Capacity Form

Health First Colorado members who are 18 years and older and who are seeking to enroll in Consumer-Directed Attendant Support Services (CDASS) or In-Home Support Services (IHSS) must have the member's primary care physician attest that they can self-direct¹ their care or identify that they should appoint an Authorized Representative (AR)².

Instructions: This form must be completed by a licensed medical professional³, Physician (MD/DO), Physician Assistant (PA), or Advanced Practice Nurse (APN). See Section 7 for definitions and examples. Return the form to the member, their AR, and/or the member's case manager.

Section 1: Member Information

Health First CO Number: _____ Date of Birth: _____ Gender: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Phone Number: _____ Address: _____

☐ Enrolling in CDASS (*Fill out Sect. 2 & 4 only*) ☐ Enrolling in IHSS (*Fill out Sect. 3 & 4 only*)

Section 2: Statement of Member Capacity - CDASS

☐ Yes ☐ No Is this member's health condition is stable⁴?

If you answered No, provide your medical recommendations for additional in-home support for the CDASS member who has an unstable medical condition:

Answering "NO" to any of the following questions will require the member to use an Authorized Representative but will not prevent them from participating in CDASS.

- ☐ Yes ☐ No This member can develop and manage a CDASS budget and set their attendants' wages and/or schedules to prevent overspending.
- ☐ Yes ☐ No This member can make informed decisions about interviewing, selecting, disciplining, dismissing, and otherwise managing their attendants?
- ☐ Yes ☐ No This member can understand and monitor conditions of their basic health⁶ and recognize how, when, and where to seek appropriate medical help
- ☐ Yes ☐ No This member can self-direct their care including training attendants on the skilled⁷/unskilled⁸ procedures or services they need, including possible health maintenance activities⁹.

Section 3: Statement of Member Capacity - IHSS

☐ Yes ☐ No Is this member's health condition is stable⁴?

If you answered No, provide your medical recommendations for additional in-home supervision for the IHSS member who has an unstable medical condition:

Review and initial **ONLY ONE** of the following:

_____ As treating physician, I believe the member **has sound judgment¹⁰ and can self-direct their care.**

OR

_____ As treating physician, I believe the member **requires an Authorized Representative.**

Section 4: Licensed Medical Professional

Attesting Licensed Medical Professional Name: _____

License Number: _____ Medical Office Name: _____

Address: _____

Contact Phone: _____ Contact Email: _____

Person Completing Form: _____ Date: _____

Licensed Medical Professional Signature: _____ Date: _____

Section 5: CDASS Program Details

CDASS members select, train, and direct attendants to provide personal care, homemaker, and/or health maintenance (skilled) care. They manage the financial aspects of their care such budgeting their CDASS allocation and monitoring that their attendants receive full payment from their chosen Financial Management Services (FMS) contractor. CDASS members are the legal Employer of Record responsible for these and other employer tasks unless they assign that responsibility to an AR. CDASS members can have an unstable medical condition while on the program but must assign an AR if their physician determines they are not able to self-direct their services.

Section 6: IHSS Program Details

IHSS members work with an IHSS agency they select. The agency provides member intake and orientation services, supervision by a licensed health care professional, verification of attendant skills and competency, 24-hour back-up staffing, and assistance with selecting, training, overseeing, and dismissing attendants. IHSS agencies are required to offer additional assistance to all IHSS members such as referral services, systems advocacy, independent living skills training, and cross-disability peer counseling. IHSS agencies are the legal Employer of Record of attendants and are responsible for these and other employer tasks but work collaboratively with the member and/or their AR. IHSS members can have an unstable medical condition while on the program but must assign an AR if their physician determines they are not able to self-direct their services.

Section 7: Definitions and Examples

- 1 **Self-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.
- 2 **Authorized Representative (AR)** means an individual designated by the member or the legal guardian, if appropriate, who has the judgment and ability to direct CDASS/IHSS on a member's behalf. The AR must be at least 18 years of age; have 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.
- 3 **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), or Advanced Practicing Nurse (APN) as governed by the Colorado Medical Practice Act and the Colorado Nurse Practice Act.
- 4 **Stable Health** means a medically predictable progression or variation of disability or illness.
- 5 **In-Home Supervision 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.
- 6 **Conditions of Basic Health** means a set of needs that people must have to be healthy and thrive. For example, monitoring conditions of basic health can involve knowing whom to contact for help if an individual has a respiratory condition and suddenly develops shortness of breath.
- 7 **Skilled Procedures** mean Health Maintenance Activities.
- 8 **Unskilled Procedures** mean tasks that do not require specialized training or professional medical knowledge.
- 9 **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 § 8.7538, 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. For example, training attendants on use of a Hoyer lift for transferring needs or medication assistance which may include setup, handling and administering medications.
- 10 **Sound Judgment** means an understanding of one's condition and the knowledge to make good decisions regarding one's care.