

In-Home Support Services Shared Responsibilities Plan

Complete this form if you are a Health First Colorado member who wants to enroll in In-Home Support Services (IHSS). It outlines the responsibilities you, your Authorized Representative (if you have one), and your IHSS agency will complete. Your Authorized Representative and legal guardian, if you have one, also need to complete parts of this form.

What is In-Home Support Services?

IHSS lets you direct and manage the attendants who provide your personal care, homemaker and health maintenance services, with the added support of an agency. Through IHSS, you can select, train and manage attendants of your choice to best fit your unique needs. You can also have your Authorized Representative do these things for you.

Instructions

- If you are the member, complete this form and send it to your case manager.
 - If the member is under the age of 18, their legal guardian must complete this form. Please submit documents that show you are the legal guardian with this form.
- If you have an Authorized Representative (AR), complete Section Five.

Section one: Member information

Person completing this form: Member Legal Guardian Authorized Representative

Member name (first, middle, and last): _____

Health First Colorado ID Number: _____ Date of birth: _____ County: _____

Phone number: _____ Email: _____

Section two: IHSS agency information

Agency name: _____ Phone #: _____

Email: _____ Fax #: _____

Section three: IHSS agency responsibilities

Your IHSS agency is responsible for helping you get care safely and on time. It must:

- Make sure there are enough staff, including backup attendants, to provide you the services listed on your Care Plan.
- Always Have backup staff available in case your scheduled attendant cannot come.
- Check that attendants are doing all the tasks listed in your care plan.
- Test attendants' skills if they are doing Health Maintenance Activities, also known as skilled care.

- Supervise your care at home in the way their Licensed Medical Professional, you, and your AR (if you have one) agree on.
- Help attendants with difficult situations or safety concerns.
- Handle billing and paying attendants. The agency is the legal employer.
- Provide you with Independent Living Core Services.
- Use licensed health care professionals to train and supervise attendants.

Note: You (or your AR) cannot give your IHSS agency permission to disregard these responsibilities.

Section four: Member’s self-directing services choices

In IHSS, you can choose to manage some tasks yourself (or with your Authorized Representative). Check the box for any task you want to manage. If no boxes are checked, the IHSS agency is responsible for all tasks in the list.

- Find or recommend attendants.
- Interview attendants.
- Train attendants.
- Fire attendants who don’t meet my needs.
- Create a schedule for attendants following my Care Plan.
- Supervise attendants to make sure care is safe and correct.
- Ask for a new care assessment if my care needs change.

Section five: Authorized Representative information

Directions: Complete this section only if you have an AR.

If you don’t know if you have an AR, check your Physician Attestation of Member Capacity Form.

Authorized Representative name (first and last): _____

Last four digits of Social Security number: _____ Date of birth: _____

Phone number: _____ Alternate phone number: _____

Email: _____ Preferred method of contact: Phone Email

Physical address: _____
Street address (incl. Apt./Unit number) City State Zip

Mailing address: _____
Street address (incl. Apt./Unit number) City State Zip

Relationship to member (check one): Family Friend Legal Guardian Other: _____

Authorized representative requirements and responsibilities

The authorized representative must read the requirements below and sign the last page to show they agree to fulfill the requirements and responsibilities for the IHSS member.

Authorized Representatives **cannot**:

- Have a conviction for a crime involving exploitation, abuse or assault.
- Have a mental, emotional, or physical condition that harms the member.
- Receive payment to be the member's AR.
- Work as an attendant while being the member's AR.

Authorized Representative **must**:

- Be 18 or older.

Responsibilities to enroll in IHSS

- Follow all IHSS rules, policies, and procedures.
- Help create a Care Plan for your member.

Collaborate with an IHSS agency

- Help find attendants and schedule them.
- Help decide what supervision is needed from licensed health professionals.
- Participate in training attendants to meet the member's care needs.

Commitment to the member's well-being and self-direction principles

- Report to the agency if an attendant isn't doing their job.
- Treat all attendants professionally.
- Support the member's choices, preferences, and goals.
- Use good judgment and act in the member's best interest.
- Be aware of the member's health status and know when and how to get help if needed.
- Never abuse, neglect, or exploit your member.
- Never commit or allow Medicaid fraud, waste, or abuse.
- Know how to report concerns about fraud, neglect, or exploitation.

Section six: Working together on your care

As an IHSS member, you will work with your agency and case manager on the tasks listed in the chart below. To identify which tasks you will do:

- Check the box next to each task to show who will collaborate with the case manager and IHSS agency. If you have an AR, they must complete this chart. If the AR and member will do the task together, the AR should check both boxes.

Task	Authorized Representative will do the task (if there is one)	Member will do the task
Find or recommend attendants to the IHSS agency and help schedule them for work.	<input type="checkbox"/>	<input type="checkbox"/>
Create a Care Plan that meets all member needs.	<input type="checkbox"/>	<input type="checkbox"/>
Work with the IHSS agency to resolve any disagreements about the Care Plan.	<input type="checkbox"/>	<input type="checkbox"/>
Talk regularly with the IHSS agency about the quality of care and provide health updates.	<input type="checkbox"/>	<input type="checkbox"/>

Other comments about working with the IHSS agency:

Shared responsibilities plan agreement

By signing this form, you each confirm you read this form; understand your individual roles, responsibilities, and duties; and agree to complete them following this Plan.

Member or legal guardian printed name: _____

Member or legal guardian signature: _____ Date: _____

Authorized representative signature

I (authorized representative printed name) _____ agree to serve as the authorized representative for the member named above.

Authorized representative signature: _____ Date: _____

IHSS agency representative signature

IHSS agency representative printed name: _____

IHSS agency representative signature: _____ Date: _____

Questions?

If you have any questions about this form, contact your case manager.