

## CHAPTER 2 ELIGIBILITY & CASE MANAGEMENT

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### AUTHORIZED REPRESENTATIVES

#### General Information

The In-Home Supportive Services (IHSS) authorized representative process is intended to ensure that IHSS recipients with cognitive impairments have the assistance needed to secure services from the IHSS program, allowing them to remain safely in their own homes.

An authorized representative for IHSS is an individual who is willing to act on behalf of an IHSS applicant/recipient for the purpose of determining and maintaining eligibility to IHSS. The authorized representative may perform any or all of the following responsibilities:

- Sign timesheets, verifying that services have been provided (see page two of this section for exceptions)
- Sign IHSS forms that do not require the signature of a legal guardian or conservator
- Assist with providing required documents and information
- Provide all information necessary to establish the need for services at the time of initial application
- Provide all information necessary to establish the continued need for services at annual reassessment

#### Legal Guardian/Conservator

When an IHSS applicant/recipient has cognitive limitations that prevent him/her from being able to fully cooperate and provide information for the purpose of determining initial or ongoing IHSS eligibility, the IHSS Social Worker will request documentation indicating that the individual acting on the recipient's behalf is a legally appointed guardian or conservator.

Conservators have court-ordered authority and the responsibility to manage the affairs of those who cannot make their own decisions about finances or health care. Documentation includes letters of conservator or guardianship that have been filed with the superior courts and authorized (signed) by a judge.

#### ***Social Worker Responsibilities***

The Social Worker must ensure that documentation of a legally appointed guardian or conservator is retained in the IHSS case record.

*Note: When an individual is acting on behalf of his/her minor child, verification of legal guardianship/conservatorship is not required.*

#### Self-Declared Authorized Representative

When an IHSS applicant/recipient has cognitive limitations as indicated above, but he/she does not have a legal guardian or conservator and there is an individual that is declaring himself/herself as the authorized representative, this individual must complete the 12-03 HHSA – In-Home Supportive Services Self-Declaration to Act as Authorized Representative form (see Attachments section).

***Use of the 12-03 HHSA***

All self-declared representatives will be encouraged to seek legal guardian or conservatorship of the applicant/recipient that they represent. The 12-03 HHSA – IHSS Self-Declaration to Act as Authorized Representative form will be required from individuals who report that they do not have the means to seek legal guardian or conservatorship of the cognitively impaired IHSS applicant or recipient that they represent.

***Responsibilities of the Self-Declared Authorized Representative***

A self-declared authorized representative must be a person with knowledge of the recipient's circumstances. By completing and signing the 12-03 HHSA, the authorized representative confirms the following:

- He/she is voluntarily accepting responsibility to act on behalf of the IHSS applicant/recipient in all matters pertaining only to his/her IHSS application, initial eligibility determination, annual reassessment, and ongoing eligibility to services.
- He/she is expected to comply with the program's reporting requirements on behalf of the IHSS recipient.
- He/she understands that completing the 12-03 HHSA does not take the place of a legal guardian or conservatorship, and that such document is intended solely for the purposes of verifying the individual's need and eligibility for the IHSS program.

***Limitations of the Self-Declared Authorized Representative***

The self-declared authorized representative process has the following limitations:

- The 12-03 does not grant the authorized representative the ability to manage Individual Provider (IP) activities, including the hiring, training, and firing of Individual Providers. An authorized representative who wishes to be in charge of provider activities must first obtain legal guardian or conservatorship of the IHSS recipient.
- A self-declared authorized representative who also serves as the Individual Provider may not sign his/her own timesheet on behalf of the IHSS recipient.
- A self-declared authorized representative may not authorize a request for the waiver of a felony conviction for any IP, including his/herself, or sign the SOC 862 – IHSS Recipient Request for Provider Waiver (see Attachments section) which would allow an individual who has been convicted of a felony conviction to serve as the IHSS provider.
- Unless expressly limited to a shorter period or revoked, the form is valid for one year from the date signed by the authorized representative.

***Individual Provider as Representative***

An IP may act as authorized representative for the purpose of providing initial and ongoing eligibility information; however, unless the IP is a parent of a minor recipient, conservator, or legal guardian, he/she cannot sign his/her own timesheets on behalf of the recipient. The provider will sign his/her own timesheets as the provider, but another designated timesheet signatory must verify and sign timesheets on the recipient's behalf.

***Social Worker Responsibilities***

The IHSS Social Worker is responsible for obtaining a completed 12-03 HHSA, at initial application (or at the time of the next annual reassessment for existing cases), for each IHSS recipient who has a self-declared authorized representative.

The form(s) must be completed whenever there is a change in the person acting as the authorized representative. If there is not a change in the authorized representative, a new form must be completed no later than one year from the date that the form was last completed, unless the form is expressly limited to a shorter period or revoked. The completed form(s) must be retained in the IHSS case record.

### Timesheet Signatory

Any individual, including legally responsible and self-declared authorized representatives, who will sign IHSS timesheets on behalf of an IHSS recipient must complete the SOC 839 – IHSS Recipient Timesheet Signature Authorization (see Attachments section) form in order for payroll to verify his/her signature. Completing the 12-03 HHSA – IHSS Self-Declaration to Act as Authorized Representative form does not eliminate the need to complete the SOC 839. The SOC 839 must be retained in the IHSS case record and a copy of the form forwarded to IHSS Public Authority.

### CMIPS II Documentation

The contact information for any legally responsible or self-declared authorized representative must be entered by the Social Worker in the *Contacts* screen of the Case Management, Information, & Payrolling System (CMIPS) II.