In-Home Support Services
Client and Provider Agency Responsibilities

Section I: Client Information
Client Medicaid Number: ____________________________________________
Client Full Name: ________________________________________________
IHSS Provider Agency: ___________________________________________

Section II: Responsibilities
The client’s physician has indicated the client is able to participate in In Home Support Services with the requirement of having either:
   a) An Authorized Representative designated by the client to direct and manage IHSS services.
   OR
   b) An agreement to receive additional support from an IHSS provider agency in directing and managing IHSS services. The client must receive one or more of the additional supports listed below.

The client has elected to receive additional support from an IHSS provider agency.
The client and provider agency have agreed for the IHSS provider agency to provide the following supports to the client:

☐ Present person(s) to client as potential attendant(s)
☐ Train attendant(s) to meet client’s needs
☐ Manage and supervise attendant(s)
☐ Directly schedule attendants and document any permanent and significant changes in scheduling
☐ Determine, in conjunction with the client, the level of oversight by a licensed health care professional.
☐ Dismiss attendant(s) who are not meeting the client’s needs

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf
This form must be updated between the client and the provider agency when there is a change to the supports the client has elected to receive from the IHSS provider agency. A copy of the form is to be sent to the case manager within 5 days of the change.