PURPOSE | POLICY | PROCEDURE | REFERENCES | ATTACHMENTS

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ORANGE COUNTY SOCIAL SERVICES AGENCY ADULT SERVICES POLICY AND PROCEDURE MANUAL

Program: In-Home Supportive Services Number: SH 40.2.2

Subject: Use of Authorized Representative Date: 08/01/09

Approved: Signature On File Replaces: SH 1.6

I. PURPOSE

To provide policy and guidelines for the use of an Authorized Representative (AR), when a recipient requires a person to act on his/her behalf in matters relating to the application, assessment of need, eligibility, reporting responsibility and/or payment of IHSS.

II. POLICY

In-Home Supportive Services (IHSS) social workers must assist clients who appear unable to manage their own affairs and participate in the process of applying for and adhering to the IHSS program requirements to appoint an authorized representative to act on their behalf.

III. PROCEDURE

A. Evaluating the Need For An Authorized Representative

At the time of application and reassessment, IHSS social workers shall evaluate the applicant's/recipient's ability to understand and participate in the process. If the applicant/recipient appears to be incapable of successfully managing the application/reassessment process, supervising the care provider, or signing provider enrollment documents or the time sheet, the social worker shall work with the recipient to identify an appropriate AR.

If the care provider is appointed as the AR, another AR must be appointed to signprovider enrollment forms and time sheets. The only exception is for legal guardians, conservators, and parents of minors.

B. Choosing An Authorized Representative

- 1. The following should be considered when selecting a potential AR to act on behalf of an IHSS recipient:
- a. Does the person hold any legal authority to act on behalf of the recipient?
- b. Is the person the recipient's designated representative with the Social Security Administration?
- c. Is the person in a position to know of and look after the needs of the recipient?
- d. Is the person the best one to serve the interest of the recipient?
- e. What is the relationship of the person to the recipient?
- f. What interest has the person demonstrated in the recipient?
- g. What are the recipient's preferences?
- 2. An AR may not be appointed without the recipient's consent. Only the recipient may appoint their AR and sign the Authorized Representative form (F063-23-16).
- 3. If the recipient is unable to appoint an AR, or if the social worker believes that the AR appointed by the recipient will not act in the recipient's best interests, the social worker shall confer with their supervisor regarding possible referral to Adult Protective Services (APS) or directly to the Public Guardian. Only the Probate Court may determine that an adult is not competent and appoint someone to act on their behalf.

C. Legal Guardians, Conservators, and Parent of Minors

- 1. Legal Guardians, conservators and parents of minors have legal authority to act on the behalf of a recipient; appointment of an authorized representative is not needed in these cases. Guardianship or conservatorship papers must be reviewed by the social worker.
- The social worker shall document the review of papers on the Case Recording Sheet or include a copy in the case file.
- 3. Power of Attorney is not recognized by IHSS and is not a substitute for conservatorship.
- 4. A care provider who is also the recipient's legal guardian, conservator, or the parent of a minor may sign provider enrollment documents and timesheets for the recipient. When possible, the social worker shall encourage the appointment of a separate authorized representative to sign provider enrollment documents and timesheets.

D. Authorized Representative Form

- When the recipient has appointed an individual to be his/her representative, an Authorized Representative form is completed and signed as evidence of the authority granted.
- Completion of the Authorized Representative form is not required for legal guardians, conservators, or parents of minors.
- 3. The social worker shall document on the applicant/recipient signature line if the recipient is physically unable to sign, but indicates their choice of authorized representative to the social worker.
- 4. The social worker shall document on the Case Recording Sheet when the recipient's signature is an "X" or other mark, or if a signature stamp is used.
- The Authorized Representative form does not expire and does not need to be recertified at reassessment.
- 6. The original will be filed on the Eligibility acco and copies given to the AR and the recipient.
- 7. The recipient may revoke authorization at any time, by verbal or written notification to their assigned IHSS social worker. Recipient revocation must be documented by the social worker on the bottom of the Authorized Representative form.
- 8. A new Authorized Representative form must be completed when:
- The Authorized Representative changes.
- b. The Authorized Representative changes his/her address.

E. Documenting In CMIPS

The authorized representative's name will be added to Field P(4) (County Use Section) of the SOC 293 using the following format:

AR: First name Last name.

IV. REFERENCES

California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP)

- · 30-002 r (3): Representative
- 30-769.72: Recipient Responsibility

CDSS All County Letter No. 82-105 (10/12/82)

Confidentiality, Fraud, Civil Rights and State Hearing Manual:

19-005.21 Written Authorization

V. ATTACHMENTS

F063-23-16: Authorized Representative form

