

SELF-DIRECTED SERVICES
AUTHORIZED REPRESENTATIVE CONSENT
Oklahoma Health Care Authority
QA and Community Living Services

Living Choice Medically Fragile

Print member name : _____

Print authorized representative name: _____

Address: _____

Telephone: _____

Thank you for agreeing to assist the member referenced above with their employer responsibilities for self-directed services.

As an authorized representative, your role is to counsel and advise the member regarding any and all self-direction activities and decisions for which the member is responsible and take action on their behalf as directed by the member. **You may not work as the personal care attendant or advanced supportive restorative if you are the authorized representative.**

By selecting the self-direction service option, the member is the employer of record and is responsible for the following:

- Recruit, hire and, as necessary, discharge the personal care attendant.
- Provide instruction and training to the personal care attendant on the tasks to be completed.
- Develop the weekly work schedule based on the authorized service plan.
- Determine the hourly wages.
- Supervise the personal care attendant, document their time worked and send timesheets to the fiscal reporting agent for payroll processing.
- Provide tools and materials for work to be accomplished.

As an authorized representative, you cannot make any decisions for or on behalf of the member or sign for the member unless you have a legal standing to do so.

If you should have any questions, you may contact QA and Community Living Services at 888-287-2443 and request to speak with a program coordinator.

If you have questions about employer or employee paperwork, payroll activity or timesheets, you may contact the reporting fiscal agent, Acumen at 877-211-3738. The customer service agent will verify the following information before they answer any of your questions.

- Member's Medicaid ID number.
- Member's address & phone number.
- Last four digits of member's Social Security number.
- Member's date of birth.

Authorized representative signature: _____

Date: _____

Member signature: _____

Date: _____