

Sample Doctor's Letter

To show that an IHSS recipient is eligible for protective supervision an IHSS recipient must obtain proof (in the form of a doctor's or medical professional's letter) about their need for the service.

The letter should describe the individual's disabilities (diagnoses) and functional impairments (memory, orientation and judgement). The letter should also describe how the disabilities cause poor judgment, confusion, poor memory, or disorientation and provide examples of the dangerous behaviors the individual engages in without an awareness of the potential for harm.

The letter should also explain that the individual has the physical ability to put themselves in harm's way or in hazardous situations. The letter should explain that the individual needs to be watched 24-hours a day to remain safe at home because of dangerous behaviors caused by cognitive impairment, mental health condition or other condition (mental impairment or illness).

The form on the following page can be used to answer the questions above instead of writing a letter or in addition to writing a letter about an individual's need for protective supervision. You should provide the doctor or medication professional completing the form with a copy of the IHSS recipient's Hazard / Injury Log so the doctor will have a better understanding of the recipient's behaviors at home.

Patient/Beneficiary Name: _____

Date of Birth: _____

Diagnosis: _____

Prognosis: _____

1. Does the individual have a cognitive impairment, mental health condition or other conditions?

Please check the appropriate answer: ☐ Yes or ☐ No

2. Does the cognitive impairment, mental health condition or other condition cause functional limitations in memory, orientation or judgement?

Please check the appropriate answer: ☐ Yes or ☐ No

3. Is the individual able to assess danger and the risk of harm?

Please check the appropriate answer: ☐ Yes or ☐ No

4. Is the individual's inability to assess danger and risk of harm related to a cognitive impairment, mental health condition or other condition?

Please check the appropriate answer: ☐ Yes or ☐ No

5. Is the individual at risk for injury, hazard or accident because of a cognitive impairment, mental health condition or other condition?

Please check the appropriate answer: ☐ Yes or ☐ No

CONTINUES ON NEXT PAGE

6. Does the cognitive impairment, mental health condition or other condition prevent the individual from being left alone during a 24-hour day?

Please check the appropriate answer: ☐ Yes or ☐ No

7. Are the behaviors described in the individuals Hazard and Injury Log consistent with the individual’s cognitive impairment, mental health condition or other condition?

Please check the appropriate answer: ☐ Yes or ☐ No

8. Can the individual’s cognitive impairment, mental condition or other condition be expected to cause the kind of behaviors caused in the Hazard and Injury Log?

Please check the appropriate answer: ☐ Yes or ☐ No

9. Please provide a brief description of the individual’s dangerous behaviors and their causes, including any cognitive impairment, mental health condition or other condition, and limitations in memory, orientation or judgement. Explain how these behaviors prevent the individual from recognizing danger and staying safe at home without 24-hour supervision: _____

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I have provided the above information to the best of my knowledge.

Signed by: _____

Date: _____