

SELF-DIRECTED SERVICES
AUTHORIZED REPRESENTATIVE CONSENT
Oklahoma Health Care Authority
Long Term Care Administration

Living Choice

Medically Fragile

RE: Print Member Name: _____

Authorized Representative Name (Print) _____

Address _____

Telephone _____

Thank you for agreeing to assist the member referenced above with their employer responsibilities for Self-Directed Services.

As an authorized representative (AR) 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 be the PCA (personal care assistant) if you are the AR.**

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 the Long Term Care Administration (LTCA) 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, Morningstar Financial Services at 1-866-537-8379. The customer service agent will verify the following information before they answer any of your questions.

- Member Medicaid ID#
- Member's address & phone #
- Last 4 digits of member's Social Security #
- Member's date of birth

AR Signature: _____

Date: _____

Member Signature: _____

Date: _____