

**County of Orange Social Services Agency
Family Self-Sufficiency & Adult Services Division**

Program/Area: In-Home Supportive Services
Title: Paramedical Assessment and Authorization
Number: 1013 **Status:** Final
Effective Date: 2/1/2020 **Revision Date:** 4/8/2021
Approved: Signature on File

POLICY

Paramedical Services are activities which include the administration of medications, puncturing the skin, or inserting a medical device into a body orifice, activities requiring sterile procedures, or other activities requiring judgment based on training given by a licensed health care professional (LHCP). Paramedical Services may only be authorized when IHSS recipients need these services but cannot perform the activities by themselves due to their functional limitations or if they have a physical or mental condition that prevents them from doing so safely.

The Request for Order and Consent – Paramedical Services ([SOC 321](#)) form must be completed and signed by a LHCP prior to the authorization of Paramedical Services. The order should include a statement of informed consent stating the recipient has been informed of the potential risks arising from receipt of such services. The statement of informed consent shall be signed and dated by the recipient, or his/her guardian or conservator.

Paramedical Services should not be authorized unless the completed [SOC 321](#) is received by the county staff. However, the cost of Paramedical Services received may be reimbursed retroactively if the services provided prior to the receipt of [SOC 321](#) are consistent with the LHCP's current order and the [SOC 321](#) is received on or after the date of application for Paramedical Services.