



Consumer Directed Services (CDS) Option
Acknowledgement of Nursing Requirements

Member's Name	Date of Birth	Medicaid Identification No.
Medicaid Waiver Program	CDS Employer's Name	Service Plan Date

A registered nurse (RN) or a licensed vocational nurse (LVN) hired by a CDS employer must complete this form annually before providing nursing services. Texas Occupations Code, Title 3, Subtitle E, Chapter 301, Section 301.002 defines professional nursing as services provided by RNs and LVNs. Section 301.353 requires an LVN to practice under the supervision of an RN, advanced practice registered nurse (APRN), physician or a physician's assistant (PA). The Texas Board of Nursing (BON) rules at Texas Administrative Code, Title 22, Part 11, Chapter 217, Section 217.11 and the BON Interpretive Guidelines require nurses to know and conform to the Texas Nursing Practice Act and the BON's rules and regulations, as well as all federal, state or local laws, rules or regulations affecting the nurse's current area of nursing practice.

Requirements — Community Living Assistance and Support Services (CLASS), Home and Community-based Services (HCS), STAR +PLUS Home and Community Based Services (HCBS), Medically Dependent Children Program (MDCP) and Texas Home Living (TxHmL)

A nurse hired by the CDS employer must maintain the following documentation in the home:

- Nursing assessment and nursing plan of care developed by the CDS RN
- Doctor's orders for any skilled care, tasks, medications and treatments, including a signed plan of care updated annually
- Nursing notes as required by the BON to document the person's status, including the person's signs and symptoms; nursing care rendered; and physician, dentist or podiatrist orders
- Documentation of medication administration or treatment, nursing interventions completed according to the practitioner's orders and nursing assessments completed at the beginning of each shift

Certification by nurse hired by a CLASS, HCS, STAR Kids MDCP, STAR+PLUS HCBS or TxHmL CDS employer:

I, _____ (print name), acknowledge and certify I have received information regarding documents that must be obtained, completed and maintained in the person's home.

_____ _____ _____
Signature **Credentials** **Date**

If certifying nurse above is an LVN, the following section must be completed.

I, the LVN named above, meet this requirement. I am supervised by Physician RN APRN PA .

Supervisor's Name	Supervisor's License No.	Supervisor's Area Code and Phone No.
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Supervisor's Address (Street, City, State, ZIP Code)

_____ _____ _____
Signature – Physician, RN, APRN or PA **License No.** **Date**

_____ _____ _____
Financial Management Services Agency (FMSA) **Signature** **Date Received**

The CDS employer must send a copy of the completed Form 1747 annually to the FMSA before the RN or LVN can deliver nursing services. The CDS employer must maintain a copy of the completed Form 1747 in the person's home.