

**Consumer Directed Services Agreement for
Community Attendant Services Annual Reauthorization**

Individual Name	Individual Identification Number
Address	Telephone No./Fax No.

Texas Administrative Code 40 Chapter 47.73, Annual Reauthorization for Community Attendant Services (CAS), requires the provider to submit a copy of the service plan and a signed statement to the Texas Health and Human Services Commission (HHSC). The statement must indicate whether the provider supervisor agrees or disagrees with the service plan tasks or hours indicated on HHSC authorization for community care services form. If the supervisor disagrees with the service plan tasks or hours, he must provide the specific reasons for disagreement on this form.

In Consumer Directed Services, the employer of record serves the role of the provider supervisor. As the employer of record, please review and sign the agreement statement.

Employer of Record Statement of Agreement

- I have reviewed the proposed service plan on Form 2101, Authorization for Community Care Services, and I agree with the tasks or hours indicated for the annualized service plan.

Signature

Date

Disagreement

- I have reviewed the proposed service plan on Form 2101, Authorization for Community Care Services, and I disagree with the tasks or hours indicated for the annualized service plan, because:

Signature

Date

Contact Information

You may contact the case manager to discuss the tasks and hours in question, or the regional nurse will contact you to discuss the plan.

Case Manager Name	Telephone No.	Fax No.
Address		

Within 14 days of receipt, please sign and return this form to the case manager by fax or mail.