

Consumer Directed Services (CDS)  
**Service Provision Requirements Addendum**  
**Home and Community-based Services (HCS)**

Individuals enrolled in HCS may choose to self-direct services through the CDS option. In the HCS program, the CDS option is only available to individuals living in their own homes or the homes of family members. The CDS option is not available to those residing in supervised living, residential support or host/companion homes.

### Services Available Under the CDS Option

**Community First Choice (CFC) Personal Assistance Services/Habilitation (PAS/HAB):** Refer to the CFC Addendum.

**Respite:** Services include:

- emergency or planned short-term care when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances;
- training in self-help and independent living skills;
- providing room and board when respite is provided in a setting other than the individual's normal residence;
- ongoing provision of needed waiver services, excluding CFC PAS/HAB; and
- securing and providing transportation.

Respite includes an approved outdoor camp that meets the health and welfare requirements of the Texas Health and Human Services Commission (HHSC) and has American Camping Association accreditation.

**Support Consultation:** Individuals may also access support consultation if they and their service planning team decide it is a necessary support to assist the individual in successfully using the CDS option.

**CFC Support Management:** Refer to the CFC Addendum.

**Nursing:** Includes a comprehensive assessment by a registered nurse (RN). Nursing services must be listed on a nursing plan of care and can be delivered by an RN or a licensed vocational nurse (LVN) under the supervision of an RN. An unlicensed employee may perform nursing tasks if an RN delegates the tasks.

**Cognitive Rehabilitation Therapy:** Services include:

- assistance to an individual in learning or relearning cognitive skills that have been lost or altered as a result of damage to brain cells or brain chemistry in order to enable the individual to compensate for lost cognitive functions; and
- reinforcing, strengthening or reestablishing previously learned patterns of behavior, or establishing new patterns of cognitive activity or compensatory mechanisms for impaired neurological systems.

**Employment Assistance:** Services include:

- assisting an individual with locating paid employment in the community; and
- a service provider performing the following activities:
  - identifying an individual's employment preferences, job skills, and requirements for a work setting and work conditions;
  - locating prospective employers that offer employment compatible with an individual's identified preferences, skills and requirements;
  - contacting a prospective employer on behalf of an individual and negotiating the individual's employment;
  - transporting the individual to help the individual locate paid employment in the community; and
  - participating in service planning team meetings.

Employment assistance is provided in accordance with the individual's plan of care (IPC) and with Appendix C of the HCS/Texas Home Living (TxHmL) waiver application. An individual cannot receive employment assistance at the same time as respite, CFC PAS/HAB, day habilitation or supported employment.

**Supported Employment:** Services include providing assistance to sustain paid employment for individuals who, because of a disability, require intensive ongoing support to perform in a work setting. Supported employment must be provided in work sites at which people without disabilities are also employed. Services include adaptations, supervision and training, as related to the individual's diagnosis.

**Transportation (Supported Home Living):** Services include transportation activities.

**I have read and understand the services** ..... \_\_\_\_\_  
Initials

**Who Cannot Be Hired or Paid with Medicaid Funds to Provide Your Services**

- Employer
- Employer's spouse
- Individual receiving services
- Individual's spouse
- Designated representative (DR), if you have one
- DR's spouse
- Legally authorized representative (LAR) — if under age 18, the individual's parent, foster parent, managing conservator, stepparent or court-appointed guardian; if age 18 or over, the individual's court-appointed guardian
- LAR's spouse

**Note:** The supported employment, employment assistance, nursing, cognitive rehabilitation therapy or respite provider cannot live in the same household as the individual receiving services.

**I have read and agree not to hire any of the above as a service provider** ..... \_\_\_\_\_  
Initials

**Service Delivery Documentation**

- Form 1745, Service Delivery Log with Written Narrative/Written Summary

**I have read and agree to follow the service delivery documentation requirements** ..... \_\_\_\_\_  
Initials

**Service Backup Plans**

- The CDS employer (individual or LAR) is responsible for developing a backup plan (Form 1740, Service Backup Plan) for services that the service planning team determines are critical to ensuring the individual's health and safety. The case manager or service coordinator must approve the backup plan.
- The case manager or service coordinator will review the backup plan on an annual basis and may request a revised backup plan if it is found ineffective.

**I have read and agree to the service backup plan requirements** ..... \_\_\_\_\_  
Initials

**Other Special Requirements**

- An RN must sign Form 1747, Acknowledgement of Nursing Requirements, and conform to the Texas Board of Nursing (BON) Nursing Practice Act before providing services and must keep required documentation in the individual's home. An LVN must sign Form 1747-LVN, Licensed Vocational Nurse (LVN) Supervision, and conform to the BON Nursing Practice Act before providing services and must keep required documentation in the individual's home.
- The employee may only provide services allowed on the individual plan of care.
- The employee may only provide services for the individual, not for a family member or other persons residing in the home.
- Employee bonuses must be included in the CDS employer budget and must be accrued from hours that the employee has worked. Hours not used during the service plan year cannot be converted to a bonus.
- The employer cannot submit a time sheet to the Financial Management Services Agency (FMSA) for time the employee worked while the individual was in the hospital.
- The employer must keep a copy of all CDS employer forms for each employee, except the criminal history report, in the home.

**I have read and agree to follow the special requirements** ..... \_\_\_\_\_  
Initials

## Employee Qualifications

### For all services, the employee must:

- be age 18 or older;
- have a high school diploma or a certificate recognized by a state as the equivalent of a high school diploma; or
  - documentation of a proficiency evaluation of the employee’s experience and competence to perform job tasks, including an ability to provide the services needed by the individual, as demonstrated through a written competency-based assessment; and
  - at least three personal references from people not related by blood that evidence the person’s ability to provide a safe and healthy environment for the individual;
- have a valid Social Security number, regardless of residence, and provide appropriate documentation required for the completion of Form I-9, Employment Eligibility Verification, for verification of citizenship and immigrant status as required by the federal government;
- have no criminal convictions listed by state law that prohibit employment in a health care setting;
- have no conviction of Medicaid fraud or abuse;
- not be on the Employee Misconduct Registry or Nurse Aide Registry list; and
- not be on the state and federal lists of excluded individuals and entities.

**If providing supported employment or employment assistance:** The employee must satisfy one of the following combinations of education and experience:

**Option 1:** Have —

- a bachelor's degree in rehabilitation, business, marketing or a related human services field; and
- six months of paid or unpaid experience providing services to people with disabilities.

**Option 2:** Have —

- an associate's degree in rehabilitation, business, marketing or a related human services field; and
- one year of paid or unpaid experience providing services to people with disabilities.

**Option 3:** Have —

- a high school diploma or general equivalency diploma (GED), and
- two years of paid or unpaid experience providing services to people with disabilities.

**If providing cognitive rehabilitation therapy:** The employee must be:

- a **psychologist** licensed in accordance with Texas Occupations Code, Title 3, Subtitle H, Chapter 501, Psychologists;
- a **speech-language pathologist** licensed in accordance with Texas Occupations Code, Title 3, Subtitle G, Chapter 401, Speech-Language Pathologists and Audiologists; or
- an **occupational therapist** licensed in accordance with Texas Occupations Code, Title 3, Subtitle H, Chapter 454, Occupational Therapists.

**If providing nursing:** Nurses must meet and maintain professional licensure qualifications as required by the program and/or state or federal law.

**I have read and agree to hire providers who meet the qualifications** ..... \_\_\_\_\_  
Initials

## Training Requirements for All Service Providers

- Before providing direct services to an individual, the service provider must complete specific training provided by the CDS employer.
- The CDS employer must document all initial and ongoing training activities on Form 1732, Management and Training of Service Provider, and send Form 1732 to the FMSA within 30 calendar days after hiring the service provider and every year within 30 calendar days after the service provider’s hire anniversary date.

If the employer chooses to use the CDS exemption from nursing delegation (Form 1733, Employer and Employee Acknowledgement of Exemption from Nursing Licensure for Certain Services Delivered through Consumer Directed Services), the employer provides training for any nursing tasks listed on Form 1733.

**I have read and agree to ensure providers meet the training requirements** ..... \_\_\_\_\_  
Initials

**The service coordinator, FMSA or HHSC utilization review staff can talk with the individual about the services available through the CDS option and may ask to review employer forms. Please keep forms easily accessible.**

**I have read, understand and agree to comply with the HCS program requirements. If I do not follow these requirements, I understand that I can be reported to the appropriate authorities for Medicaid fraud.**

Employer or Designated Representative Signature

Date