

Consumer Directed Services (CDS)  
**Service Provision Requirements Addendum****Primary Home Care (PHC) Services, Community Attendant Services (CAS) and Family Care (FC)****Services Available Under the CDS Option**

**Personal Care Services:** Services provided must match the tasks listed on Form 2101, Authorization for Community Care Services.

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

**Who Cannot Be the Employee**

- Employer
- Employer's spouse
- Individual
- Individual's spouse
- Designated representative (DR)
- 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
- Primary caregiver (person listed as "Do not hire" on Form 2101)

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

**Service Delivery Documentation**

- Time sheet — Form 1745, Service Delivery Log with Written Narrative/Written Summary  
or
- Electronic Visit Verification (EVV) record for select regions, depending on level of participation

**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 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**

- The employee may only perform tasks authorized on Form 2101.
- The employee may only perform tasks for the individual receiving program services, not for other family members. For example, the provider cannot cook dinner for everyone in the household.
- 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 or any other institutional setting.
- The employer must keep a copy of all CDS employer forms for each employee, except the criminal history reports, 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 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;
- have reliable transportation to the individual's home within the service schedule; and
- meet and maintain provider qualifications as required by the program and/or by 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.

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

**The case manager, FMSA, or Texas Health and Human Services Commission (HHSC) utilization review staff can talk with the individual about the services available through the CDS option and can ask to review all CDS employer forms.**

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

\_\_\_\_\_

Employer or Designated Representative Signature

\_\_\_\_\_

Date