



Consumer Directed Services (CDS) Option  
**Acknowledgement of Nursing Requirements**

A registered nurse (RN) or a licensed vocational nurse (LVN) hired by a CDS employer must complete this form before providing nursing services. Texas Occupations Code, Title 3, Subtitle E, Chapter 301, §301.002 defines professional nursing as services provided by registered nurses (RNs) and licensed vocational nurses (LVNs). §301.353 requires an LVN to practice under the supervisor of a registered nurse (RN), advanced practice registered nurse (APRN), physician or a physician's assistant. The Texas Board of Nursing (BON) rules at Texas Administrative Code, Title 22, Part 11, Chapter 217, §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) program, STAR Kids Medically Dependent Children Program (MDCP) and Texas Home Living (TxHmL)**

A nurse hired by the CDS employer must have 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
- Nursing notes as required by the BON to document the individual's status, including 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 MCDP, STAR+PLUS HCBS program or TxHmL CDS employer:**

I, \_\_\_\_\_ (print name), acknowledge and certify that I have received information regarding documents that must be obtained, completed and kept in the home of the individual.

\_\_\_\_\_  
Registered Nurse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LVN Signature

\_\_\_\_\_  
Individual's or Employer's Name/Program

I, the LVN named above, meet this requirement.

I am supervised by:  Licensed Physician     RN     APRN     Physician's Assistant

Supervisor's Name: \_\_\_\_\_ Supervisor's License No.: \_\_\_\_\_

Supervisor's Address (Street, City, State, ZIP Code): \_\_\_\_\_

Supervisor's Area Code and Telephone No.: \_\_\_\_\_

\_\_\_\_\_  
Signature – Physician, RN, APRN or Physician's Assistant

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature – Financial Management Services Agency (FMSA)

\_\_\_\_\_  
Date Received

The CDS employer must send a copy of the completed Form 1747 to the FMSA before the LVN can deliver nursing services.

The CDS employer must maintain a copy of the completed Form 1747 in the home of the individual.