

### Random Sample Review of Nursing On-Call and Required Submission of Documentation

Home and Community-based Services (HCS) and Texas Home Living (TxHmL)

**Note:** HCS and TxHmL providers must send all requested information to DADS *within five business days* after receipt of this form.

**To:** Waiver Survey and Certification  
**Mailing Address:** 701 West 51st Street  
Mail Code E-348  
Austin, Texas 78751

**Attn:** Cordelia Rodriguez  
**Fax No.:** 512-438-4148

Provider Name		Contract No.	CARE Component Code
Date Submitted to DADS	Submitted By	Area Code and Telephone No.	Area Code and Fax No.
Contact		Contact Area Code and Telephone No.	

Name of Individual	CARE ID No.	Date of DADS Request
--------------------	-------------	----------------------

HCS and TxHmL providers must fax or mail copies of the following documents for the **individual** noted above to DADS.

The most recent:		
	Sent	If no, reason not sent:
• behavior management program;	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• comprehensive nursing assessment; and	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• nursing services plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	

The most current three months dated _____ to _____.		
	Sent	If no, reason not sent:
• incident reports;	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• residential, day hab, respite, supported; employment and notes;	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• lab work;	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• medical consults;	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• medication administration records;	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• physician orders; and	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• nursing notes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Sent	If no, reason not sent:
List of registered nurses' and licensed vocational nurses' names and titles along with corresponding signatures of each nurse.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**For DADS Use Only:**

Random Sample Documentation    Deceased Individual Documentation

**Note:** Additional documents may be requested after the initial review by DADS.