

Consumer Directed Services (CDS) Option
Acknowledgement of Nursing Requirements

A nurse 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). The Texas Board of Nursing (BON) rules at Texas Administrative Code, Title 22, Part 11, Chapter 217, §217.11 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), 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 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.

Nurse's Signature

Date

Requirements — Medically Dependent Children Program (MDCP)

A nurse hired by the CDS employer must have the following documentation in the home:

- Doctor's orders for any skilled care, tasks, medications and treatments, signed within the preceding 12 months (if applicable)
- Nursing notes as required by the BON to document the individual's status, including signs and symptoms, 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 an MDCP 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.

Nurse's Signature

Date