

**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 HHSC *within five business days* after receipt of this form.

To: Waiver Survey and Certification

Attn: Cordelia Rodriguez

Mailing Address: 701 West 51st Street
Mail Code E-348
Austin, Texas 78751

Fax No.: 512-438-4148

Provider Name		Contract No.	CARE Component Code
Date Submitted to HHSC	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 HHSC Request
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HCS and TxHmL providers must fax or mail copies of the following documents for the **individual** noted above to HHSC.

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 HHSC Use Only:

Random Sample Documentation Deceased Individual Documentation

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