

Consumer Directed Services **Appointment of a Designated Representative**

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Individual's Name			Medicaid No.		
Employer's Name					
Relationship of Employer to Individual Receiving Service	ces:				
	ardian [Expiration Date]:		☐ Parent of a Minor		
Other Legally Authorized Representative [LA	R] (Specify):				
Any previous appointment of a designated representative (DR) is revoked upon the effective date of this appointment.					
☐Initial or ☐Change					
Designated Representative:	E	mployer:			
Printed Name	F	rinted Name			
Signature		Signature			
Social Security No.					
Date of Birth					
Date	С	oate _			
Relationship to Individual	R	Relationship to D	R		
is appointing a designated representative, who is a non-relative, to obtain information needed to request that the financial management services agency (FMSA) run a criminal conviction check using the Department of Public Safety public website. The designated representative (DR), who is a non-relative, is ineligible to participate in the CDS option if he or she has been convicted of an offense under Chapter 32 of the Penal Code or an offense barring employment as listed in the Texas Health and Safety Code, Section 250.006(a) and (b). ACKNOWLEDGEMENT: By signing this form, the designated representative grants permission for the FMSA to obtain the criminal conviction check.					
Date of DPS Check	Time	Obtained By			
bate of bit o officer		Obtained by			
Convictions: Yes No If yes, does the conviction(s) prohibit service delivery or is the person serving as a DR in compliance with Health and Safety Code Chapter 250 or other eligibility requirements? Yes No					
The person named below, a willing adult 18 years or older, has agreed by signature to serve as the DR for the employer.					
The effective date of this designation is					
The DR is appointed to perform the following employer	responsibilities:				
Assist with using Electronic Visit Verification (EVV) for programs and services as required under the Federal 21st Century Cures Act and					
the Texas Government Code Develop and put in place a service backup plan for each critical service as identified by the Service Planning Team					
Find and hire employees and other service providers					
Train and manage employees and service providers					
Obtain permission from potential employees to conduct a criminal history and registry check					
Complete and submit new hire packets for new employees to the FMSA for processing					
Keep records of service delivery, including service logs, and personnel files					
Review, submit and approve time entries and service delivery invoices or receipts for employer-related expenses					
Assist with developing a corrective action plan (CAP) if one is requested by the FMSA or case manager Other or additional responsibilities as listed in the box below.					
Other or additional responsibilities as listed in the box below					

Additional Responsi	pilities		
The DR may not per	form the following employer responsibili	lities as indicated in the box	below:
Designated Repres		Employer:	
Designated Repres	entative:	Employer: Printed Name	
_	entative:		

Designated Representative Contact Data

Name:	_
Address:	_
	_
Phone:	_
Alternate phone:	
Email address:	