



**Children with Special  
Health Care Needs  
(CSHCN) Services Program**

**Family Support  
Services (FSS)  
Provider Manual**

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**Office of Primary and Specialty Health**

**March 2021**



**TEXAS**  
Health and Human  
Services

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# The Children with Special Health Care (CSHCN) Services Program

The CSHCN Services Program was created in 1933 to help children with special health care needs in Texas improve their health, well-being, and quality of life. The Program pays for medical treatment and equipment for eligible children with special needs from birth to 21 years of age and for people of any age with cystic fibrosis. Clients can get medically necessary health care benefits and family support services.

This manual is for providers of Family Support Services. You can use this manual to find helpful phone numbers, answers to your questions, and other important information you will need as a CSHCN Services Program provider.

## Contact Us

Remember not to send protected health information through unencrypted e-mail. Include your full contact information and type of provider (physician, facility, dentist or other).

Inquiry Line: 800-252-8023

Local: 512-776-7355

Fax: 512-776-7417

## Email Address

[cshcn@hhsc.state.tx.us](mailto:cshcn@hhsc.state.tx.us)

## Mailing Address

CSHCN Services Program  
MC 1938  
P.O. Box 149347  
Austin, TX 78714-9347

## Family Support Services

Family Support Services (FSS) can help families care for clients with special health care needs. FSS can also help a client be more independent and able to take part in family life and community activities. The Children with Special Health Care Needs (CSHCN) Services Program may authorize Family Support Services that are above and beyond the scope of “usual” needs. As CSHCN is a payor of last resort, FSS may not cover services that are available through other resources. Clients may also be eligible and receive benefits for SSI, Medicaid, CHIP, or private insurance, and should maintain their eligibility and enrollment in these programs.

Family Support Services may include:

- Respite
- Minor Home Modifications
- Vehicle Modifications
- Inspection Fees for Home Modifications

All Family Support Services must have prior authorization by the CSHCN Services Program. This means that you must receive written authorization from the CSHCN Services Program before you can provide Family Support Services to a child and family enrolled in the Program.

### Provider Types

- Respite Providers
- Home Modification Providers
- Vehicle Modification Providers
- Home Inspectors-Licensed with Texas Real Estate Commission (TREC)

### Provider Enrollment

CSHCN Services Program providers are very important for making sure that children and families get the services and support they need. The Program strives to find caring and highly qualified providers.

The Program can only pay for services from providers enrolled in the CSHCN Services Program. To enroll in the CSHCN Services Program, you must complete the Family Support Services Provider Application and enter into a written provider agreement with the CSHCN Services Program. These forms are supplied by CSHCN Services Program Provider Enrollment Department. You can contact Provider Enrollment through their email box at [OPSHProviderEnrollment@hhs.texas.gov](mailto:OPSHProviderEnrollment@hhs.texas.gov).

## Enrollment Forms

The list of the required forms for all providers to participate in the CSHCN Services Program are:

- **Provider Enrollment Application and Agreement** - The form states the specific standards that a provider must agree to as a condition for participation. The form must be completed and signed by the person who is applying for enrollment. Additional documentation may be required depending on the type of provider (i.e., copy of current license). All applicants must have a social security number or tax identification number.
- **Child Support Certification** – The Texas Family Code, Section 231.006, places certain restrictions on individuals who owe child support. Texas Family Code, Section 231.006 (d) requires a person who applies for, bids on, or contracts for state funds to submit a statement that the person is not delinquent in paying child support. This law applies to an individual whose business is a sole proprietorship, partnership, or corporation in which the individual has an ownership interest of at least 25 percent (25%) of the business entity. This law does not apply to contracts/agreements with governmental entities or nonprofit corporations. The law also requires that payments be stopped when notified that the contractor/provider is more than 30 days delinquent in paying child support. CSHCN Services Program payments are placed on hold upon notification that the provider is delinquent in child support payments.
- **Certification Regarding Lobbying** – The form relates to lobbying (influencing or attempting to influence a person, agency, or member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement).

The following information is also required for specified providers:

- **Disclosure of Ownership and Control Interest Statement** – This form is required only for Medicaid or Medicare providers (such as Home Health agencies).
- For home inspectors – Home inspectors must provide a copy of a **current license** issued by the Texas Real Estate Commission.
- For building contractors – Building contractors must have **general liability coverage** and must indicate this on the Provider Enrollment Application.

Enrollment applications and required forms must be sent to the CSHCN Services Program, Provider Enrollment Department at the following address:

CSHCN Services Program Provider Enrollment, MC-1938  
Office of Primary and Specialty Health  
P.O. Box 149347  
Austin TX 78714-9347

Or faxed to:  
(512) 206-3958 – Attn: CSHCN Services Program Provider Enrollment

## **Provider Number**

A five-digit CSHCN Services Program provider number is issued when the CSHCN Services Program determines that you qualify for participation. The

CSHCN Services Program will send you a letter with your provider number when your application is approved. You should include your provider number in all communications with the CSHCN Services Program, including invoices.

## **Change of Address Requests**

You must promptly advise the CSHCN Services Program Provider Enrollment Department of address changes (business or accounting), name changes, ownership changes and Tax ID number changes. This information can be provided in writing or by fax to the Provider Enrollment Department, at (512) 206-3958. Changes to information may require additional verification.

## **Reimbursement**

CSHCN Services Program reimbursements are available to all providers either by check or electronic funds transfer (EFT). Through EFT, CSHCN Services Program directly deposits reimbursements into a provider's bank account. The CSHCN Services Program encourages all providers to participate in EFT. Payments of authorized services are made to the provider of the service by the CSHCN Services Program in accordance with the limitations and procedures of the program.

For questions about reimbursement or the status of an invoice, contact:  
Provider Enrollment Department at [OPSHProviderEnrollment@hhs.texas.gov](mailto:OPSHProviderEnrollment@hhs.texas.gov).

## **Provider Responsibilities**

### **Record Retention**

You must keep all necessary records and invoices to document services provided to a client, for full disclosure to the CSHCN Services Program or its designee for a period of five (5) years from the date of services, until the client's 21st birthday, or

until all audit questions, appeal hearing, investigations, or court cases are resolved, whichever occurs last.

## **Confidentiality**

You must protect all client information by not discussing or providing information about clients except to authorize Health and Human Services Commission (HHSC) staff.

## **Authorizations**

All Family Support Services must have prior authorization by the CSHCN Services Program. Families request Family Support Services through their case manager and obtain bids for minor home modifications or equipment. If the CSHCN Services Program approves the family's request, the family is notified in writing. You will also receive written notification when services are authorized. Notice of authorization includes specific details of approved service, authorization period (if applicable), and maximum allowable cost.

It is very important that you provide services exactly as authorized by the CSHCN Services Program. A written request must be sent to the CSHCN Services Program if you or the family wants to make any changes in the authorized services. The Program must approve any changes before they take place.

## **Invoices**

When you submit an invoice for payment to the CSHCN Services Program, you are certifying that:

- Services were personally rendered by the billing provider or under the personal supervision of the billing provider.
- The information contained on the claim is accurate and complete.
- Services were provided to eligible CSHCN Services Program Family Support Services clients in the same manner, to the same degree, and with the same quality that these services are provided to the general public.
- CSHCN Services Program payment is payment in full.
- You understand that endorsing or depositing a CSHCN Services Program check is accepting money from state and/or federal funds and that falsification or concealment of material fact related to payment may be grounds for prosecution under state or federal laws.

Invoices must be received by the CSHCN Services Program within 95 calendar days from the date of service. Invoices can be emailed to [cshcn@hhsc.state.tx.us](mailto:cshcn@hhsc.state.tx.us), or mailed or faxed to the following address:

CSHCN Services Program Claims, MC 1938  
Office of Primary and Specialty Health  
P.O. Box 149347  
Austin, TX 78714-9347  
Fax: (512) 206-3958

## **Billing Clients**

You may not bill a CSHCN Services Program client or family for authorized services, unless otherwise agreed upon. Additionally, you may not require a down payment for authorized services.

## **Appeals**

You may correct or resubmit for reconsideration a denied invoice within 120 days of the last denial and/or adjustment to the original invoice. If the results of the reconsideration process are unsatisfactory, you may request an administrative review within 30 days from the date on the letter documenting the program's decision. If you are dissatisfied with the CSHCN Services Program's administrative review decision, you can request a fair hearing within 20 days from the date on the letter documenting such decision.

All administrative review and fair hearing requests for denial of payment by the CSHCN Services Program must be submitted to the following address:

CSHCN Services Program FSS Appeals-MC 1938  
Office of Primary and Specialty Health  
P.O. Box 149347  
Austin, TX 78714-9347  
Fax 512-776-7238

Failure to submit a request for administrative review or fair hearing in writing to the CSHCN Services Program within the deadline is considered a waiver of right for administrative review or fair hearing.

## **Respite Providers**

### **Benefits and Limitations**

Respite services must have prior authorization by the CSHCN Services Program. This means that you will not receive reimbursement for any respite services you provide until you are notified that the services have been authorized.



The maximum amount of respite services that a family can receive is \$3,600.00 per year. However, the amount authorized by the CSHCN Services Program may be less than \$3,600.00 per year.

A family is notified when the CSHCN Services Program approves their request for respite services. The notification letter clearly states, the name of the CSHCN client, client CSHCN identification number, how many hours of respite have been approved, the hourly rate of payment, the begin and end date for the services, and the total amount of funding approved for respite care.

Providers are only reimbursed for respite services that have been authorized. A family and/or a provider must send a written request to the CSHCN Services Program if they want to make any changes in the approved services, this includes changing the approved provider. The Program must approve any changes before they take place.

The family will be responsible for paying for any respite services that is provided before or after the authorized time period or that exceed the authorized number of hours or the maximum authorized cost.

A client must maintain their eligibility in the CSHCN Services Program. The Program will not reimburse for respite services if the client's eligibility ends.

## **Process**

It is the responsibility of the family to choose and train their respite provider. The family will decide what the respite provider is paid within the amount approved by the CSHCN Services Program. They will also decide the specific tasks and activities that the provider will do with their child.

## **Filing Claims**

The CSHCN Services Program will send you a letter and a respite timesheet, Form E to let you know that respite services have been approved.

The Respite timesheet and other required forms can be found on the [Family Support Services – Forms page](#) on the [hhs.texas.gov](http://hhs.texas.gov) website.

The respite timesheet (Form E) will have the client's name, client identification number, your name and provider identification number, authorization period (begin and end date for respite services), number of respite hours, and total amount of funding that was authorized. You can make additional copies of the timesheet to use. A copy of a blank timesheet is included in this manual.

It's important that you keep track of the number of respite hours you have provided. The CSHCN Services Program will not reimburse you for respite services that go beyond the authorized number of hours or approved amount..

At the top of the timesheet you will find the address where the timesheet can be faxed or mailed. Timesheets for payment must be submitted at least monthly. You may submit timesheets weekly or every other week if you prefer. Please do not include dates from more than one month on one timesheet.

Timesheets must document the dates and hours worked and must be signed by you and the client's parent or the adult client. Timesheets for payment must be received by the CSHCN Services Program within 95 days\* of the date you worked. Your timesheet can be emailed to [cshcn@hhsc.state.tx.us](mailto:cshcn@hhsc.state.tx.us) or sent by mail or fax to:

CSHCN Services Program Claims, MC 1938  
Office of Primary and Specialty Health  
P.O. Box 149347  
Austin, TX 78714-9347  
Fax: (512) 776-7162

\*Claims submitted 95 days past the date of service will be denied.

## **Home Modification Providers**

### **Benefits and Limitations**

Home modifications must have prior authorization by the CSHCN Services Program.

The CSHCN Services Program Home Modifications benefit is a lifetime benefit of \$3,600.00. A family may use the entire \$3,600.00 at one time or may choose to use part of the money at different times for different projects. The lifetime benefit may be combined with the client's annual FSS benefit of \$3,600.00, to allow for a total home modification not to exceed \$7,200.00. Note: The cost of the pre and post home inspection need to be included in the total cost of the modification. The CSHCN Services Program will not authorize construction of a new room, conversion of a patio or garage into a new room, creation of a second, accessible bathroom, redecorating a home, or portable ramps.

A family is notified when the CSHCN Services Program approves their request for home modifications. The notification letter clearly states the provider authorized to complete the home modifications, the specific home modifications that are authorized, and the total amount of funding approved for the services.

It is very important that home modifications are provided only as authorized. A family must send a written request to the CSHCN Services Program if they want to make any changes in the approved services. The Program must approve any changes before they take place.

## Process

The family obtains bids for the home modification, preferably from two contractors if possible. The family can get a bid from their own contractor or from a contractor that is already enrolled as a CSHCN Services Program Family Support Services Provider. If a home modification is then authorized by the CSHCN Services Program, the home modification provider will need to enroll with the Program if they have not already enrolled. Contractors may practice independently, subcontract with others, or be contracted with a home health agency. All home modification providers need to have General Liability Coverage.

A contractor supplying a bid for a home modification must complete Form D, Family Support Services – Home Modifications Written Specifications and Approvals for Home Modification. The form includes the specific bid details and cost, and information about permits. A copy of Form D is included in this manual. The contractor should attach drawings and written specifications for the proposed home modification. The family signs and dates the form if they agree to the contractor's proposed modifications. A family who live in a home owned by someone else must provide written permission from the owner approving the requested modification. Form D should be returned to the client's social worker.

The CSHCN Services Program will send you a letter and a Decision Form to let you know when a home modification for which you submitted a bid is approved. The letter will include a copy of your bid and a CSHCN Services Program Authorization Form. The Decision Form clearly states the specific home modifications that are authorized, and the total amount of funding approved for the services.

You cannot begin work on approved home modifications until a home inspector enrolled as a CSHCN Services Program provider reviews the written specifications and bid documentation. The home inspector completes an Initial Inspection Report (FSS Payment Form H) indicating that the home's condition warrants the home modifications. The Initial Inspection Report must also verify that the home modifications:

- meet current applicable building codes,
- meet current Texas Accessibility Standards,
- address required permits, and
- can be completed for the bid cost.

The home inspector will let the client's social worker know that the inspection has been completed.

You will be asked to address any concerns noted by the home inspector. You may submit revised written specifications and a bid that includes changes recommended by the home inspector and any permits needed for the home modifications. You may also choose to withdraw your bid at this time.

If the inspector has no concerns, the social worker will contact you to let you know that you can begin work on the authorized home modifications. As noted above, any changes to the service or cost authorized require prior approval and must be submitted to the CSHCN Services Program in writing for review and determination of program coverage.

## **Filing Claims**

You must contact the client's social worker when you have completed the authorized home modifications.

The client's social worker contacts the home inspector who did the initial inspection. The home inspector does a final inspection to verify that the home modifications were completed as per written specifications. The family completes Form F, Family Documentation for Completed Family Support Services. You will be asked to address any concerns noted by the home inspector and/or family. You will not receive reimbursement until the home modifications pass the final inspection and the family completes Form F indicating their satisfaction with the completed home modifications. The family will get Form F from their social worker.

When the home modification has been completed and has passed the final inspection, you need to complete Form G, Provider Documentation for Completed Family Support Services and Training. A copy of Form G is included in this manual.

Submit Form G with your invoice by email to [cschn@hhsc.state.tx.us](mailto:cschn@hhsc.state.tx.us) or by mail or fax to:

CSHCN Services Program Claims, MC 1938  
Office of Primary and Specialty Health  
P.O. Box 149347  
Austin, TX 78714-9347  
Fax: (512) 776-7162

## **Home Inspectors**

### **Benefits and Limitations**

Home Inspectors must be independent of the contractor who is doing the home modification and be licensed as a Home Inspector through the Texas Real Estate Commission, (TREC) or through the Texas Department of Licensing and Regulation (TDLR) as a Registered Accessibility Specialist (RAS).

The maximum reimbursement is up to \$200.00 for the Initial Inspection and up to \$150 for the Final Inspection. The reimbursement includes any additional inspection that may be necessary above and beyond the initial and final inspection.

## **Process**

Before a contractor can begin work on approved home modifications, a home inspector enrolled as a CSHCN Services Program provider must do an initial inspection, review the written specifications and bid documentation, and complete the CSHCN Services Program- Family Support Services - Home Modifications Initial Inspection Report (FSS Payment Form H). The initial inspection verifies that the home's condition warrants the home modifications and that the written specifications and bid

- meet current applicable building codes,
- meet current Texas Accessibility Standards,
- address required permits, and
- can be completed for the bid cost.

In most situations, the home inspector is not contacted to do an initial inspection until the CSHCN Services Program has authorized the home modifications. However, you may be asked to do an initial inspection before home modifications are authorized if there are questions about a home's condition or the modifications proposed by a contractor.

When the contractor completes an authorized home modification, the client's social worker contacts the same home inspector who provided the initial inspection to do a final inspection. The final inspection will verify that the modification was completed according to the approved written specifications and bid and that permits were obtained as needed. The results of the final inspection, including any concerns, are documented in Final Inspection Report - FSS Payment Form I. The contractor will not be reimbursed until the home modification has passed the final inspection.

The home inspector can contact the contractor for clarification if there are questions concerning the modifications. The home inspector should document any concerns about the modifications on the Initial or Final Inspection Report.

## **Filing Claims**

The Initial Inspection Report and the Final Inspection Report are sent to the client's social worker with the invoice for the report(s).

## **Vehicle Modifications**

### **Benefits and Limitations**

Vehicle modifications must have prior authorization by the CSHCN Services Program. Vehicle modifications covered by the CSHCN Services Program include:

- Wheelchair lifts

- Tie downs
- Accessories necessary for lift/equipment installation or usage (e.g., roof/door raising)
- Hand controls (for individuals of age and ability to obtain a Texas Driver's License)
- Repairs to covered vehicle modifications not related to inappropriate handling or misuse of equipment.

Vehicle modifications must meet National Highway Traffic Safety Administration requirements and meet the client's needs for the next four or five years. The CSHCN Services Program does not cover repairs to the vehicle itself (e.g. something that affects the running of the vehicle, pertains to the maintenance of the vehicle or involves suspension work to the vehicle).

The CSHCN Services Program maximum reimbursement for vehicle modifications is up to \$7,200.00.

A family is notified when the CSHCN Services Program approves their request for vehicle modifications. The notification letter clearly states the provider authorized to complete the vehicle modifications, the specific modifications that are authorized, and the total amount of funding approved for the services.

It is very important that vehicle modifications are provided only as authorized. A family must send a written request to the CSHCN Services Program if they want to make any changes in the approved services. The Program must approve any changes before they take place.

## **Process**

The family obtains bids for vehicle modifications, preferably from two vehicle modification providers, if possible. A bid must include the following items noted on the Vehicle Modification Checklist. A copy of a Vehicle Modifications Checklist is included in this manual.

- Vehicle year, make and model
- Equipment manufacturer and model
- Statement that the modification or equipment is anticipated to meet the client's needs for the next four or five years
- Statement that equipment meets National Highway Traffic Safety Administration (NHTSA) requirements

For wheelchair lifts, a bid must also include:

- Wheelchair tie-downs and occupant restraints, unless there is an accompanying physician or therapist written statement indication that the occupant restraints are not necessary
- Specifications of the lift

- Specifications of the wheelchair that will be used with a lift
- Statement that the lift will accommodate the wheelchair

The family must have the working condition of the vehicle evaluated by a mechanic if the vehicle is more than 3 years old. In general, the CSHCN Services Program does not authorize vehicle modifications for a vehicle that is more than 10 years old or that has more than 100,000 miles on the odometer. An exception may be considered for an older vehicle or high mileage vehicle when the mechanic evaluating the vehicle indicates that the vehicle's condition sufficiently warrants the requested modification.

The CSHCN Services Program will send you a letter and a Decision Form to let you know when a vehicle modification for which you submitted a bid is approved. The letter will include a copy of your bid and a CSHCN Services Program Authorization Form. The Decision Form clearly states the specific modifications that are authorized, and the total amount of funding approved for the services. You will need to enroll with the CSHCN Services Program if you are not already enrolled.

## **Filing Claims**

When the vehicle modification has been completed, you or the social worker should provide the family with Form F, Family Documentation for Completed Family Support Services. The family completes this form to indicate their satisfaction with the vehicle modification. You need to complete Form G, Provider Documentation for Completed Family Support Services and Training. A copy of Form F and Form G is included in this manual.

Submit Form G with your invoice by email at [cshcn@hhsc.state.tx.us](mailto:cshcn@hhsc.state.tx.us) or by mail or fax to:

CSHCN Services Program Claims, MC 1938  
Office of Primary and Specialty Health  
P.O. Box 149347  
Austin, TX 78714-9347

Fax: (512) 776-7417

# Appendix

CSHCN FSS documents available via [hhs.texas.gov](https://hhs.texas.gov) on the [CSHCN FSS Provider Portal webpage](#).

## Required forms for all FSS Providers

- [CSHCN Services Program FSS Provider Manual \(PDF\)](#)
- [Certification Regarding Lobbying \(PDF\)](#)
- [Child Support Certification \(PDF\)](#)

## Required forms for Home Health Agencies only

- [TMHP Disclosure of Ownership and Control Interest Statement](#)

## Required FSS request forms and other useful publications

- [Form A - Cover Sheet \(PDF\)](#)
- [Form B - Services Request \(PDF, English\)](#)
- [Form B - Services Request \(PDF, Spanish\)](#)
- [Form C - Vehicle Evaluation \(PDF\)](#)
- [Form D - Home Modifications: Written Specifications and Approvals \(PDF\)](#)
- [Form E - Respite Timesheet \(PDF, English\)](#)
- [Form E - Respite Timesheet \(PDF, Spanish\)](#)
- [Form F - Family Documentation for Completed FSS Training \(PDF, English\)](#)
- [Form F - Family Documentation for Completed FSS Training \(PDF, Spanish\)](#)
- [Form G - Provider Documentation for Completed FSS Training \(PDF\)](#)
- [Form H - Home Modifications: Initial Inspection Report \(PDF\)](#)
- [Form I - Home Modifications: Final Inspection Report \(PDF\)](#)
- [Vehicle Modification Bid Checklist \(PDF\)](#)
- [Respite Fact Sheet \(PDF, English\)](#)
- [Respite Fact Sheet \(PDF, Spanish\)](#)
- [Home Modification Request Checklist for Case Managers \(PDF\)](#)