



Consumer Directed Services
Service Provider Agreement

This agreement is between the Texas Health and Human Services Commission (HHSC), the state Medicaid agency; a Financial Management Services Agency (FMSA); and a service provider providing services to one or more individuals through the Consumer Directed Services (CDS) Option.

The service provider, [] an individual or [] an entity, located at (Address) _____; Telephone _____ Fax _____

The service provider agrees to:

- provide services, items or goods that are authorized prior to purchase to individuals in home and community support programs in accordance with program rules and policy;
keep records of purchased services, items and goods in accordance with program rules and policy;
accept checks from the FMSA as full and complete payment for authorized services, items or goods purchased for individuals served through home and community-based programs;
neither impose on or accept from individuals any additional charges for the services, items or goods paid for by the check; and
provide records and other information upon request to the individual, the FMSA, HHSC, or their representative.

The FMSA and HHSC agree:

- that the FMSA will pay the service provider for services, items or goods provided to the individual in accordance with this agreement and program rules and policy; and
to allow the service provider to charge the individual for approved upgrades or purchases not authorized or paid for in accordance with this agreement, program rules and policy.

The service provider, FMSA and HHSC mutually agree that:

- the FMSA _____, doing business in _____, provides financial management services (FMS) to the individual receiving services for purchases from the service provider;
the FMSA is responsible for acquiring the completed agreement and retaining the original on behalf of HHSC;
payment from the FMSA will not be issued prior to the receipt of this agreement by the FMSA;
payment from the FMSA is funded by HHSC with government funds; and
the FMSA is not a Texas or federal government agency.

This agreement is effective _____, and terminates when the service provider is no longer providing services to individuals through the FMSA.

Service Provider or Representative* (Print) Service Provider or Representative* (Signature) Date
FMSA Representative* (Print) FMSA Representative* (Signature) Date

* If the service provider is an entity, a representative from the entity with authorization to negotiate this agreement on behalf of the entity must sign.