

Children with Special Health Care Needs (CSHCN) Services Program

Family Support Services (FSS) Provider Manual



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.

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. Services must not be available through other resources. Clients may also be eligible for SSI, Medicaid, CHIP, or private insurance.

Family Support Services may include:

- Respite
- Minor Home Modifications
- Vehicle Modifications
- Child Care Supports
- Caregiver Training
- Special Equipment and Supplies Not Otherwise Covered by the CSHCN Services Program
- Short Term Utility Assistance
- 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)
- Adaptive Aid/Special Equipment Providers

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.

Enrollment Forms

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

- **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) 776-7238 – 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 phone to the Provider Enrollment Department, at (800) 252-8023.

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
Phone: (800) 252-8023

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 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) 776-7238

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

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.

Family Support Services Manual - 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 how many hours of respite have been approved, the begin and end date for the services, and the total amount of funding approved for the services.

It is very important respite services 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.

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

A family must maintain their eligibility in the CSHCN Services Program. The Program will not reimburse for respite services if a family'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 (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.

You may want to check with the client's family or client's social worker to know how many authorized respite hours remain. The CSHCN Services Program will not reimburse you for respite services that go beyond the authorized amount of hours or funding.

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 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) 776-7238

Family Support Services Manual - 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 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

A family gets two bids from contractors for the home modifications they are requesting. 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 may attach drawings 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 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) 776-7238

Family Support Services - 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.

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).

Family Support Services - Vehicle Modifications

Benefit 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 \$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 & G is included in this manual. Submit Form G with your invoice 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) 776-7238

Provider Forms

FSS Respite Timesheet – FSS Form E

Children with Special Health Care Needs (CSHCN) Services Program

FSS RESPITE TIMESHEET

FSS PAYMENT FORM E

Timesheets/claims for payment may be submitted weekly, every other week, or monthly and must document the dates and hours worked. Timesheets/claims for payment must be received by the CSHCN Services Program within 95 days of the dates worked. Please do not include dates from more than one month on one timesheet.

Mail claims to CSHCN Services Program, Office of Primary and Specialty Health, MC 1938, PO Box 149347, Austin, Texas 78714-9347, or fax to (512) 776-7238. If you have any questions, please call 1-800-252-8023.

| | | |
|---|--------------|---------------------|
| CLIENT NAME: | CLIENT ID# | Date Submitted: |
| PROVIDER NAME: | Provider ID# | Hourly Pay Rate: \$ |
| Authorization: Respite for period from [begin date]- [end date] for approximately [X] hours per month at [\$X.XX] an hour. CSHCN will not reimburse for respite hours that exceed the authorized amount. Check with client's family or client's social worker for remaining respite hours. | | |

| Month/year | Date | Time In | Time Out | Total Hrs | Cost/day | Comments |
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| Total | | | | | | |

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| <p>I certify that services were delivered during the hours recorded and assigned work tasks were completed.</p> <p>PROVIDER SIGNATURE:</p> <p>Date:</p> | <p>I certify that to the best of my knowledge, the employee has worked the hours recorded and completed the work tasks assigned.</p> <p>SIGNATURE—PARENT OR GUARDIAN OF CLIENT:</p> <p>Date:</p> |
|---|--|

Programa para Niños con Necesidades Especiales de Salud (CSHCN)
HOJA DE CONTROL DE HORAS PARA RELEVO DE FSS
FORMULARIO E DE PAGOS DE FSS

Las hojas de control de horas / reclamaciones para pagos se pueden remitir cada semana, cada dos semanas o cada mes y éstas tienen que documentar las fechas y las horas de trabajo. Las hojas de control de horas / reclamaciones tienen que llegar al Programa de Servicios de CSHCN dentro de 95 días de las fechas de trabajo. No incluya las fechas por más de un solo mes en la misma hoja de control de horas.

Envíe las reclamaciones al CSHCN Services Program, Office of Primary and Specialty Health, MC 1938, PO Box 149347, Austin, Texas 78714-9347, o mándelas por fax al (512) 776-7238. Si tiene preguntas, sírvase llamar al 1-800-252-8023.

| | | |
|---|---|--------------------|
| NOMBRE DEL CLIENTE: | Núm. de identificación del cliente: | Fecha remitida: |
| NOMBRE DEL PROVEEDOR: | Número de identificación del proveedor: | Se paga la hora a: |
| Autorización: Se autoriza el relevo para el período de xxxxx – xxxxx, a aproximadamente xx horas por mes a \$xxx la hora. El Programa de Servicios de CSHCN no reembolsará los servicios de relevo que exceden la cantidad autorizada. Averigüe las horas de relevo restantes con la familia o trabajador social del cliente. | | |

| Mes / año | | | | | |
|--------------|-----------------|----------------|----------------|---------------|------------|
| Fecha | Hora de entrada | Hora de salida | Total de horas | Costo por día | Comentario |
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| Total | | | | | |

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| Certifico que se prestaron los servicios durante las horas registradas y que se llevaron a cabo los trabajos asignados. FIRMA DEL PROVEEDOR: Fecha: | Certifico que, según mi mejor conocimiento, el empleado ha trabajado las horas registradas y ha llevado a cabo los trabajos asignados. FIRMA DEL PADRE O TUTOR DEL CLIENTE: Fecha: |
|---|--|

Written Specifications and Approvals for Home Modifications – FSS Packet Form D

CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) SERVICES PROGRAM
Family Support Services - Home Modifications

Written Specifications And Approvals For Home Modifications – FSS Packet Form D

INSTRUCTIONS:

As part of the bid process, the contractor must submit this completed form along with any additional bid documentation to the case manager for inclusion in the Family Support Services Packet submitted to Central Office for review and decision.

Prior to initiation of home modifications by an authorized contractor, an inspector enrolled as a CSHCN Services Program provider must review the written specifications and bid documentation, complete the CSHCN Services Program- Family Support Services - Home Modifications Initial Inspection Report (FSS Payment Form G), and indicate in the report that the written specifications and bid pass program criteria for initial inspection.

RETURN THIS COMPLETED FORM TO [case manager]

Section I - Written Specifications

| | |
|--|--|
| Child/Consumer Name: | CSHCN #: |
| Address for which home modifications are requested: | |
| Specifications of the planned home modifications: <input type="checkbox"/> See attached bid with specifications. (If a bid with specifications is attached, skip to the next section of this form.) | |
| Cost of planned home modifications \$ _____ | |
| The contractor is responsible for obtaining all required permits and should include the cost of any required permits in the bid price. Are permit(s) required for the requested modification(s)?: Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify type and agency: _____ | |
| Does the contractor’s bid include the cost of any required permits? : Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – No permits required If No, the cost must be determined and attached to this document or specified here: \$ _____ | |
| Printed Name/Company of Person writing specifications: | Signature – Person Writing Specifications |
| Name: _____ | _____ |
| Company: _____ | Date: _____ |

Section II - Parent or Consumer Agreement with Proposed Modifications

| | |
|--|---|
| Printed Name - Parent(s) or adult consumer: _____ | <input type="checkbox"/> I agree with the proposed modifications as specified above |
| Signature – Parent(s) or adult consumer: _____ Date: _____ | |

Section III - Home Ownership

Home is owned by consumer or family listed above: Yes No (if no – the landlord must complete the following):

| | |
|---|---|
| Printed Name of Landlord: _____ | <input type="checkbox"/> I approve of the proposed modifications as specified above |
| Signature – Landlord: _____ Date: _____ | |

Family Documentation – FSS Payment Form F

Children with Special Health Care Needs (CSHCN) Services Program
FAMILY DOCUMENTATION FOR COMPLETED FAMILY SUPPORT SERVICES
(FSS) AND INSTRUCTION
FSS Payment Form F

Instructions: **Complete this form AFTER vehicle or home modifications are completed and return it to your case manager. Please read the statements below and check the appropriate box(es) regarding Family Support Services you have received. Your signature means that you agree with all of the statements in the checked area.**

Vehicle Modifications:

1. I took my vehicle to the provider:
 - o To obtain an estimate for the equipment
 - o To ensure proper fit of the equipment in my vehicle
 - o To make sure the equipment fit the client.
2. The authorized vehicle modification has been completed and delivered to my satisfaction.
3. I received instructions from the provider on the correct operation of the requested service and CSHCN authorized equipment.
4. The provider answered my questions about the installed equipment.
5. I am able to successfully operate the installed equipment.

Home Modifications:

1. The contractor has completed the authorized home modification to my satisfaction.
2. The provider/contractor satisfactorily answered my questions about the home modifications.
3. I received instructions from the provider/contractor on the correct use/operation of the requested service/modifications and CSHCN authorized equipment.
4. I am able to successfully use the home modifications with my child.

| |
|--|
| Name/Company of FSS Provider/Contractor who provided the Family Support Service checked above: |
|--|

| | |
|---|--|
| Printed Name of Parent, Guardian or Adult Client: | Signature of Parent, Guardian or Adult Client: |
| Date: | Mailing Address: Phone: |

Programa de servicios para niños con necesidades especiales de salud
[*Children with Special Health Care Needs Services Program, CSHCN*, por sus siglas en inglés]

DOCUMENTACIÓN DE LA FAMILIA PARA LOS SERVICIOS DE APOYO PARA LA FAMILIA (FSS) YA TERMINADOS, Y INSTRUCCIONES

Formulario F de pagos FSS

Instrucciones: **Llene este formulario DESPUÉS de que los cambios al vehículo o a la casa están terminados, y devuélvalo a la persona que maneja su caso. Sírvase leer las declaraciones a continuación y marcar la(s) casilla(s) apropiada(s) que se refiere(n) a los servicios de apoyo para la familia que usted ha recibido. Su firma significa que está de acuerdo con todas las declaraciones en el área marcada.**

Modificaciones de vehículo:

6. Llevé mi vehículo al proveedor para:
 - Obtener un estimado del costo del equipo
 - Asegurar que el equipo quedara bien en mi vehículo
 - Asegurar que el equipo sea apropiado para el cliente.
7. El aprobado cambio al vehículo ha sido terminado y entregado, y quedé satisfecho.
8. Recibí instrucciones del proveedor para la operación correcta del servicio solicitado y el equipo aprobado por CSHCN.
9. El proveedor contestó mis preguntas sobre el equipo instalado.
10. Puedo manejar el equipo instalado satisfactoriamente.

Modificaciones de la casa:

5. El contratante ha terminado con el aprobado cambio a la casa, y quedé satisfecho.
6. El proveedor / contratante contestó mis preguntas sobre los cambios a la casa satisfactoriamente.
7. Recibí instrucciones del proveedor / contratante para la utilización / operación correcta del servicio / cambios solicitado(s) y del equipo aprobado por CSHCN.
8. Puedo utilizar los cambios a la casa satisfactoriamente con mi niño.

| |
|--|
| Nombre / Empresa del proveedor de FSS / Contratante indicado anteriormente que proporcionó el servicio de apoyo para la familia: |
|--|

| | |
|---|--|
| Nombre en letra de molde del Padre / Madre, Tutor legal o Cliente adulto: | Firma del Padre / Madre, Tutor legal o Cliente adulto: |
| Fecha: | Dirección postal: Teléfono: |

Provider Documentation – FSS Form G

Children with Special Health Care Needs (CSHCN) Program
PROVIDER DOCUMENTATION FOR COMPLETED FAMILY SUPPORT SERVICES
(FSS) AND TRAINING
FSS FORM G

Instructions: **Please read the statements and check the appropriate box below. This form must be completed AFTER vehicle or home modifications are completed and submitted with the provider’s invoice. Reimbursement will not be issued to the provider until the authorized home modifications pass inspection by the same inspector who performed the initial inspection. The provider’s signature means that all of the statements in the checked area are true.**

Vehicle Modifications:

1. Prior to providing the vehicle modifications, I measured the vehicle for adequate fit of the equipment and proper fit and use for the user.
2. The vehicle modifications were completed as authorized by the HHSC – CSHCN Services Program and meet requirements set by the National Highway Traffic Safety Administration (NHTSA).
3. I provided the customer with instructions and demonstrated correct operation of the installed equipment.
4. I observed the client successfully use/operate the equipment/modification and I answered all the client’s/client’s family’s questions regarding the equipment/modification and its use.

Home Modifications:

1. I measured/evaluated the building/structure for adequate fit of the equipment/structural modification and proper fit and use for the client prior to providing the service. The home modifications were completed according to written specifications and as authorized by the HHSC - CSHCN Services Program.
2. The home modifications meet current applicable building codes, Texas Accessibility Standards, and permits were obtained as needed.
3. I provided the client with instructions and demonstrated correct use/operation of the installed equipment/structural modification.
4. I observed the client successfully use/operate the equipment/modification and I answered all the client’s/client’s family’s questions regarding the equipment/modification and its use.

Comments:

| |
|--------------------------|
| Provider Printed Name: |
| Provider Signature: |
| Date: |
| Provider Number: |
| Area Code & Telephone #: |
| Mailing Address: |

CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) SERVICES PROGRAM

Family Support Services - Home Modifications Initial Inspection Report - FSS Payment Form H

INSTRUCTIONS:

Before an authorized contractor can begin work on home modifications, the written specifications must pass an initial inspection. In general, the initial inspection will be conducted following Central Office approval of a family support services (FSS) request for home modifications. An inspector enrolled as a CSHCN provider must review the written specifications and bid documentation for the planned home modifications, perform an initial inspection, and submit this completed report to the case manager. The case manager and the Regional Director of Social Work review the initial inspection report to verify that the proposed home modifications: (1) meet current applicable building codes, (2) meet current Texas Accessibility Standards, and (3) can be completed for the authorized bid cost and then forward the report to Central Office. In some circumstances, the case manager and Regional Director of Social Work Services may determine that an initial inspection is needed prior to Central Office review of the FSS request. In this case, the initial inspection report is included in the Family Support Services Packet submitted to Central Office for review and decision.

RETURN THIS COMPLETED REPORT TO [case manager]

| | |
|---|-----------------|
| Child/Consumer Name: | CSHCN #: |
| Address for which home modifications are requested: | |
| Proposed home modifications: | |
| Contractor Name/ Company: Name: _____ Company: _____ | |
| <input type="checkbox"/> I have visited the home and reviewed the written specifications for the above proposed home modifications, as signed by _____ (provide name) and dated _____ (provide date). | |
| In my professional opinion, the following statements regarding the home and proposed modifications as per written specifications are true: | |
| 1. The home is sufficiently habitable to warrant the proposed modifications as per written specifications. Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If No, specify details. | |
| 2. The condition of the following structural systems is adequate to warrant the proposed modification as per written specifications: | |

A. Foundation.

Check one: Yes No N/A

If No, specify details.

B. Roof.

Check one: Yes No N/A

If No, specify details.

C. Ceilings and Floors.

Check one: Yes No N/A

If No, specify details.

D. Entries or porches.

Check one: Yes No N/A

If No, specify details.

E. Home Electrical System.

Check one: Yes No N/A

If No, specify details.

F. Plumbing System.

Check one: Yes No N/A

If No, specify details.

3. The proposed home modifications comply with any current applicable building codes.

Check one: Yes No N/A

If No, specify changes required to comply with any current applicable building codes.

4. The proposed home modifications as per written specifications meet current Texas Accessibility Standards.

Check one: Yes No N/A

If No, specify changes required to meet current Texas Accessibility Standards.

5. Any permits needed for the proposed home modifications and the associated costs of such permits are noted in the written specifications and/or included in the contractor's bid.

Check one: Yes No N/A– No permits required

6. In my opinion, the proposed home modifications, including any required changes as specified above, can be completed for the authorized or proposed bid cost.

Check one: Yes No

Comments:

Printed name /company of inspector:

Name: _____

Company: _____

License # and expiration date or credentials:

Signature – inspector

Date:

If No is checked on any of the above, the following must be completed by the contractor:

The proposed home modifications will be completed per the above changes.

Yes - I will submit revised written specifications and bid including the above changes and any permits needed for the proposed modifications.

No - I am withdrawing my bid to install the proposed home modifications.

Printed name- contractor: _____ Company of contractor:

Signature – contractor:

Date:

Home Modifications Final Inspection Report – FSS Form I

CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) SERVICES PROGRAM

Family Support Services - Home Modifications

Final Inspection Report – FSS Payment Form I

INSTRUCTIONS:

The Final Inspection Report, along with the invoice for the final inspection, must be submitted to the case manager following the completion and final inspection of the home modifications. The case manager and Regional Director of Social Work Services will review the final inspection report and forward to Central Office.

Reimbursement will not be issued to the contractor until the authorized home modifications pass inspection by the same inspector who performed the initial inspection.

RETURN THIS COMPLETED REPORT TO [case manager]

| | |
|---|--|
| Child/Consumer Name: | CSHCN #: |
| Address for completed home modifications: | |
| List completed home modifications: | |
| Contractor Name/Company: Name: _____ Company: _____ _____ | |
| <p>I have reviewed the completed home modifications.</p> <p><input type="checkbox"/> Modifications were completed according to written specifications. They meet current applicable building codes, Texas Accessibility Standards, and permits were obtained as needed.</p> <p><input type="checkbox"/> Modifications WERE NOT COMPLETED according to written specifications; and/or DO NOT MEET current applicable building codes and/or Texas Accessibility Standards; and/or necessary permits WERE NOT OBTAINED.</p> <p>Comments:</p> | |
| Printed name /company of inspector: Name: _____ Company: _____ License # and expiration date or credentials: _____ | Signature – inspector _____ – Date: _____ |

Vehicle Modifications Checklist

Attach checklist to bid for the Children with Special Health Care Needs Program
Please submit bid with the checklist or include the following information directly in the bid.

Name of Company: _____ Date of bid or bid
#: _____

Client's name: _____

- Vehicle year, make, model and mileage

- 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 modifications/equipment meets National Highway Traffic Safety Administration requirements

For wheelchair lifts:

- Specifications of the lift

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

- Statement that the lift will accommodate the wheelchair

- Wheelchair tie-downs and occupant restraints, unless there is an accompanying written statement from a physician or therapist indicating that the occupant restraints are not necessary.

Comments: