

# Children with Special Health Care Needs Services Program **CLIENT HANDBOOK**



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## Our Mission

The mission of the CSHCN Services Program is to support family-centered, community-based strategies for improving the quality of life for children with special health care needs and their families.

## About this Handbook

The *Children with Special Health Care Needs Client Handbook* is for clients of the Children with Special Health Care Needs (CSHCN) Services Program, as well as their families and caregivers. Many clients will not be reading this handbook themselves because of their age or disability. That is why it has been written for all of you—the clients, parents, guardians, and caregivers.

You can use this handbook to find helpful phone numbers, answers to your questions, and other important information. It will help you make the most of the Program.

## What is the 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 support services such as respite care (care provided by others). Clients and families can also get services like case management, which can help them find other services they need.

The Program focuses on families and helps parents and providers work together. The Program works hard to make sure that families receive services that honor and respect their cultural beliefs, traditions, and values.

# Program Services

The CSHCN Services Program offers many kinds of services, including:

- Ambulance
- Ambulatory surgery
- Care by medical specialists
- Dental health services
- Equipment and medical supplies
- Family support services
- Home health nursing
- Hospice care
- Hospital care
- Inpatient rehabilitation
- Insurance Premium Payment Assistance (IPPA)
- Laboratory and radiology
- Meals, lodging, and transportation when they are needed to obtain medical care
- Medicines
- Mental health services
- Orthotics and prosthetics
- Outpatient care (including kidney dialysis)
- Physical and occupational therapy
- Primary and preventive care
- Special nutritional products and services
- Speech and hearing services
- Vision services

The services must be provided by someone who is enrolled as a provider with the Program. Providers include hospitals, doctors, social workers, and others.

You should not be billed for any services covered by the Program. However, the Program is the “payer of last resort.” This means that if you have other health care coverage (like private insurance) that will pay for a service, those benefits must be used before the Program can consider paying for the service. Please refer to page 18 for more information on other medical coverage.

## Types of Services

### Primary and Preventive Care

Primary and preventive care is the care you get from your regular doctor. It includes regular checkups and helps you stay as healthy as possible.

To find a primary care doctor who is enrolled in the Program, you can call 1-877-888-2350 or visit <http://opl.tmhp.com/ProviderManager/AdvSearch.aspx>. The CSHCN Services Program contractor, the Texas Medicaid and Healthcare Partnership (TMHP) can help you find a doctor.

If your doctor is not on the list of Program providers, you can ask the doctor to join the Program. Tell your doctor or other provider to call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.

### Specialists

Specialists are doctors who deal with only one part of the body or one type of problem. Children with special health care needs often need one or more specialists. Health care benefits of the Program include necessary care from specialists.

When you use your Program health care benefits to see a specialist, you do not need a referral from any other doctor or specialist. If the specialist is enrolled in the Program, the services are covered. Call TMHP at 1-877-888-2350 or visit <http://opl.tmhp.com/ProviderManager/AdvSearch.aspx> for help finding a specialist.

### Other Medical Services

The CSHCN Services Program also covers surgery and rehabilitation. Whether or not these services and others are covered depends on your particular case. Coverage for some services is limited.

Call TMHP at 1-877-888-2350 or visit <http://opl.tmhp.com/ProviderManager/AdvSearch.aspx> for help finding a provider that offers any of the other services covered by the Program.

## Medicines

If the only coverage for medicine that you have is from the CSHCN Services Program, the Program pays for your medicines at a pharmacy that is enrolled in the Program. To find a pharmacy near you that is enrolled as a Program provider, call the CSHCN Services Program at 1-800-252-8023. You can also search for a pharmacy on the internet at [www.txvendordrug.com/providers/cshcn-pharm-search.shtml](http://www.txvendordrug.com/providers/cshcn-pharm-search.shtml). This is a free call in Texas. You can also call this number to find out if your current pharmacy is an enrolled provider.

If you have private insurance that covers medicine, the insurance company that pays for your medicines must be billed first. The pharmacist can then bill the CSHCN Services Program for the amount that the insurance company did not pay. If your insurance company says that you must pay a certain amount (a co-payment) for medicine, you must pay that co-payment. The CSHCN Services Program can then reimburse you (pay you back) for that co-payment.

To be reimbursed for your co-payments for medicine, you must mail the receipts to TMHP. TMHP is the company that helps the Program with this process. Call TMHP at 1-877-888-2350. This is a free call in Texas. Ask for instructions on the reimbursement of medicine co-payments and how to mail in your receipts. It is a good idea to keep the original receipts and mail in the copies of them.

The Program cannot reimburse you for your co-payments if you have Children's Health Insurance Program (CHIP) coverage.

## Getting a Ride to Your Office Visit

CSHCN Services Program clients who need transportation to receive their health care services can find help. If you have no way to get to a health care appointment, our services can help you.

### Houston/Beaumont

In the Houston/Beaumont area, Medical Transportation Management (MTM) provides your MTP services if you live in one of the following counties: Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller and Wharton. Call MTM toll-free at 1-855-687-4786 to set up a ride.

### Dallas/Fort Worth

In the Dallas/Fort Worth area, LogistiCare provides your MTP services if you live in one of the following counties: Collin, Dallas, Denton, Ellis, Hood, Hunt, Johnson, Kaufman, Navarro, Parker, Rockwall, Tarrant and Wise. Call LogistiCare toll-free at 1-855-687-3255 to set up a ride.

### Rest of Texas

If you live in other parts of Texas, call the Medical Transportation Program toll-free at 1-877-MED-TRIP (1-877-633-8747) to set up a ride.

#### Routine Medical Transportation

A van, bus, or cab service arranged to go to an appointment in your own or a neighboring county is called "routine medical transportation." Please visit [www.hhsc.state.tx.us/QuickAnswers/index.shtml#Get\\_Ride](http://www.hhsc.state.tx.us/QuickAnswers/index.shtml#Get_Ride) to learn about setting up routine medical transportation. There you will find phone numbers. You must call at least two business days before your appointment. This is a free call in Texas.

#### Special Medical Transportation

Transportation for non-routine trips for medical reasons (including those where meals and lodging may be needed) is called "special medical transportation." Special medical transportation includes:

- Reimbursement for your mileage when you drive your own vehicle for services inside or outside of your immediate area
- Prepaid bus tickets or airline tickets for trips of long distances
- Travel by other means to receive services
- The cost of a hotel when you must stay overnight for medical reasons

The CSHCN Services Program may be able to cover the cost of meals, a place to stay (lodging), and transportation for you and an adult attendant (such as a family member) if you must stay away from home overnight or longer for medical reasons.

For all of these types of travel, the transportation program will help you arrange what you need for your trip. This includes meals and lodging in cases where the CSHCN Services Program covers those things. If you check ahead of time, in many cases you may be able to get funds before your trip to cover your expenses as you travel. In many Texas towns and cities, special arrangements can be made for you to stay at places that are designed for children with special needs and their families, such as the Ronald McDonald House.

Please visit [www.hhsc.state.tx.us/QuickAnswers/index.shtml#Get\\_Ride](http://www.hhsc.state.tx.us/QuickAnswers/index.shtml#Get_Ride) to learn about setting up special medical transportation. There you will find phone numbers. You must call at least five business days before the appointment. This is a free call in Texas.

## Services and Transportation Outside of Texas

Within 50 miles or less of the Texas Border

Providers who are located in the United States and who are within 50 miles or less of the Texas border are *not* considered to be out-of-state providers. If it would cost more or be medically riskier for you to go to a provider within Texas than to go to a provider within 50 miles of the Texas border (in New Mexico, Oklahoma, Arkansas, or Louisiana), the Program may cover the cost of the services. The provider must be enrolled in the Program. Providers can call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413 to enroll.

The Program may cover the costs of transportation, meals, and lodging for you to travel to and from the place where you receive these services. If necessary, these costs can be covered for a responsible adult who must accompany you. Contact your local Program office or the CSHCN Services Program central office at 1-800-252-8023 for more information (refer to page 25 to find your local Program office).

More than 50 miles from the Texas border

Providers who are located in the United States, but more than 50 miles from the Texas border are considered out-of-state providers. Services from out-of-state providers must be approved in advance by the Program.

The provider of out-of-state services must enroll as a CSHCN Services Program provider. Providers can call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413 to enroll.

The Program may cover services provided by out-of-state providers if the doctor, client, parent or guardian, and the CSHCN Services Program Medical Director all agree that:

- An out-of-state provider is the provider of choice for quality care.
- The same treatment or another treatment of equal benefit or cost is not available in Texas.
- The out-of-state treatment will decrease the Program's cost for the client's treatment.
- The out-of-state treatment is accepted medical practice.
- The out-of-state treatment is expected to improve the client's quality of life.

The Program may cover the costs of transportation, meals, and lodging for you to travel to and from the out-of-state services that the Program approves. If necessary, these costs can be covered for a responsible adult who must accompany you. Travel costs are negotiated to find the most economical total cost.

Normal authorization requirements and procedures do not apply to out-of-state services because these services are given special approval from the CSHCN Services Program.

Outside of the United States of America

The Program does not cover services received outside of the borders of the United States.

## Insurance Premium Payment Assistance (IPPA)

IPPA allows the CSHCN Services Program to reimburse you for insurance premiums. To be eligible for IPPA, you must be eligible for the CSHCN Services Program and have health coverage through any third-party resource program. You may also have health coverage through Medicare and Medicare Buy-In for Children (MBIC). CHIP fees are not covered. For more information on third-party resource coverage, please refer to page 18.

If you are eligible for IPPA, the CSHCN Services Program will reach out to you. You do not have to apply for IPPA.

You may be eligible for IPPA if your medical treatment costs more than it does to pay you back for your health coverage premiums. TMHP will contact you about IPPA. If approved, the TMHP-IPPA staff works with you to set up a reimbursement process. This means that you have to pay each premium first, and then the Program will pay you back.

Your IPPA is reviewed annually. If you lose your CSHCN Services Program eligibility, you also lose IPPA coverage.

## 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. Some examples of FSS are respite care, minor home modifications, and vehicle lifts.

FSS includes, but is not limited to:

- Respite care—This is care provided by others. It allows regular caretakers to take a short break from

caring for the client.

- Specialized childcare costs—These are costs above and beyond the costs for typical childcare. They must be related to the child's disability or medical condition.
- Vehicle modifications—This includes wheelchair lifts and related modifications, such as wheelchair tie-downs, a raised roof, and hand controls.
- Home modifications—This includes permanent ramps, roll-in showers, wider doorways in the home, and similar modifications to the home.
- Other special equipment that is not a benefit in the client's health insurance plan—This includes porch or stair lifts, positioning equipment, and bath aids.

Funding is limited and may not always be available. The total costs for FSS cannot be more than \$3,600 per calendar year. Exceptions may be made for vehicle modifications which may be up to \$7,200 once in a lifetime. For minor home modifications, families may choose to combine their annual benefit with their one-time benefit of \$3,600 for a total of \$7,200.

**FSS requires prior authorization.** This means that the CSHCN Services Programs must make sure that a client is eligible for each service before approving it.

To find out more about getting FSS, call your case manager at your local CSHCN Services Program office (refer to page 25 for contact information) or call 1- 800-252-8023. This is a free call in Texas.

## Case Management

The Program provides case management services to all clients who receive health care benefits, clients who are on the Program's waiting list (refer to page 11 for more information on the waiting list), and other members of the community. Case management is a way to help you find and receive the services you need. To read more about case management and how it can help you, please refer to page 20.

## Immunizations

All childhood immunizations are covered by the Program. Immunizations, or vaccines, are an excellent way to protect people from serious diseases. Getting your vaccines on time can prevent you from getting those diseases. It is very important to follow the correct schedule for your vaccines. Ask your primary care provider when to get your vaccines.

You can get a copy of the immunization schedule from the Centers for Disease Control and Prevention (CDC) website at [www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html). You can get information about specific vaccines from the Texas Department of State Health Services at [www.immunizetexas.com](http://www.immunizetexas.com) or from the CDC website at [www.cdc.gov/vaccines/pubs/vis/default.htm](http://www.cdc.gov/vaccines/pubs/vis/default.htm).

Check with your local county health department to find out where you can get your vaccines. You can also call 2-1-1 to find the clinic closest to you. This is a free call in Texas.

How to get a copy of a child's shot record

Call your local health department to get a copy of a child's shot record if you gave consent for the records to be sent to ImmTrac, the Texas Immunization Registry.

If you did not give consent for the records to be sent to ImmTrac, contact your doctor or the local health department clinic where the immunizations were received. You can call 2-1-1 to find the clinic nearest to your home.

Immunization records *cannot* be viewed online.

How to get a copy of an adult's shot record

Contact the local health department or doctor's office where the shots were received to get a copy of an adult's shot record.

## Limitations of Program Services

- Medical services must be medically necessary for the care and treatment of a client who has current eligibility and has a chronic physical or developmental condition.
- A provider must prescribe the medical services in compliance with their license and all laws, rules, and policies that apply to the CSHCN Services Program.
- The Program can pay only for services from providers enrolled in the CSHCN Services Program. If you know a provider that you would like to join the CSHCN Services Program, please ask that provider to call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413 for assistance. This is a free call in Texas.

## Letters from the Program

The CSHCN Services Program sends letters to you when it has something important to ask or tell you. For example, you might receive a letter that asks for more information about an application, proof, or form that you sent in. Read all of the letters carefully, and answer them by the given due dates. If you do not answer the letter by the due date or do not answer at all, you may lose eligibility or have problems when you renew your application.

Letters from the Program always have a phone number to call if you have any questions. The Program staff is always glad to take your calls and do whatever they can to help you. Your case manager can also help with any questions you might have about a letter. Please have the letter with you when you talk to the Program staff or case manager.

## Program Surveys

You may receive surveys from the Program occasionally. Please fill out any survey you receive and return it to the Program as soon as possible. This is an important way for you to share your opinions about the Program and helps to improve the Program for everyone.

## Contact Us

### By phone:

Call your local Program office. Refer to page 25 for your local office contact information. You can also call the Program's central office at 1-800-252-8023. This is a free call in Texas.

### By email:

You can send email to [cshcn@dshs.state.tx.us](mailto:cshcn@dshs.state.tx.us). You can also go to the CSHCN Services Program homepage at [www.dshs.state.tx.us/cshcn](http://www.dshs.state.tx.us/cshcn) and click on contact CSHCN at the bottom of the page.

### By mail:

#### Mailing Address:

CSHCN Services Program  
Specialty Health Care Services, MC 1938  
P. O. Box 149347  
Austin, Texas 78714-9347

#### Physical Address:

*We only receive special service deliveries such as UPS or Federal Express at this address.*

CSHCN Services Program  
Specialty Health Care Services, MC 1938  
Texas Health and Human Services Commission  
Moreton Building  
1100 W. 49th Street  
Austin, TX 78756

# Program Eligibility

Being eligible means that you can receive health care benefits from the Program. It also means that three things have happened:

1. You applied for services. You filled out all of the application forms and paperwork and sent them to the CSHCN Services Program. The application is located on the DSHS website at [www.dshs.state.tx.us/cshcn/pdf/appengli.pdf](http://www.dshs.state.tx.us/cshcn/pdf/appengli.pdf).
2. Your doctor or dentist completed and submitted the CSHCN Services Program Physician/Dentist Assessment Form (PAF).
3. The Program looked carefully at all of your paperwork and found that you met the program guidelines for those who can get services. This is when the Program said that you were "eligible" and sent you an approval letter and the Program Eligibility Form.

## The CSHCN Services Program Eligibility Form

You can begin getting Program health care benefits when you receive your CSHCN Services Program Eligibility Form. It is sometimes called an "eligibility card" or "ID card," but it is not a card. It is a letter-size sheet of gray paper that shows the client name, client number, eligibility dates, and other eligibility information. It is not a form that you have to fill out. The form shows two things:

1. The name of the CSHCN Services Program client
2. The dates on which the client is eligible to get health care benefits

There are some important things you should remember about the form and your eligibility:

- You must show the Eligibility Form whenever you get health care services from a Program provider. Be sure to take it with you to every appointment.
- Be aware of your eligibility dates. You can only receive health care benefits when you are eligible for the Program. When your eligibility period ends, you will no longer be covered by the Program. To keep getting health care benefits, you must renew your application every twelve months and be found eligible again.
- It is very important to renew your application on time.
- Every time the Program decides that you are eligible to receive health care benefits, it will send you a new eligibility letter and CSHCN Services Program Eligibility Form. Always use the newest form when getting services. Please refer to Part 3, "How to Stay in the CSHCN Services Program" for information about how to renew your eligibility.

## The Waiting List

The CSHCN Services Program places clients on a waiting list for health care benefits whenever funds are limited. The waiting list includes new clients and clients who did not send in a renewal application before their eligibility ran out. Clients must remember to renew on time to avoid being placed on the waiting list. If you are placed on the waiting list, you must renew your application every twelve months to keep your place on the waiting list. The Program can only take clients off the waiting list when it has enough funds to provide these clients with health care benefits.

There are certain things the Program considers when deciding who can come off the waiting list to receive health care benefits, including:

- The doctor's statement on the Physician/Dentist Assessment Form
- Your other insurance coverage, if any, including Medicaid coverage or CHIP
- How long you have been on the waiting list

# How to Stay in the CSHCN Services Program

## Renew your Application Every 12 Months

**It is your responsibility to renew your application every twelve months** to stay in the CSHCN Services Program. This is true whether you are a client who receives health care benefits or you are on the waiting list.

## Send in Renewal Application 60 Days or Less Before the End of Eligibility

You must send in your renewal application 60 days or less before the end of your eligibility. Do not send it earlier than 60 days before your eligibility ends. It is very important to know the beginning and end of your



renewal period. If you are a client who receives health care benefits, the calendar date of the 60<sup>th</sup> day before your eligibility runs out is listed on your Eligibility Form. The form says, “To stay on CSHCN after this form runs out, you must fill out a new CSHCN application and send the application to CSHCN on or after [date].” The date is the first date when the Program can accept your renewal application.

If you are a client who is on the waiting list, you do not receive an eligibility form that shows the 60<sup>th</sup> day before your eligibility ends. Only the date of the end of your financial eligibility is listed on your letter. You must calculate the date of the 60<sup>th</sup> day before your eligibility runs out. For example, if your financial eligibility period is from April to April, the 60<sup>th</sup> day before your eligibility ends is in February. February would be the earliest the Program could accept your renewal application. Ask your case manager for the exact date.

If you send your renewal application more than 60 days before your eligibility runs out, the CSHCN Services Program cannot accept it, and it is returned to you. You must then resubmit it during the correct renewal period.

## **Update Medical Information Every 12 Months on the PAF**

You also must update your medical information once every twelve months. The CSHCN Services Program uses the CSHCN Services Program Physician/Dentist Assessment Form (PAF) to gather your medical information. The Program will tell you when it is time to send a new PAF. Although the PAF is in every application packet, you only have to send it when you are notified that it is required. You should also send in a new PAF if your existing condition gets worse or you develop a new condition.

Your doctor or dentist (someone who has a Doctor of Medicine [MD], Doctor of Osteopathy [DO], Doctor of Dental Medicine [DMD], or Doctor of Dental Surgery [DDS] degree) must fill out and sign the PAF. The form cannot be signed by a nurse or physician assistant. If you are currently eligible to receive health care benefits, CSHCN Services Program providers cannot bill you for signing or completing this or any CSHCN Services Program form.

The Program can also use other medical information that you or a case worker might send in. The Program can do a better job of providing services for you when it knows everything about your condition.

## **How to Get a CSHCN Services Program Application Booklet**

If you do not receive a copy of the CSHCN Services Program Application Booklet in the mail, you can:

- Pick it up in person from your local CSHCN Services Program office (refer to page 25 for contact information).
- Download it from the DSHS website at [www.dshs.state.tx.us/cshcn/clapplforms.shtm](http://www.dshs.state.tx.us/cshcn/clapplforms.shtm).
- Call the Program’s central office at 1-800-252-8023 or your local office (refer to page 25 for contact information) to have a copy sent to you.
- Fax a request to 1-512-458-7565 or 1-800-441-5133.
- Mail a request to:

CSHCN Services Program  
Specialty Health Care Services, MC 1938  
PO Box 49347  
Austin, TX 78714-9347

## **Save the Application Booklet**

After you have filled out and removed the forms to renew your application, be sure to keep the rest of the booklet. Most of the useful facts in the application booklet are not in this handbook. The booklet and the handbook both have important information you need.

## **The Renewal Packet**

The Program sends you a renewal packet when it is time to renew your application. The packet includes a letter that tells you what to do and a blank copy of the CSHCN Services Program Application Booklet. If you do not receive a packet about 60 days before your eligibility runs out, contact your local CSHCN Services Program office (refer to page 25 for contact information), or call the Program’s central office at 1-800-252-8023. This is a free call in Texas. You can also download the application booklet from the DSHS website at [www.dshs.state.tx.us/cshcn/pdf/appengli.pdf](http://www.dshs.state.tx.us/cshcn/pdf/appengli.pdf).

**To renew your application, you must fill out and send in the forms from the CSHCN Services Program Application Booklet.** Read the instructions carefully. Each time you renew your application, you

must supply proof of where you live, your current income, and other insurance coverage, including Medicaid or CHIP coverage. You need to send in a new Physician/Dentist Assessment Form (PAF) once every 12 months. The letter you receive in the renewal application packet will tell you about your deadlines for the PAF. More information about the PAF is on page 12.

If you are a client who needs to apply for Medicaid or CHIP (that is, you are younger than 19 years of age and a U.S. citizen or legal resident) and you have applied for Medicaid or CHIP within the past twelve months, you must also send in a copy of the most recent determination letter from Medicaid or CHIP. If you have not applied for CHIP or Medicaid in the past twelve months, you must apply for Medicaid or CHIP. Go to [www.chipmedicaid.org](http://www.chipmedicaid.org) to download an application.

You do not have to send proof of your date of birth with your renewal applications.

Do not miss the deadline for sending in your renewal application. If you are close to the end of your eligibility and you are having difficulty getting all of the required proofs or other information, just send in the application forms you have completed. Then, send in the rest as soon as possible.

If you do not renew your application on time, you are dropped from the CSHCN Services Program and from the waiting list. If you want to return to the Program, you must reapply. If it is determined that you are still eligible when you send in your new application, you are put on the waiting list as a brand-new client who has never been on the waiting list or in the Program before. Remember, how long a client has been on the waiting list is one of the things that the Program considers when it decides whom to take off of the waiting list and enroll in the Program to receive health care benefits. It is always to your advantage to send in your renewal application on time.

Important: Write the client's name, date of birth, and CSHCN Services Program case number on all proofs, forms, or letters that you send to the Program. You should always make copies of everything that you send to the Program and keep the copies for your records.

## **Rights and Responsibilities**

You have certain basic rights and responsibilities as a person who receives medical attention. You also have certain rights and responsibilities as a client of the CSHCN Services Program.

### **Your Basic Rights and Responsibilities**

#### **Basic Rights**

You have the right to:

- Make personal choices about your treatment.
- Ask questions and get answers about anything you do not understand.
- Have your providers explain your health care needs to you and discuss the different ways your health care problems can be treated.
- Be told why care or services were not given.
- Consent to or refuse treatment.
- Actively participate in treatment decisions.

#### **Basic Responsibilities**

You have the responsibility to:

- Always contact your primary care provider first for your nonemergency medical needs.
- Understand when you should and should not go the emergency room.
- Actively participate in decisions about the options for your treatment.
- Work with your provider to decide your best option for health care.
- Understand how the things you do can affect your health.
- Do what you can to keep yourself healthy.
- Treat providers and staff with respect.
- Share information about your health and discuss treatment options with your providers. This includes your responsibility to:
  - Tell your provider about your health.
  - Talk to your providers about your health care needs.
  - Ask questions about the different ways your health care problems can be treated.

### **Your Rights and Responsibilities with the CSHCN Services Program**

You have certain rights and responsibilities within the CSHCN Services Program. Those rights and

responsibilities are listed in the Rights and Responsibilities form that you signed when you applied for the Program. You must sign and submit the CSHCN Services Program Rights and Responsibilities Form every time you renew your application. The next section lists those rights and responsibilities.

## The CSHCN Services Program Rights and Responsibilities Form

By signing the CSHCN Services Program Rights and Responsibilities Form you indicate that:

- You understand what it says.
- You understand that “CSHCN” is the Children with Special Health Care Needs Services Program of the Department of State Health Services.
- You have read the entire document.
- You understand the entire document.
- You agree to abide by the terms stated in the document.
- Everything you have written on all forms to apply for the CSHCN Services Program is true, correct, and complete.
- You have left out nothing that was asked for on the forms.
- You understand that if you hold back any facts or give information that is not true, you may be doing something illegal and you may suffer the consequences of your actions.

These are your rights:

- I understand that I have the right to know all of the information that the CSHCN Services Program collects about me.
- I understand that if I ask for this information, I have the right to be given it.
- I have the right to review it. I have the right to ask the CSHCN Services Program to correct any information that is not correct.
- I understand that this website will tell me about how my information will be kept private:  
[http://www.dshs.state.tx.us](http://www.dshs.state.tx.us/policy/privacy.shtm)

[/policy/privacy.shtm](http://www.dshs.state.tx.us/policy/privacy.shtm).

- I understand that I have the right to be treated fairly, equally, and without regard to race, color, creed, religion, national origin, gender, age, political beliefs, or disability.
- I understand that this treatment will be consistent with state and federal law. If I think I have not been treated fairly and equally, I can call the Office of Civil Rights of the United States Department of Health and Human Services at 1-800-368-1019.
- I understand that whatever I write on the CSHCN Services Program application will not be shared with the Internal Revenue Service (IRS) or the United States Citizenship and Immigration Services (formerly the Immigration and Naturalization Service [INS]).

These are your responsibilities:

- I understand that I must reapply for CSHCN Services Program on time every twelve months. I must reapply on or before the date on which my CSHCN Services Program eligibility runs out.
- I understand that I must put only true, correct, and complete information on the CSHCN Services Program application.
  - I will answer every question fully.
  - I will not leave out any information that is requested on the application.
  - I understand that the CSHCN Services Program may ask me to give proof of any of the information that I write on the CSHCN Services Program application. If so, I must give the CSHCN Services Program the requested proof.
- I understand that I must let the CSHCN Services Program know of any changes in the facts about myself. These facts include my address, phone number, income, health care coverage, and family situation. If a change occurs, I must let the CSHCN Services Program know about it within 30 days. I must not wait to update my facts on my next CSHCN Services Program application.
- I understand that I must intend to continue living in Texas. I must not claim to be a resident of another state or country.
- I understand that the CSHCN Services Program cannot pay for services for anyone who comes to Texas from elsewhere just to get health care.
- I understand that I must use only CSHCN Services Program-enrolled health care providers. A provider who is not enrolled in the CSHCN Services Program may provide services to a CSHCN Services Program client, but the CSHCN Services Program cannot pay for the services.
- I understand that I must pay any money that I owe the CSHCN Services Program.
  - I understand that I must pay the money even if I am no longer eligible for the CSHCN

Services Program.

- I understand that if I withdraw from the CSHCN Services Program, I must still pay the money that I owe.
- I understand that the CSHCN Services Program rules describe all of my rights and responsibilities for this application and CSHCN Services Program services. I understand that if I ask to see them, the CSHCN Services Program will give me a copy of the rules.
- I agree to abide by all of the CSHCN Services Program rules.

These are your responsibilities that involve benefits from other sources:

- I understand that before the CSHCN Services Program can pay for services, all other insurance or assistance programs must be asked to pay for services and must have refused to pay them.
- I understand that I must tell CSHCN Services Program if I have access to other health care insurance or benefits as well as provide the CSHCN Services Program with the information and authorization to submit a claim for reimbursement.
- I understand that state law may allow me to have my insurance benefits paid directly to the CSHCN Services Program. If so, the health insurance company may pay the CSHCN Services Program directly for any of the CSHCN Services Program's expenses for my care.
- By signing the CSHCN Services Program Rights and Responsibilities form, I am saying that the CSHCN Services Program can collect the payments of any health insurance benefits intended for me. I also agree that my insurance company can pay my health care providers directly for benefits and services received from and through the CSHCN Services Program.
- I agree that if I ever receive money from a lawsuit resulting from any incidents that caused me to need the CSHCN Services Program services, I will repay the cost of the services that the CSHCN Services Program has provided for me.
- I understand that if the CSHCN Services Program overpays me or pays me in error for the costs of services, I must repay the extra money back to the CSHCN Services Program. If I do not, the CSHCN Services Program may take the amount I owe out of any money the CSHCN Services Program pays me in future. When my CSHCN Services Program eligibility ends, I or my estate will pay the CSHCN Services Program any money that I owe the CSHCN Services Program. I or my estate will pay the money in a single lump sum. The payment will be made within a reasonable time after the CSHCN Services Program tells me that I owe the CSHCN Services Program money.

## **Your Right to the Review of a Program Decision**

Whenever you disagree with a decision that the Program makes, you have certain rights:

- You have the right to use the administrative review (appeals) and fair hearing processes.
- You have the right to receive a timely response to administrative reviews and fair hearings.

### **Administrative Review**

The administrative review process is a way for you to present the reasons why you believe your eligibility should be approved or services you requested should be allowed. The Program must receive your request for an administrative review within 30 days of the date on the denial letter. In your request, you should state why you disagree with the Program's decision. Be sure to include any documents or other proof that you think helps to support what you state in the request.

You can ask for an administrative review by sending a fax to 1-512-458-7238 or by sending a written request to:

CSHCN Services Program—Administrative Review  
Specialty Health Care Services, MC 1938  
P. O. Box 149347  
Austin, Texas 78714-9347

### **Fair Hearing**

If you are not satisfied with the CSHCN Services Program's decision from the administrative review, you have a right to request a Fair Hearing. If you want to request a Fair Hearing, the CSHCN Services Program must receive a written request within 20 days of the date of the letter that contains the decision of the administrative review. In your request, you should state why you disagree with the Program's decision. Be sure to include any documents or other proof that you think helps to support what you state in the request. You may represent yourself or have legal counsel or another spokesman at the hearing. The request for a Fair Hearing should be faxed to 1-512-458-7238, or mailed to:

CSHCN Services Program—Fair Hearing

Specialty Health Care Services, MC 1938  
 P. O. Box 149347  
 Austin, Texas 78714-9347

Failure to request a hearing within the 20-day period will be deemed a waiver of your right to request a hearing, and the Program will take final action.

## **Changes to Your Address or Life Situation**

You are responsible for letting the Program know about certain changes in your life. You **must** inform the Program within 30 days of any change in your address, phone number, income, health care coverage, medical condition, or family situation.

### **Change in Address or Phone Number**

The Program needs your current address so that application packets, letters, the *CSHCN Services Program Newsletter for Families*, and any other Program information can be sent to you. If the Program does not have the correct mailing information, you may miss important information that affects your eligibility.

If you have moved or are about to move, it is your responsibility to complete a CSHCN Services Program Address Change Form and mail or fax it with proof of your new address to your local Program office (refer to page 25 for contact information). The form includes a list of items that you can use as proof of your address. Remember to write the client's name, date of birth, and CSHCN Services Program case number on everything you send to the CSHCN Services Program. If there is not a space for the date of birth included on the form, please write it next to the name. Be sure to keep copies of everything you send to the Program.

If your phone number changes but your address stays the same, please call the Program office in your area to update your phone number (refer to page 25 for contact information). You may also call the CSHCN Services Program central office at 1-800-252-8023 to change your phone number.

### **Change in Life Situation**

If you have a change in your family's income, health care coverage, medical condition, or family situation, you may have changes in your Program coverage. Please contact your case manager at the Program office in your area for instructions about what to do if you have a change in your life situation (refer to page 25 for contact information). You may also call the CSHCN Services Program central office at 1-800-252-8023 for instructions.

### **Changes to Your Health Care Coverage**

You are responsible for letting the Program know if there is any change in your health insurance or health care coverage, within 30 days of the change. A change may affect what services the CSHCN Services Program can provide.

## **CSHCN Services Program Rules and Procedures**

### **CSHCN Services Program Rules**

The CSHCN Services Program Rules describe the rights and responsibilities of clients. When you applied for program coverage, you signed a form agreeing to abide by CSHCN Services Program rules. (Refer to the section on Rights and Responsibilities in Part 4, on pages 14, 15 and 16.)

If you would like to read the rules, the CSHCN Services Program can give you a copy. You can get a copy from your case manager or by calling the CSHCN Services Program Helpline at 1-800-252-8023. This is a free call in Texas. You can also download a copy from [www.dshs.state.tx.us/cshcn/rules.shtm](http://www.dshs.state.tx.us/cshcn/rules.shtm).

### **Billing Procedures**

CSHCN Services Program providers cannot bill Program clients for providing approved services to them. Program providers cannot bill Program clients for completing any type of CSHCN Services Program form for them.

### **Other Medical Coverage (Third-Party Resources)**

The CSHCN Services Program is called a "payer of last resort." That means the Program can only consider

paying for a service after a client has used all other available coverage. A client's other available coverage is called a "third-party resource". It includes any combination of the following:

- Private health insurance
- Dental insurance
- Health maintenance organization (HMO)
- Automobile liability insurance
- Preferred provider organization (PPO)
- Cause of action (lawsuit)
- Medicare—Parts A, B, and D
- TRICARE/CHAMPUS
- Employee welfare plan
- Union health plan
- Children's Health Insurance Program (CHIP)
- Prescription drug insurance
- Vision insurance
- Texas Medicaid Program

If a service is covered by any of the types of coverage listed above, the CSHCN Services Program may not be able to pay for the service.

You must keep your private health insurance, Medicaid, or CHIP coverage active at all times. You have 30 days before you drop your coverage to let the CSHCN Services Program know that you plan to do so. The Program sends you a letter when it finds out that you no longer have coverage and asks you to get it again, if you can.

Remember that if you need help paying the premium, please read the section about Insurance Premium Payment Assistance (IPPA) on page 9, and contact your case manager.

## **Medicaid**

Some CSHCN Services Program clients also receive Medicaid. If you have Medicaid, it pays for all or most of the services you need. If Medicaid covers a service, the Program cannot pay for that service. You must tell your providers that you have Medicaid coverage because Medicaid must be billed first. You must show your Medicaid ID (Form H1027 or Form H3087) and tell your providers that you also have coverage through the CSHCN Services Program. You can find out more information about Medicaid online at [www.chipmedicaid.org](http://www.chipmedicaid.org).

## **Children's Health Insurance Program (CHIP)**

Some CSHCN Services Program clients receive CHIP benefits. The Program may be able to provide some services that CHIP does not cover. However, the Program does not pay for CHIP premiums and does not reimburse clients or parents for any CHIP co-payments. If you have coverage from both CHIP and the CSHCN Services Program, you must take your CHIP identification card and CSHCN Services Program Eligibility Form to all provider visits. You can find more information about CHIP online at [www.chipmedicaid.org](http://www.chipmedicaid.org).

## **Private Health Insurance**

Some clients have CSHCN Services Program coverage and some form of private health insurance coverage. The Program covers some services that private health insurance does not. The Program only pays for services from providers that are enrolled in the CSHCN Services Program. If private health insurance covers a service, the Program cannot pay for it. However, if the full amount billed by the provider to the private health insurance company is not paid, then the provider can bill the CSHCN Services Program for what is left over. You must show proof of coverage and tell your providers that you also have CSHCN Services Program coverage.

Please remember that many health insurance plans have deadlines and requirements to pre-authorize some services. You must meet those requirements to receive the services. If a service is denied because you or your provider did not meet the deadlines or requirements, the Program cannot pay for that service.

## **Clinics**

Some medical clinics have special health plans that are not considered private health insurance. These clinics include Gold Card, Carelink, Community Voices, JPS Connection, Medical Assistance Program (MAP), and clinics at the medical schools. These medical clinics are not in all areas, but you can ask your county hospital if they have a clinic plan for you or your family. The CSHCN Services Program does not ask you to use their services first before you can use Program health care benefits.

## Denial of Services

Sometimes, the CSHCN Services Program gets a bill from a provider that it cannot pay and the provider is notified. This is called a “denial.” If the Program denies payment for a service, the provider may be able to bill you. The provider can bill you if the denial was for any of the following reasons:

- The service is not a CSHCN Services Program health care benefit.
- You were not eligible for the CSHCN Services Program on the date of service.
- The amount is more than what is allowed by the Program (such as certain styles of eyeglasses).
- You did not use your Medicaid.
- You did not use your CHIP or other private health insurance. (Please refer to the section in Part 6 called “Other Medical Coverage.”)
- You did not follow the policies and guidelines of CHIP or your private health insurance.
- You did not tell the provider about any restrictions to your other health insurance.
- The provider is not enrolled in the CSHCN Services Program.

If a provider tries to bill or recover money from you for a reason that is not listed above, call TMHP at 1-877-888-2350 for help. TMHP can help with any problem or issue related to providers. For example, if you get a bill from a provider that you think should not have been sent to you, call TMHP. This is a free call in Texas.

## Who Is Part of the CSHCN Services Program?

### Clients

Most of the clients in the CSHCN Services Program are less than 21 years of age. They are children or young people with special health care needs. Clients with cystic fibrosis (CF) can stay in the CSHCN Services Program after they reach 21 years of age, as long as they meet the eligibility guidelines.

### Families

The CSHCN Services Program is “family-based.” This means that the Program recognizes, respects, and supports your family’s beliefs and cultural or ethnic traditions. It promotes family choice and teamwork between clients, their families, and their providers. The Program knows that not all families are just a client’s father, mother, and siblings. Families can include spouses, aunts, uncles, cousins, grandparents, foster parents, caregivers, teachers, and advocates. No matter who makes up your family, the CSHCN Services Program works with your family to help you get all of the available services you can.

### Providers

CSHCN Services Program providers are very important for making sure that you get the services and support you need. The Program strives to find caring and highly qualified providers. Program providers offer excellent training, skill, expertise, and compassion. They deliver services that honor and respect your cultural beliefs, traditions, and values.

### The Medical Home

The medical home is health care that is centered on your family. You and your health care providers work together to find and access all of the different types of services that you need. It can be in a doctor’s office, community health center, hospital outpatient clinic, school-based clinic, or health department clinic. The medical home makes it easier for you to meet your responsibility to be involved in your health care. The Program is working to ensure that every one of its clients has a medical home. For more information about having a medical home, talk to your case manager or visit [www.dshs.state.tx.us/cshcn/medicalhome](http://www.dshs.state.tx.us/cshcn/medicalhome).

### Eligibility Staff

Eligibility staff members work in all of the regional offices of the CSHCN Services Program (refer to page 25 for a list of regional offices). These workers can help you fill out your application and give you the papers you need to complete your application. They use the information you provide on your application to determine whether you qualify to receive services from the Program. They also make sure you have a case manager assigned to work with you.

### Case Managers



The CSHCN Services Program provides social workers and nurses who work as case managers for all Program clients. Case managers understand your special needs and can help you find and access all of the services and programs that you need. Your case manager gets to know you and your family and works closely with you to coordinate your services.

Case managers can help you find CSHCN Services Program providers and other professionals. They can help you make plans to address other needs, such as education. Case managers also work with the Program's eligibility staff to make sure that your Program application is complete and that your records are up-to-date.

## **Case Managers and Transition Planning**

Case managers can also help with planning for your transitions, or changes, in life. Life is full of transitions as you develop physically, mentally, and emotionally. You make the transition from home, child care, or special early childhood programs into school. You change from one type of schooling or health care to another. You may leave a hospital or long-term care setting to go into a home or community-living setting, or you may be ready to change from living at home with your family to living on your own. Eventually, you transition from care that centers on the child and family to care that centers on the individual adult.

Transitions are a big part of life and are not always easy. With the right information and planning, transitions can be smoother for you and your family. Your case manager can talk with you about your transitions and how to find and access services that can make these transitions easier. Ask your case manager about transition planning.

## **Getting a Case Manager**

All Program clients who receive health care benefits and anyone who is on the waiting list can have a case manager. To get a case manager, contact the Program office in your local area (refer to page 25 for contact information). You can also call the Program's central office at 1-800-252-8023 to ask for a case manager. This is a free call in Texas. The name of your case manager or another contact at your local CSHCN Services Program office is also included in the eligibility letter you receive.

## **Contractors**

The CSHCN Services Program does its best to provide the services you need. Even when funds are limited, the Program provides many services by contracting with other agencies in some areas of the state.

Contractors provide a wide range of family support and community resources that include:

- Information and referral
- Case management for parents
- Bilingual services
- Help with respite care
- Training and workshops
- Chances to network with other families
- Help with Admission, Review, and Dismissal (ARD) meetings and other school services
- Peer support
- Family support groups
- Informal support for siblings
- Resource libraries (print materials and videos)

You may not be able to get all of the listed services in every part of Texas. If you are interested in these services, call your case manager or call the CSHCN Services Program Helpline at 1-800-252-8023. This is a free call in Texas.

You can also find a list of contractors, the parts of Texas they serve, and the services they offer on the DSHS website at [www.dshs.state.tx.us/cshcn/community-based-contractors.shtm](http://www.dshs.state.tx.us/cshcn/community-based-contractors.shtm).

## **The Texas Medicaid & Healthcare Partnership (TMHP)**

TMHP is the state contractor that deals with any problems or issues you may have with a provider. TMHP can also provide information about what the CSHCN Services Program offers, such as co-payments, covered services, and more. You can contact TMHP at 1-877-888-2350. This is a free call in Texas.



# Where to Find Help and Other Information

The CSHCN Services Program has many resources that you can use to learn more about the Program and the services that are available.

## Local Staff and Case Managers

Local offices and case managers can help you:

- Get the CSHCN Services Program Application Booklet.
- Find services, programs, and other resources.
- Fill out the application or make changes to the information on your application.
- Answer any questions you may have about the CSHCN Services Program.

Refer to page 25 for your local office contact information. Your eligibility notification letter also has the phone number of your case manager or other contact in the Program office in your area.

## CSHCN Services Program Helpline

The CSHCN Services Program Helpline can:

- Answer any questions you may have about the Program.
- Help you find a case manager if you do not already have one.
- Send you a CSHCN Services Program Application Booklet.
- Document your suggestions and complaints.

You can call the CSHCN Services Program Helpline at 1-800-252-8023. This is a free call in Texas. You can also send email to [cshcn@dshs.state.tx.us](mailto:cshcn@dshs.state.tx.us) or go to the CSHCN Services Program homepage at [www.dshs.state.tx.us/cshcn](http://www.dshs.state.tx.us/cshcn) and click on **contact CSHCN** at the bottom of the page.

## The CSHCN Services Program Website

The CSHCN Services Program website address is [www.dshs.state.tx.us/cshcn](http://www.dshs.state.tx.us/cshcn). If you have access to a computer and the internet, you can visit the website to:

- Read general information about the CSHCN Services Program.
- Read news updates about the Program.
- Find your local CSHCN Services Program office.
- Download a copy of the CSHCN Services Program Application Booklet.
- Download a copy of this Client Handbook.

Download the *CSHCN Services Program Newsletter for Families*, which includes the Address Change Form.

- Download a copy of the Emergency Information Form and its instructions (see below).

## CSHCN Services Program Newsletter for Families

The *CSHCN Services Program Newsletter for Families* is sent to all clients and their families four times a year. Clients on the waiting list also get the newsletter. It has basic facts about the Program, updated policies, and helpful information. It also includes the Address Change Form and a list of the addresses and phone numbers of the Program's regional offices. If you do not receive the newsletter, make sure that you have a current address on file with the Program. Please refer to page 16 for instructions on how to let the Program know your address has changed. The *Newsletter for Families* is also available online at [www.dshs.state.tx.us/cshcn/newsletter.shtm](http://www.dshs.state.tx.us/cshcn/newsletter.shtm).

# Finding Your Local CSHCN Services Program Office

CSHCN Services Program offices are located all over Texas. The central office is in Austin. To find an office near you:

1. Look at the List of Texas Counties on the next page. Find the name of your county.
2. After the county's name is a code of numbers and letters.
3. Find the code on the list on page 25. This is your local office.

## List of Texas Counties and Local Codes

Anderson-4/5N	Crockett-9/10	Hays-7A	Mason-9/10	Schleicher-9/10
Andrews-9/10	Crosby-1L	Hemphill-1C	Matagorda-6/5S	Scurry-2A
Angelina-4/5N	Culberson-9/10	Henderson-4/5N	Maverick-8	Shackelford-2A
Aransas-11C	Dallam-1C	Hidalgo-11M	McCulloch-9/10	Shelby-4/5N
Archer-2WF	Dallas-3	Hill-7T	McLennan-7T	Sherman-1C
Armstrong-1C	Dawson-9/10	Hockley-1L	McMullen-11C	Smith-4/5N
Atascosa-8	Deaf Smith-1C	Hood-3	Medina-8	Somervell-3
Austin-6/5S	Delta-4/5N	Hopkins-4/5N	Menard-9/10	Starr-11M
Bailey-1L	Denton-3	Houston-4/5N	Midland-9/10	Stephens-2WF
Bandera-8	DeWitt-8	Howard-9/10	Milam-7T	Sterling-9/10
Bastrop-7A	Dickens-1L	Hudspeth-9/10	Mills-7T	Stonewall-2A
Baylor-2 WF	Dimmitt-8	Hunt-3	Mitchell-2A	Sutton-9/10
Bee-11C	Donley -1C	Hutchinson-1C	Montague-2WF	Swisher-1L
Bell-7T	Duval-11C	Irion-9/10	Montgomery-6/5S	Tarrant-3
Bexar-8	Eastland-2A	Jack-2WF	Moore-1C	Taylor-2A
Blanco-7A	Ector-9/10	Jackson-8	Morris-4/5N	Terrell-9/10
Borden-9/10	Edwards-8	Jasper-4/5N	Motley-1L	Terry-1L
Bosque-7T	Ellis-3	Jeff Davis-9/10	Nacogdoches-4/5N	Throckmorton-2WF
Bowie-4/5N	El Paso-9/10	Jefferson-6/5S	Navarro-3	Titus-4/5N
Brazoria-6/5S	Erath-3	Jim Hogg-11L	Newton-4/5N	Tom Green-9/10
Brazos-7T	Falls-7T	Jim Wells-11C	Nolan-2A	Travis-7A
Brewster-9/10	Fannin-3	Johnson-3	Nueces-11C	Trinity-4/5N
Briscoe-1L	Fayette-7A	Jones-2A	Ochiltree-1C	Tyler-4/5N
Brooks-11C	Fisher-2A	Karnes-8	Oldham-1C	Upshur-4/5N
Brown-2A	Floyd-1L	Kaufman-3	Orange-6/5S	Upton-9/10
Burleson-7A	Foard-2WF	Kendall-8	Palo Pinto-3	Uvalde-8
Burnet-7T	Fort Bend-6/5S	Kenedy-11C	Panola-4/5N	Val Verde-8
Caldwell-7A	Franklin-4/5N	Kent-2A	Parker-3	Van Zandt-4/5N
Calhoun-8	Freestone-7T	Kerr-8	Parmer-1L	Victoria-8
Callahan-2A	Frio-8	Kimble-9/10	Pecos-9/10	Walker-6/5S
Cameron-11C	Gaines-9/10	King-1L	Polk-4/5N	Waller-6/5S
Camp-4/5N	Galveston-6/5S	Kinney-8	Potter-1C	Ward-9/10
Carson-1C	Garza-1L	Kleberg-11C	Presidio-9/10	Washington-7A
Cass-4/5N	Gillespie-8	Knox-2WF	Rains-4/5N	Webb-11L
Castro-1L	Glasscock-9/10	Lamar-4/5N	Randall-1C	Wharton-6/5S
Chambers-6/5S	Goliad-8	Lamb-1L	Reagan-9/10	Wheeler-1C
Cherokee-4/5N	Gonzales-8	Lampasas-7T	Real-8	Wichita-2WF
Childress-1L	Gray-1C	LaSalle-8	Red River-4/5N	Wilbarger-2WF
Clay-2WF	Grayson-3	Lavaca-8	Reeves-9/10	Willacy-11C
Cochran-1L	Gregg-4/5N	Lee-7A	Refugio-11C	Williamson-7T
Coke-9/10	Grimes-7T	Leon-7T	Roberts-1C	Wilson-8
Coleman-2A	Guadalupe-8	Liberty-6/5S	Robertson-7T	Winkler-9/10
Collin-3	Hale-1L	Limestone-7T	Rockwall-3	Wise-2WF
Collingsworth-1C	Hall-1L	Lipscomb-1C	Runnels-2A	Wood-4/5N
Colorado-6/5S	Hamilton-7	Live Oak-11C	Rusk-4/5N	Yoakum-1L
Comal-8	Hansford-1C	Llano-7T	Sabine-4/5N	Young-2WF
Comanche-2A	Hardeman-2WF	Loving-9/10	San Augustine-4/5N	Zapata-11
Concho-9/10	Hardin-6/5S	Lubbock-1L	San Jacinto-4/5N	Zavala-8
Cooke-3	Harris-6/5S	Lynn-1L	San Patricio-11C	
Coryell-7	Harrison-4/5N	Madison-7T	San Saba-7T	
Cottle-2WF	Hartley-1C	Marion-4/5N		
Crane-9/10	Haskell-2 WF	Martin-9/10		

## Local Offices

Many but not all of the local offices are shown in this list, so be sure to call before visiting. There may be a more convenient CSHCN Services Program office!

1C - Canyon Office  
 DSHS – Health Services Region 1  
 PO Box 60968, WTAMU

Canyon, TX 79016  
 Phone: 1-806-655-7151  
 Fax: 1-806-655-7159  
 1L - Lubbock Office  
 DSHS – Health Services Region 1 6302 Lola Avenue  
 Lubbock, TX 79424  
 Phone: 1-806-783-6452  
 Fax: 1-806-783-6455  
 2A - Abilene Office  
 DSHS – Health Services Region 2 4601 South First Street, Suite L Abilene, TX 79605  
 Phone: 1-325-795-5869  
 Fax: 1-325-795-5894  
 2WF - Wichita Falls Office DSHS – Health Services Region 2 Social Work Services–509 PO Box 300  
 Wichita Falls, TX 76307-0300 Phone: 1-940-689-5930  
 Fax: 1-940-689-5925  
 3 - Arlington Office  
**DSHS – Health Services Region 3** 1301 South Bowen Road, Suite 200  
 Arlington, TX 76013  
 Phone: 1-817-264-4619  
 Fax: 1-817-264-4911  
 4/5N - Tyler Office  
 DSHS – Health Services Region 4/5N 1517 West Front Street  
 Tyler, TX 75702  
 Phone: 1-877-340-8842  
 Fax: 1-903-535-7593  
 6/5S - Houston Office  
 DSHS – Health Services Region 6 5425 Polk Avenue, Suite J Houston, TX 77023-1497  
 Phone: 1-713-767-3111  
 Fax: 1-713-767-3125  
 7A - Austin Office  
 DSHS – Health Services Region 7  
 1601 Rutherford Lane, Bldg. C, Suite C-3 Austin, TX 78754  
 Phone: 1-512-873-6315  
 Fax: 1-512-873-6334  
 7T - Temple Office  
 DSHS – Health Service Region 7 2408 South 37th Street  
 Temple, TX 76504-7168  
 Phone: 1-800-789-2865  
 Fax: 1-254-773-2722  
 8 - San Antonio Office  
 DSHS – Health Services Region 8 7430 Louis Pasteur Drive  
 San Antonio, TX 78229-4507 Phone: 1-210-949-2142  
 Fax: 1-210-949-2047  
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Franklin, Suite 200  
 El Paso, TX 79901 Phone: 1-915-834-7675  
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 Harlingen, TX 78550-7996  
 Phone: 1-956-423-0130  
 Fax: 1-956-444-3293  
**11C – Corpus Christi Office** DSHS – Health Services Region 11 5155 Flynn Parkway  
 Corpus Christi, TX 78411 Phone: 1-361-878-3420  
 Fax: 1-361-883-4414  
 11L - Laredo Office  
 DSHS – Health Services Region 11 1500 Arkansas Ave, Suite 3  
 Laredo, TX 78043  
 Phone: 1-956-725-5195  
 Fax: 1-956-729-8600  
 11M – McAllen Office  
 DSHS – Health Services Region 11 4501 West Business Hwy. 83  
 McAllen, TX 78501  
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# Emergency and Disaster Planning for Children with Special Health Care Needs

Visit [www.texasprepares.org/English/family\\_special.shtml](http://www.texasprepares.org/English/family_special.shtml) for information on emergency and disaster planning on children with special health care needs.

## Emergency Information Form

The Emergency Information Form is available in this manual and on the CSHCN Services Program website at [www.dshs.state.tx.us/cshcn/pdf/emer\\_info\\_form.pdf](http://www.dshs.state.tx.us/cshcn/pdf/emer_info_form.pdf).

When filled out fully and correctly, this form can provide complete medical information about the person with special health care needs. Ask your doctors and other medical providers to help you fill out the form as fully as possible. Follow the instructions carefully. Keep a copy of the form with the person who has special needs and in every location that he or she goes frequently.

The form includes areas to indicate:

- Diagnoses
- Current medications
- Baseline physical findings
- Baseline vital signs
- Common problems
- Allergies
- Immunizations
- Past procedures
- Procedures that should be avoided
- Preferred Emergency Department

## Emergency Information Form

### Instructions

The American Academy of Pediatrics and the American College of Emergency Physicians put together a form called the Emergency Information Form. You can use this simple form to put together health information for your child with special health care needs.

When you and your child's doctor complete the form, you should keep a copy in the various locations where your child might be, such as at home, the child care center or school, or with the babysitter, grandparents or other relatives, etc. In the case of emergency, the Emergency Information Form would be available if needed by doctors and emergency medical personnel.

To complete this important form, follow these easy instructions:

1. **FILL IT OUT:** Begin filling out the form to the best of your ability. Take the form to the child's doctor or specialist and ask him or her to finish filling out the form.
2. **KEEP IT:** Keep one copy of the form in each of the following places:

*Doctors:* On file with each of the child's doctors, including specialists

*Emergency Room:* On file with the local emergency rooms where the child is most likely to be treated in the case of an emergency

*Home:* At the child's home in a place where it can be easily found, such as the refrigerator

*Vehicles:* In each parent's vehicle (e.g., in the glove compartment)

*Work:* At each parent's workplace

*Purse/Wallet:* In each parent's purse or wallet

*School or Child Care Center:* On file with the child's school or day care center, such as in the school nurse's office

*Grandparents/Other Relatives:* At the homes of relatives where the child may visit often, in a place where it can be easily found

*Child's Belongings:* With the child's belongings when traveling

*Emergency Contact Person:* At the home of the emergency contact person listed on the form

3. **REGISTER:** Consider registering your child, if he or she is not already registered with MedicAlert®. Send MedicAlert® a copy of the form, and they can keep it stored in their central database. The database is easily accessible by emergency medical personnel. For more information about that system and its enrollment, you may visit [www.medicalert.org](http://www.medicalert.org), call 1-800-ID-ALERT (1-800-432-

5378) or email [customer\\_service@medicalert.org](mailto:customer_service@medicalert.org). There is a fee to use the MedicAlert® system. However, MedicAlert® offers to waive the fee for applicants who submit a letter from a doctor, nurse, or social service agency with their completed application, which verifies that they cannot pay the fee.\*

4. **UPDATE:** It is extremely important that you update the form every 2-3 years, and after any of the following events:
  - a. Important changes in your child's condition
  - b. Any major surgery or procedure
  - c. Important changes in the treatment plan
  - d. Changes in doctors

*\*The Texas Health and Human Services Commission does not endorse the MedicAlert® system, and mentions it for informational purposes only.*

Form adapted by the Texas Health and Human Services Commission from the Emergency Information Form, © American College of Emergency Physicians and American Academy of Pediatrics and modified by the County of Los Angeles Children's Medical Services and the Westside Family Resource & Empowerment Center.

# Emergency Information Form for Children With Special Needs

# Formulario de Información para Emergencias de Niños con Necesidades Especiales

Pub. No. F07-12540

Last Name ~ Apellidos:

Date form completed ~ Fecha en que se llenó el formulario:	Revised ~ Modificado:	Initials ~ Iniciales:
By Whom ~ Quién lo llenó:	Revised ~ Modificado:	Initials ~ Iniciales:

Name ~ Nombre:	Birth date ~ Fecha de nacimiento:	Nickname ~ Apodo:
Home Address ~ Dirección del domicilio:	Home/Work Phone ~ Teléfono de casa / de trabajo:	
Parent/Guardian ~ Padre / Tutor legal:	Emergency Contact Names, Relationship, Phone Number(s): Nombres en caso de emergencia, parentesco, número(s) de teléfono:	
Signature/Consent*: Firma / consentimiento*:		
Primary Language ~ Lengua materna:		

### Physicians ~ Médicos:

Primary Care Physician ~ Médico principal:	Emergency Phone ~ Número de teléfono en caso de emergencia:
	Fax:
Current Specialty Physician ~ Médico especialista actual:	Emergency Phone ~ Número de teléfono en caso de emergencia:
	Fax:
Specialty ~ Especialidad:	
Current Specialty Physician ~ Médico especialista actual:	Emergency Phone ~ Número de teléfono en caso de emergencia:
	Fax:
Specialty ~ Especialidad:	
Anticipated Primary ED (preferred Emergency Room): La sala de Emergencia adonde probablemente vaya:	Pharmacy / Phone number ~ Farmacia / Número de teléfono:
Anticipated Tertiary Care Center (Hospital with highest level of care): El centro de atención especializada adonde probablemente vaya (Hospital con el más alto nivel de atención):	

### Diagnoses/Past Procedures/Physical Exam ~ Diagnósticos / Procedimientos anteriores / Examen físico:

1.	Baseline physical findings ~ Resultados del examen físico inicial:
2.	
3.	Baseline vital signs ~ Signos vitales iniciales:
4.	
Synopsis (Summary) ~ Sinopsis (Resumen):	
	Baseline neurological status ~ Condición neurológica inicial:

