## **Consumer Directed Services**

## **Service Provider Agreement**

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

The service provider,			an individual o	r  an entity, lo	cated at (Address)
		Telephone		Fax	
The service provider agrees to:					
<ul> <li>provide services, items or goods the accordance with program rules and</li> </ul>	-	rior to purchase to	individuals in home an	d community su	oport programs in
<ul> <li>keep records of purchased service</li> </ul>	s, items and goods i	in accordance with	program rules and poli	су;	
<ul> <li>accept checks from the FMSA as functions of the second community description.</li> </ul>		yment for authorize	d services, items or go	ods purchased fo	or individuals served
<ul> <li>neither impose on or accept from</li> </ul>	individuals any add	itional charges for t	he services, items or go	oods paid for by t	:he check; and
• provide records and other informa	ition upon request t	to the individual, the	e FMSA, HHSC, DADS o	r their represent	ative.
The FMSA, HHSC and DADS agree:					
<ul> <li>that the FMSA will pay the service and program rules and policy; and</li> </ul>	provider for service	s, items or goods pi	ovided to the individu	al in accordance	with this agreement
<ul> <li>to allow the service provider to ch with this agreement, program rules</li> </ul>	_	for approved upgra	des or purchases not a	uthorized or paic	l for in accordance
The service provider, FMSA, HHSC an	d DADS mutually a	gree that:			_
• the FMSA A-One Plus Home Healtl	າ Care Agency LLC ເ	doing business in			, provides
financial management services (FM	S) to the individual	receiving services fo	or purchases from the s	service provider;	
<ul> <li>the FMSA is responsible for acquir</li> </ul>	ing the completed a	agreement and reta	ining the original on be	ehalf of HHSC an	d DADS;
<ul> <li>payment from the FMSA will not b</li> </ul>	e issued prior to the	e receipt of this agre	eement by the FMSA;		
<ul> <li>payment from the FMSA is funded</li> </ul>	by HHSC and DAD:	S with government	funds; and		
• the FMSA is not a Texas or federal	government agency	y.			
This agreement is effective		, aı	nd terminates when the	e service provide	r is no longer
providing services to individuals throug	h the FMSA.				
Name of Service Provider or Repr	esentative			Date	
L	 e			Date	

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