

## Become a CSHCN Services Program Provider

The Children with Special Health Care Needs (CSHCN) Services Program at DSHS offers a comprehensive health care benefits program for children up to age 21 and for people of all ages with cystic fibrosis. The program is looking for providers for medical and dental care, durable medical equipment, and many other services.

While providers must be enrolled as a Texas Medicaid provider, the program is separate from Medicaid or CHIP. A CSHCN Services Program provider may submit claims for services that are not covered under Medicaid. Current Medicaid providers can fill out an expedited CSHCN Services Program provider enrollment form.

To begin the enrollment process, call 1-800-568-2413 or visit [www.dshs.state.tx.us/cshcn](http://www.dshs.state.tx.us/cshcn)



## CHILDREN *with* SPECIAL HEALTH CARE NEEDS SERVICES PROGRAM

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### WHAT IS TRANSITION?



Transition is a patient-centered, lifelong process that helps youth with special health care needs and their families prepare for the move from childhood to adulthood. Youth and their families can work in partnership with health care providers to assure that they are able to live as independently as possible as adults.

While transition is a unique for process for each person, the American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians recommend that transition planning begin by age 12.<sup>1</sup>

<sup>1</sup>“Supporting the Health Care Transition From Adolescence to Adulthood in the Medical Home.” *Pediatrics* 128.1 (2011): 182-200.

Providers can help clients plan for transition in a variety of ways:

- Discuss whether and when changing providers is appropriate and assist youth and their families in locating providers for adult clients as needed.
- Explain changes that occur in adolescence through adulthood and how a youth's condition can affect those changes.
- Talk to youth and their families about changes to consent and confidentiality.
- Encourage youth to take control during their appointments and begin to see them without their parents/caregivers, as appropriate.
- Ensure that youth are knowledgeable about their conditions, medications, supplies, and health history.
- Discuss any changes in insurance and how they may affect the availability of providers and services.
- Follow-up after transfer of care, if applicable.

Health care transition is just one part of moving from childhood to adulthood. Families may need information about and referrals to other providers and/or services. Resources for other areas of transition, such as employment, education, and legal needs, are available.



## Transition Resources

GotTransition aims to improve transition from pediatric to adult health care through the use of new and innovative strategies for health professionals, youth, and families. Resources include the Six Core Elements of Health Care Transition 2.0, which define the basic components of health care transition support. Visit [gottransition.org/providers/index.cfm](http://gottransition.org/providers/index.cfm) for more information.

The Children with Special Health Care Needs (CSHCN) Services Program supports transition initiatives within Texas and facilitates the Texas Title V Transition Workgroup (TTVTW). To find out more about the TTVTW and other projects of the CSHCN Services Program, go to the CSHCN website at [www.dshs.state.tx.us/cshcn](http://www.dshs.state.tx.us/cshcn) or call 1-800-252-8023.

Free continuing education courses on transition and other topics are available through Texas Health Steps. Visit [txhealthsteps.org](http://txhealthsteps.org) for a complete listing of courses and to enroll.