



Children's Health Home of Upstate New York

Family Driven Care Management Services

Due Diligence Statement

Member Name:

CIN:

CMA:

Date:

Project #:

Project Type:

I attest that I recognize Medicaid as payer of last resort and have made the following attempts in exploring potential payment sources for the identified modification:

Source	Date of Attempt (s)	Result/Summary

If none, please explain:

Sincerely,