



# Children's Health Home of Upstate New York

## Family Driven Care Management Services

### Project Guidance for Vehicle Modifications

Member Name:

Date:

Member CIN:

CM Name:

Phase 1: Evaluation & Assessment Permission Approval Request:

Submit request to FMS through online portal request form.

Members' rights and responsibilities provided to member.

VMOD Info sheet given to member.

**Vehicle Information Form.**

Phase 2: Pre-Project Evaluation Submission and Payment Form:

Safe Passenger/Safe Driver Evaluation Form.

Pre-Project Evaluation Payment Request Form & Invoices.

Copy of most recent POC (VMOD should be a goal).

Pre-Project Case Conference Scheduled/Completed.

Phase 3: Service Request Submission:

Parent Agreement Form.

Physician Order.

Clinical Justification (As Applicable).

Service Cost and Projection Form.

**CM Due Diligence Statement.**

At minimum, 3 bids for the project (unless project < \$1,000):

- If less than 3 bids submitted, complete **CM Bid Justification Form.**

Screenshot of member's R/RE Codes proving HCBS eligibility.

Third Party Insurance denial letter (As applicable).

Service Request Case Conference scheduled/Completed.

Phase 4: Final Cost Form & Post-Project Evaluation:

All Final Invoices w/ Final Cost Form.

Post-Project Evaluation Documentation

Project Closure Form (CHHUNY provides)