



Children's Health Home of Upstate New York

Family Driven Care Management Services

Member Name:	Member CIN:
CM Name:	Date:
Project #:	

PROJECT GUIDANCE: ADAPTIVE & ASSISTIVE TECHNOLOGY

PHASE I: Evaluation & Assessment Permission Approval Request:

- Submit request to FMS through online form
- Members' Rights and Responsibilities provided to the member
- AAT Info Sheet provided to the member
- Additional information to support the request as applicable

PHASE II: Pre-Project Evaluation Submission and Payment Form:

- Supplemental Evaluation(s) (as applicable) and supporting documentation
- Pre-Project Evaluation Payment Request Form
- Copy of most recent POC (AAT should be a goal)
- Clinical Justification/Letter of Medical Necessity
- Physician Order
- Pre-Project Case Conference scheduled and completed

PHASE III: Service Request Packet Submission

- Parent Agreement Form
- Description & Cost Projection Form
- CM Due Diligence Statement Form
- 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 and completed (if necessary)

PHASE IV: Post-Project Evaluation & Final Cost Form

- All Final Invoices w/ Final Cost Form
- Post-Project evaluation documentation (if applicable)
- CHHUNY Project Closure Form (FMS to complete)