



Children's Health Home of Upstate New York

Family Driven Care Management Services

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

PROJECT GUIDANCE: ENVIRONMENTAL MODIFICATIONS

PHASE I: Evaluation & Assessment Permission Approval Request:

- Submit request to FMS through online form
- Members' rights and responsibilities provided to member
- EMOD Info Sheet provided to member

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

- Evaluation documentation and Invoices
- Pre-Project Evaluation Payment Request Form
- Copy of most recent POC (EMOD should be a goal)
- Clinical Justification (if requested to support request)
- Pre-Project Case Conference Scheduled/Completed

PHASE III: Service Request Packet Submission

- Supporting Documentation:
 - Landlord Agreement; or
 - Proof of Home Ownership (deed/mortgage statement)
- Parent Agreement Form
- Description & Cost Projection Form
- Physician's Orders
- Clinical Justification/Letter of Medical Necessity (if not requested previously)
- 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 IV: Post-Project Evaluation & Final Cost Form

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