



# Children's Health Home of Upstate New York

Family Driven Care Management Services

<b>Member Name:</b>	<b>Member CIN:</b>
<b>CM Name:</b>	<b>Date:</b>
<b>Project #:</b>	

## PROJECT GUIDANCE: VEHICLE MODIFICATIONS

### PHASE I: Evaluation & Assessment Permission Approval Request

- Submit request to FMS through the online form
- Members' Rights and Responsibilities Form provided to the member
- VMOD Info sheet provided to the member

### PHASE II: Pre-Project Evaluation Submission & Payment Form

- Safe Passenger/Safe Driver Evaluation Form
- Vehicle Information Form (as applicable).
- Pre-Project Evaluation Payment Request Form & Invoices
- Copy of most recent POC (VMOD should be a goal)
- Pre-Project Case Conference Scheduled/Completed
- Physician Order
- Clinical justification/Letter of Medical Necessity

### PHASE III: Service Request Submission

- Parent Agreement Form
- Description & Cost 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 IV: Final Cost Form & Post-Project Evaluation

- All Final Invoices w/ Final Cost Form.
- Post-Project Evaluation Documentation
- CHHUNY Project Closure Form (FMS completes)