



Children's Health Home of Upstate New York

Family Driven Care Management Services

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

PROJECT GUIDANCE: VEHICLE MODIFICATIONS

PHASE I: Evaluation & Assessment Permission Approval Request

- Submit request to FMS through the online form
- Request must include:
 - Letter of Medical Necessity (must be signed by an MD)
 - Due Diligence Statement
- 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 (completed by evaluator)
- 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

PHASE III: Service Request Submission

- Parent Agreement Form
- Description & Cost Projection Form
- At minimum, 3 bids for the project (unless project < \$1,000):
 - If less than 3 bids submitted, complete CM Bid Justification Form.
 - Bids must be itemized by materials and labor.
- Screenshot of member's R/RE Codes proving HCBS eligibility
- Third Party Insurance exclusion 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)