



Children's Health Home of Upstate New York

Family Driven Care Management Services

Project Guidance for Adaptive and Assistive Technology Modifications

Phase 1: Intent Request

- Evaluation and Assessment Permission Approval Request Form in Cognito
- Members' rights and responsibilities provided to parent/guardian/member.
- Parent Info Sheet

Phase 2: Pre-Project Evaluation

- Pre-Project Packet:
 - CM Statement (Medicaid is payer of last resort) [Template in progress]
 - Physician's order (Ex. Letter w/Physician's letterhead, written prescription, M11Q or Form 4539)
 - Clinical Justification
- Pre-Project Evaluation Payment request Form (if applicable):
 - Invoice(s) for necessary evaluation(s) (not all AAT required an eval)
 - Completed evaluations.
- Upload copy of most recent POC into Cognito:
 - Please include identified service (AAT Mod) and Identified need/goal.

Phase 3: Service Request

- Service Packet:
 - Parent Agreement/Parent Responsibility Form
 - Service Cost and Projection Form
 - Minimum of 3 bids:
 - At least 1 bid less than \$1000
 - Due diligence statement if 3 bids cannot be acquired [Template in progress]
 - Screenshot of member's R/RE Codes proving HCBS eligibility
- CM Conference Call Scheduled/Completed

Phase 4: Final Cost/Post-Project Evaluation

- Post project evaluation (if needed)
- Final cost form
- Final invoice