



Children's Health Home of Upstate New York

Family Driven Care Management Services

Project Guidance for Environment Modifications

Member Name:

Date:

Member CIN:

CM Name:

Phase 1: Evaluation & Assessment Permission Approval Request:

Submit request to FMS through online portal request form

Members' rights and responsibilities provided to member

EMOD Info Sheet given to member

Residual Documentation:

- **Landlord Agreement;** or
- Proof of Home Ownership (Deed/Mortgage Statement)

Phase 2: 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)

Pre-Project Case Conference Scheduled/Completed.

Phase 3: Service Request Submission:

Parent Agreement Form

Physician Order

Clinical justification (as applicable)

Service Cost and 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 4: Final Cost Form & Post-Project Evaluation

All Final Invoices w/ Final Cost Form

Post-Project evaluation documentation

CHHUNY Project Closure Form (to be provided)