

# CHHUNY FMS Process

# CHHUNY FMS Process

## CHHUNY is the designated FMS provider for the entire state. Our responsibilities include:

- Processing modification and AAT requests for DOH Children's Waiver recipients and ensuring compliance to the waiver.
- Contracting with evaluators, vendors, and contractors to perform the work related to modification and AAT requests.
- Communicating and coordinating with CMs, parents/caretakes/members, and vendors when needed.
- Paying evaluators, vendors, and contractors for the approved work performed.
- Providing training and technical assistance, as needed, to the HHCMs and CYES related to the modification request process and policy.
  - Please note, CHHUNY is required to comply with DOH policy related to the 1915c waiver requirements, we **will not be creating new regulations or policies related to what is allowed** through FMS.
  - Health Homes and CYES are still responsible for training their CMAs/staff on the requirements of the waiver and modification process, but CHHUNY will have training materials available to use.
- Streamlining the process, documentation, contracting, and tracking of the projects and eventually optimize the program as a whole for recipients and providers involved.
  - *Please be patient during the transition...not everything will be optimized day one!*

# CHHUNY FMS Process

- As of 3/1/24, all **\*NEW\*** project requests will be processed through CHHUNY
- As of 3/1/24, if you previously submitted an intent to request a modification or AAT through the DOH email but have not proceeded with the Pre-Project Evaluation, you will need to submit a **\*NEW\*** project request through CHHUNY (all intents through DOH without evaluations or project work submitted will be excluded from “transitioning” through the LDSS)
- MMCP intents still need to continue with the MMCP until further notice
- Any projects that have a completed pre-project evaluation and more, will be determined by CHHUNY, DOH, and the LDSS if they transition to CHHUNY or not (per DOH’s slides previously).
- HHCMs/CYES ***MUST submit an Evaluation and Assessment Permission Approval Request*** to start a modification or AAT request. and follow CHHUNY FMS policy to ensure payment and project processing is approved.
  - CHHUNY process does not allow for you to skip this request and we will not accept any paper forms for this.
- HHCMs/CYES ***MUST use an evaluator and/or contractor that has a CHHUNY contract in place PRIOR TO work beginning.*** If HHCMs fail to follow our process, the CMA may be liable for expenses incurred with non-contracted evaluators and/or contractors.

# CHHUNY FMS Process

- **Website:** [www.childrenshealthhome.com](http://www.childrenshealthhome.com)
- **Phone:** 855-209-1142 (option 6)
- **Email:** [FMS@childrenshealthhome.org](mailto:FMS@childrenshealthhome.org)

Children's Health Home of Upstate New York  
Family Driven Care Management Services

Font Size: A+ | Reset | A- | Select Language | 1-855-209-1142 | Make a Referral

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Management Services

About CHHUNY | Our Provider Network | County Profile | **FMS Waiver** | Contact Us | Transfers

Who is CHHUNY? | Why Choose CHHUNY?

## What is a Children's Health Home?

A Health Home is a community-based care management service model whereby all of an individual's caregivers communicate with one another so that all social, physical, and behavioral needs are addressed in a comprehensive manner. This is done through a dedicated Care Manager who oversees and provides access to all of the services an individual needs to ensure they receive everything necessary to stay healthy, out of the emergency room and out of the hospital.

## FMS Waiver

### Parent/Caregiver Information

- PARENT INFO SHEET- VEHICLE MODIFICATIONS
- PARENT INFO SHEET- ENVIRONMENTAL MODIFICATIONS
- PARENT INFO SHEET- ADAPTIVE/ASSISTIVE TECHNOLOGY

### Vendor/Contractor Information

- APPROVED LIST OF VENDORS/CONTRACTORS (TBD)
- VENDOR/CONTRACTOR REQUIREMENTS (TBD)

### HHCM/CYES Information

- FORMS (TBD)
- TRAINING (TBD)
- POLICY (TBD)

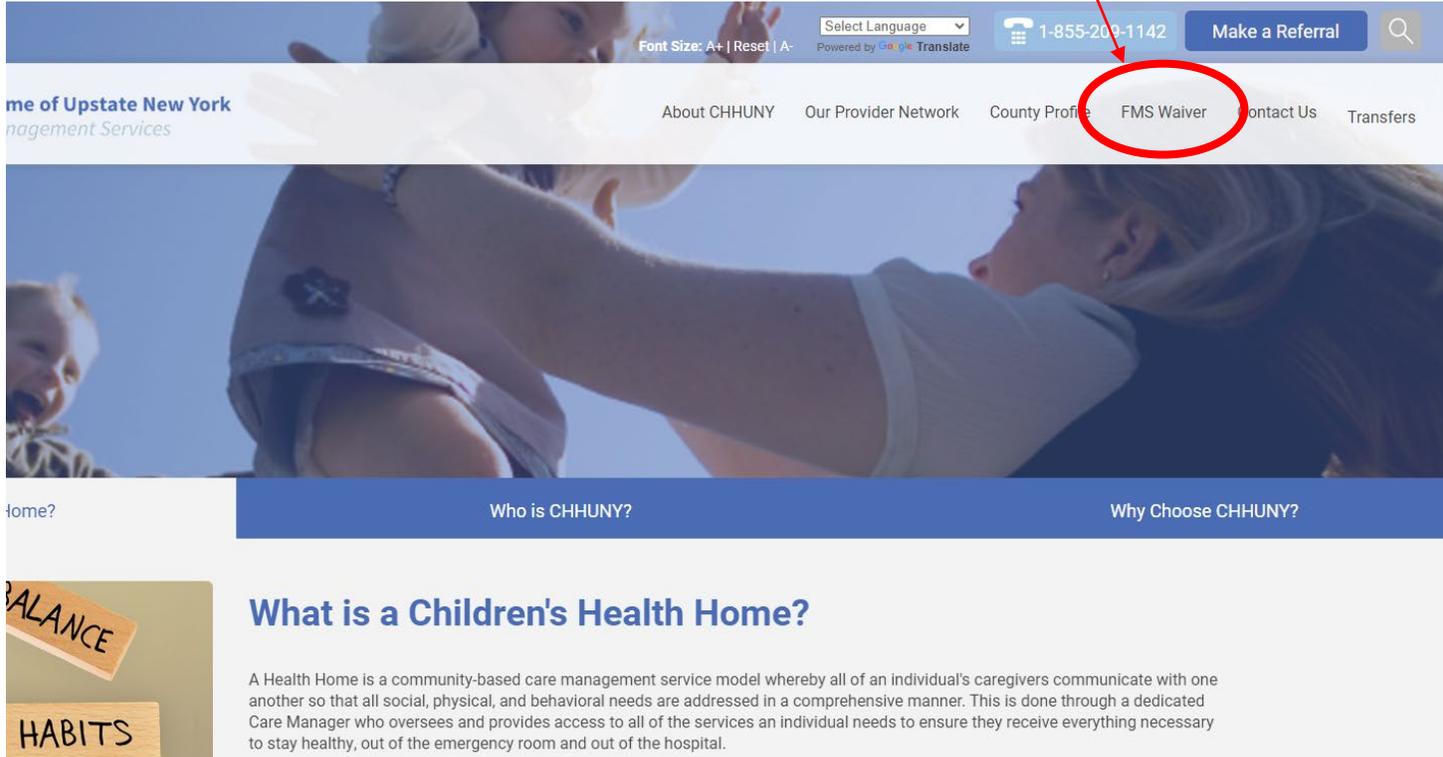
### PROJECT REQUEST SUBMISSION FORM

If you have any questions regarding FMS Waiver services, please contact [fms@childrenshealthhome.org](mailto:fms@childrenshealthhome.org) or call 855-209-1142.

# CHHUNY FMS Process

- **Step 1: Evaluation and Assessment Permission Request**

- HHCMs/CYES will utilize a secure, HIPAA compliant online form to submit the initial request (previously the “intent” email phase now requires permission per policy).
- HHCMs/CYES will go to [www.childrenshealthhome.com](http://www.childrenshealthhome.com) → **FMS Waiver** section



The screenshot shows the website for Children's Health Home of Upstate New York. The top navigation bar includes links for "About CHHUNY", "Our Provider Network", "County Profile", "FMS Waiver", "Contact Us", and "Transfers". The "FMS Waiver" link is circled in red, and a red arrow points to it from the text in the slide above. Below the navigation bar, there is a large image of a woman holding a baby. Below the image, there are three columns of text: "Home?", "Who is CHHUNY?", and "Why Choose CHHUNY?". Below this, there is a section titled "What is a Children's Health Home?" with a sub-section "BALANCE HABITS" and a paragraph of text describing the service model.

# CHHUNY FMS Process

- **Step 1: Evaluation and Assessment Permission Request**

- Once in the FMS Waiver section, HHCMs/CYES will click on **PROJECT REQUEST SUBMISSION FORM**

- Additional information, trainings, and resources will continue to be added to the website as we finalize materials.



Children's Health Home of Upstate New York  
Family Driven Care Management Services

[About CHHUNY](#) [Our Provider Network](#) [County Profile](#) [FMS Waiver](#) [Contact Us](#) [Transfers](#)

## FMS Waiver

### Parent/Caregiver Information

- PARENT INFO SHEET- VEHICLE MODIFICATIONS
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- PARENT INFO SHEET- ADAPTIVE/ASSISTIVE TECHNOLOGY

### Vendor/Contractor Information

- APPROVED LIST OF VENDORS/CONTRACTORS (TBD)
- VENDOR/CONTRACTOR REQUIREMENTS (TBD)

### HHCM/CYES Information

- FORMS (TBD)
- TRAINING (TBD)
- POLICY (TBD)

**PROJECT REQUEST SUBMISSION FORM**

If you have any questions regarding FMS Waiver services, please contact [fms@childrenshealthhome.org](mailto:fms@childrenshealthhome.org) or call 855-209-1142.

# CHHUNY FMS Process

## • Step 1: Evaluation and Assessment Permission Request

- HHCMs/CYES must complete the information requested in the Evaluation & Assessment Permission Approval Request Form
- Once submitted, the HHCM and Supervisor listed in the form will receive an email with the Project # (Members Initials + #) assigned and confirmation of submission.
- CHHUNY will review the request within 3-5 business days and will accept/reject the request.
  - Rejections at this stage would be for any requests made that are not allowed under the waiver.

https://www.cognitofrms.com/CHHUNYLLC/CHHUNYFMSForm

login MillinPro+ Login - C... Login | Giva https://tab.chhuny.o... Sign In - Zoom CHHUNY Office Tea... ADOBE Netsmart

### CHHUNY FMS Form

#### Evaluation and Assessment Permission Approval Request Form

Member Name \* Member Date of Birth \*

First Last [Calendar]

Members Initials \*

Use only first initial/last initial (ex. Sherri Smith= SS) in this field is to help identify members in the email subject line.

Member CIN # \* Type of Request \*

[Text Box]  AAT  EMOD  VMOD

Date of Most Recent Finalized LOC for Member \*

[Text Box] [Calendar]

Member Home Address \*

Address Line 1

Address Line 2

City State Zip Code

Member County of Residence \*

[Text Box]

Primary Legal Guardian/Representative Name \*

First Last

Relationship to Member \*

[Text Box]

# CHHUNY FMS Process

- **Step 1: Evaluation and Assessment Permission Request**
  - The HHCM/CYES must identify the Evaluator intended to complete the pre-project evaluation (if needed) in this phase if known.
  - If unknown, CHHUNY Waiver Coordinator (WC) will work with the HHCM/CYES to identify a contracted evaluator or pursue a new contract as needed.
    - *CHHUNY will manage all contracting work with the evaluators/vendors directly.*
- **EVALUATORS MUST HAVE AN ACTIVE CONTRACT WITH CHHUNY BEFORE PROVIDING ANY EVALUATION SERVICES!**
- CHHUNY WC will identify any other requirements to be considered at that time if applicable.
- When CHHUNY WC updates the status, CM and Supervisor will receive an email that the request has been updated with a link to the form so you can review next steps.

## CHHUNY ONLY - Intent Request Review

Assigned Waiver Coordinator Name

Waiver Coordinator Comments (if needed)

Are any of the following needed as part of the pre-project evaluation?

Architectural Drawings

AT Evaluation by Clinician

Behavioral Health Review

Land Survey

Permit Fees

Safe Passenger Evaluation

Safe Driver Evaluation

Clinical Justification

Uncertain at this time

Intent to Request Status

Date of Request Status

Care Manager & CHHUNY Communication Field

Questions & comments between submitter and Waiver Coordinator can be completed here. Please notate entries as **YOUR INITIALS-DATE-COMMENT/QUESTION** for any specific issues related to this project. For general policy questions, you can just email [fms@childrenshealthhome.org](mailto:fms@childrenshealthhome.org).

# CHHUNY FMS Process

- **Step 2: Pre-Project Evaluation Submission & Payment Form**
  - Once the CHHUNY WC approves the eval permission request, the Pre-Project Evaluation Submission & Payment Form section will become available to the HHCM/CYES to submit next steps.
  - When the pre-project evaluation is complete, the HHCM/CYES will use the link sent via email to open the form and continue processing the modification/AAT request.
    - *If pre-project eval not necessary (some AAT for example), logic in the form will skip certain questions.*
  - HHCM/CYES will upload the required Pre-Project Evaluation documentation and payment request form as outlined on the form.
  - CHHUNY will require a case conference to be scheduled with HHCM/CYES, FMS, parent/guardian, and evaluator/vendor prior to approving.

## Pre-Project Evaluation Submission and Payment Form

Is a Pre-Project Evaluation required for this request?

Pre-Project Evaluation Payment Request Form

Pre-Project Evaluation Packet Submitted \*

Name of Evaluation Vendor/Provider

Project Evaluation Documentation

Associated Invoices

Pre-Project Evaluation Cost \*

Is there another evaluator/vendor involved in the pre-project (architect, clinician, etc.)? \*

Member Plan of Care

Please identify the individuals involved who need to participate in the pre-project conference call.

At a minimum, the call needs to include the parent/guardian, care manager, and preferably the evaluator/vendor.

*If there is more than one evaluator/vendor involved, additional fields will open to submit invoices, evals, and payment requests.*



# CHHUNY FMS Process

## Step 2: Pre-Project Evaluation Submission & Payment Form

- **\*NEW\***HHCM/CYES will coordinate a day/time with the parent/guardian and evaluator to hold the case conference and will have access to schedule the meeting with CHHUNY WC through a meeting scheduler link on the CHHUNY FMS Waiver website.
- This is an opportunity for the participant/family to share their needs and request, per self-direction
- The call will ensure all parties are in agreement with what the scope of work outlines, any additional requirements or considerations to be discussed prior to moving on to bids.
  - Also an opportunity to ensure everyone is aware of what the Waiver will or will not cover
- CHHUNY will process payment to the Evaluator within 30 days and bill FFS for the fees.

### Pre-Project Evaluation Submission and Payment Form

Is a Pre-Project Evaluation required for this request?

Pre-Project Evaluation Payment Request Form

Pre-Project Evaluation Packet Submitted \*

Name of Evaluation Vendor/Provider

Project Evaluation Documentation

Associated Invoices

Pre-Project Evaluation Cost \*

Is there another evaluator/vendor involved in the pre-project (architect, clinician, etc.)? \*

Member Plan of Care

Please identify the individuals involved who need to participate in the pre-project conference call.

At a minimum, the call needs to include the parent/guardian, care manager, and preferably the evaluator/vendor.

*If there is more than one evaluator/vendor involved, additional fields will open to submit invoices, evals, and payment requests.*



# CHHUNY FMS Process

- **Step 2: Pre-Project Evaluation Submission & Payment Form**
  - Every time the project form is updated, the HHCM and Supervisor will receive an email notification to review the form.
  - Project # will be in the email subject line and in the body of the email.
  - The data is encrypted and the emails will be sent securely.
  - The form is a running form that will show you all previously completed sections, but you will not be able to edit any previously approved sections.
  - If you lose the email link, email [FMS@childrenshealthhome.com](mailto:FMS@childrenshealthhome.com) and we can send you the link to the form again!

AAT/EMOD/VMOD Process Form - TT 21



notifications@cognitofrms.com

To Nicole Bryl



9:53 PM

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If there are problems with how this message is displayed, click here to view it in a web browser.

You don't often get email from [notifications@cognitofrms.com](mailto:notifications@cognitofrms.com). [Learn why this is important](#)

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**CHHUNY, LLC**  
CHHUNY FMS Form

Project TT-21 has been updated. Please review.

[Open Form](#)

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole

# CHHUNY FMS Process

- **Step 2: Pre-Project Evaluation Submission & Payment Form**
  - CHHUNY WC will complete the Pre-Project Review, lead the case conference call, and then provide approval to move onto the Service Request Packet phase if the parent/participant agrees to the scope.

## CHHUNY ONLY - Pre-Project Review

Initial FMS Pre-Project Eval Review Date

Pre-Project Evaluation Status

Waiver Coordinator Comments:

Date of Project Team Call

Project Team call completed (must have parent/legal guardian and Care Manager attend to consider complete).

Member/Legal Guardian understands their rights and freedom of choice within this process?

No

Date Pre-Project Phase Completed

Proceed to submit Service Request Packet

If the CM/member will not proceed with the full service request, please explain.

# CHHUNY FMS Process

## • Step 3: Service Request Packet

- HHCM/CYES will work to complete the service request packet including but not limited to:
  - CHHUNY FMS Cover Sheet (which will include a checklist of requirements by project type)
  - Description & Cost Projection Form
  - Physician's Orders
  - Clinical Justification (if applicable)
  - Updated POC
  - Evaluations/Assessments as applicable
  - Three bids if project > \$1,000
    - Justification if less than 3
  - Confirmation that Medicaid is the payer of last resort

### Service Request Submission

Date Service Packet Submitted \*

Please attach a complete Service Request Packet & CHHUNY FMS Cover Sheet.

or drag files here.

*For details on what is included in a service request packet to make it complete, please refer to our policy on [www.childrenshealthhome.com/FMS Waiver Services](http://www.childrenshealthhome.com/FMS Waiver Services). **Incomplete packets will not be accepted and will delay the process.***

Are there at least 3 bids for the project?

Submitted by:



Care Manager & CHHUNY Communication Field

*Questions & comments between submitter and Waiver Coordinator can be completed here. Please notate entries as **YOUR INITIALS-DATE-COMMENT/QUESTION** for any specific issues related to this project. For general policy questions, you can just email [fms@childrenshealthhome.org](mailto:fms@childrenshealthhome.org).*

# CHHUNY FMS Process

## • Step 3: Service Request Packet

- CHHUNY WC will review the service request packet for completeness, accuracy, and feasibility based on waiver requirements.
- CHHUNY is still required to submit for DOH approval on any projects exceeding the soft-cap limits.
- CHHUNY will engage evaluator (when applicable) in ensuring bid selection aligns with initial scope of work.
- 2<sup>nd</sup> case conference is required once bid is selected to include HHCM/CYES, parent/guardian, contractor/vendor, evaluator (if applicable), and CHHUNY WC to discuss project scope, requirements, parent agreement, and confirm understanding of change order process if needed.
- CHHUNY will send a NOD for approval/denial to the parent/guardian and HHCM/CYES.

Date Service Request Packet Reviewed

Service Request Packet Complete

No

If No, identify what is needed to accept the packet.

Date Service Request Packet Completed

Bid Selected by CHHUNY (Vendor Name)

Estimated Total Project Cost

Date Submitted to DOH (if exceeds soft cap)

DOH Approval/Letter of Support Date (if exceeds soft cap)

Project Request Status

Contract secured with vendor/contractor (if applicable)?

Date of final approval/denial:

Date of Service Request Review Meeting

Date NOD Sent to Member

Service Request Review Meeting Attendance

Additional notes (if necessary):

Date Parent Agreement Signed

Waiver Coordinator Name

# CHHUNY FMS Process

## • Step 3: Service Request Packet

- CHHUNY will work with the selected vendor/contractor to secure a contract (when necessary).
  - Up to 50% can be provided as a down payment to contractor/vendor.
- CHHUNY will notify HHCM/CYES when contract is finalized, and work can commence on the project.
- Any changes to the original project approval and scope MUST BE submitted to CHHUNY through a Change Request Form (not online form). The contractor should be working with the parent/guardian, HHCM/CYES, and Evaluator Project Manager (when applicable) to submit a change request to CHHUNY for review and approval.

Date Service Request Packet Reviewed

Service Request Packet Complete

No

If No, identify what is needed to accept the packet.

Date Service Request Packet Completed

Bid Selected by CHHUNY (Vendor Name)

Estimated Total Project Cost

Date Submitted to DOH (if exceeds soft cap)

DOH Approval/Letter of Support Date (if exceeds soft cap)

Project Request Status

Contract secured with vendor/contractor (if applicable)?

Date of final approval/denial:

Date of Service Request Review Meeting

Date NOD Sent to Member

Service Request Review Meeting Attendance

Additional notes (if necessary):

Date Parent Agreement Signed

Waiver Coordinator Name

# CHHUNY FMS Process

- **Step 4: Final Cost Form & Post Project Evaluation**
  - HHCM/CYES will submit the Final Cost Form & Post Project Evaluation form once the project is complete, and all invoices and paperwork are collected.
  - Post-Project Evaluations are required for all EMODs and VMODs (and should be included in the Pre-Project Evaluation engagement).

## Final Cost Form & Post Project Evaluation

Date Final Cost Form Submitted

Post-Project Evaluation Completed

Upload Final Cost Form(s)

Post-Project Evaluation Documentation

Additional Supporting Documentation (as needed)

Care Manager & CHHUNY Communication Field

Questions & comments between submitter and Waiver Coordinator can be completed here. Please notate entries as **YOUR INITIALS-DATE-COMMENT/QUESTION** for any specific issues related to this project. For general policy questions, you can just email [fms@childrenshealthhome.org](mailto:fms@childrenshealthhome.org).

Update

# CHHUNY FMS Process

- **Step 4: Final Cost Form & Post Project Evaluation**
  - CHHUNY will confirm the invoices and forms are complete once submitted.
  - Once everything is submitted correctly, CHHUNY will issue a Project Closure Letter to the HHCM/CYES and the parent/guardian and consider the project complete.
  - The contractor/vendor will be paid in full within 30 days of final invoices being received.

## CHHUNY FMS- Final Project Review & Completion

Date Project Finalized

Final Project Closure Letter sent (CM & Member)

Care Manager & CHHUNY Communication Field

Questions & comments between submitter and Waiver Coordinator can be completed here. Please notate entries as **YOUR INITIALS-DATE-COMMENT/QUESTION** for any specific issues related to this project. For general policy questions, you can just email [fms@childrenshealthhome.org](mailto:fms@childrenshealthhome.org).

Update

# CHHUNY FMS Process- Contracting

- **Evaluators:**

- Evaluators **MUST** be contracted with CHHUNY prior to completing a pre-project evaluation or are at risk of non-payment.
- When a HHCM submits the Evaluation & Assessment Request, CHHUNY will work with the HHCM to identify who will be used for the evaluation and then pursue a contract if the Evaluator is not already contracted with CHHUNY.
- Evaluator contracts do not need to be completed for every project as long as CHHUNY has an active contract on file.

- **Contractors/Vendors (when applicable):**

- Contractors/Vendors **MUST** be contracted with CHHUNY prior to completing any work related to a waiver modification project.
- When a HHCM submits bids for a project, CHHUNY will work with the HHCM once a bid is selected to connect with the selected contractor/vendor to obtain a contract.
  - *New Evaluator and Vendor Info Sheets will be available for CMs to provide to potential evaluator/vendors who aren't contracted to give them an overview of the expectations.*
- EMOD and VMOD projects will require a contract for each project as the scope of work will be different (scope will be in Schedule A, body of contract remains the same).

# CHHUNY FMS Process

- **Sign up for our FMS listserv to receive updates on:**
  - New forms
  - Training updates
  - Workflow changes
  - Tips & Tricks for successful modification requests
  - Evaluator/Contractor notifications
  - And more...
- The listserv registration can be found at [www.childrenshealthhome.com](http://www.childrenshealthhome.com) → FMS Waiver section! <https://lp.constantcontactpages.com/sl/n72gsNT>
- Health Homes/CYES- please add to your new CM training materials so all new CMs sign up in the future as well!