



Children's Health Home of Upstate New York

Family Driven Care Management Services

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

PROJECT GUIDANCE: ADAPTIVE & ASSISTIVE TECHNOLOGY

PHASE I: Evaluation & Assessment Permission Approval Request:

- Submit request to FMS through online form
- Members' Rights and Responsibilities provided to the member
- AAT Info Sheet provided to the member
- Additional information to support the request:
 - Clinical Justification
 - Due Diligence Statement
 - Letter of Medical Necessity

PHASE II: Pre-Project Evaluation Submission and Payment Form:

- Supplemental assessments from specialists (ex. Physical Therapist) as needed
- Pre-Project Evaluation Payment Request Form (as applicable)
- Copy of most recent POC (AAT should be a goal)
- Pre-Project Case Conference scheduled and completed

PHASE III: Service Request Packet 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 (labor may not always apply for AAT)
- Screenshot of member's R/RE Codes proving HCBS eligibility.
- Third Party Insurance Exclusion Letter (As applicable).
- Service Request Case Conference scheduled and completed (if necessary)

PHASE IV: Post-Project Evaluation & Final Cost Form

- All Final Invoices w/ Final Cost Form
- Post-Project evaluation documentation (if applicable)
- CHHUNY Project Closure Form (FMS to complete)