NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Specialized Services for Children
Albany, NY

CHILDREN'S WAIVER FINAL COST FORM

Waiver Participant Name: _____ Medicaid CIN: _____

Project #: _____

Project Type (Check One): ☐ Assistive/Adaptive Technology ☐ Environmental Modification ☐ Vehicle Modification

1. Describe the completed project/request. Attach copies of all project receipts.

2. Original Project Bid: $_____
   Original Cost of all Project Evaluations/Assessments: $_____
   Original Estimated Total project cost: $_____
   Actual Final Cost of Project (Including Evaluations/Assessments): $_____

3. Justify any difference of more than 10% above the original projected cost:

Project Evaluator Certification

I certify that the above project was completed in accordance with the approved scope of project.

Evaluator Business Name: _____

Evaluator Address: _____ Telephone: _____

Evaluator Contact Name: _____

Evaluator Signature: _____ Date: _____

Provider/Contractor Certification

I certify that the above project was completed in accordance with the approved scope of project.

Provider/Contractor Business Name: _____

Provider/Contractor Address: _____ Telephone: _____

Provider/Contractor Contact Name: _____

Provider/Contractor Contact Signature: _____ Date: _____

Parent/Guardian Attestation

I attest that the above project was completed or provided in accordance with the approved request.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

HHCM/C-YES Attestation
I attest that the above project was completed or provided in accordance with the identified member need in their current Plan of Care.

Care Management Agency: _____

HHCM/C-YES Name: _____

HHCM/C-YES Signature: _____Date: _____

FMS Approval

FMS Reviewer Signature: _____

Print Name: _____ Date: _____

SUBMISSION – The HHCM/C-YES must submit this form along with the post-project evaluation and/or associated invoice(s) and all supporting documentation to Childrens Health Home of Upstate NY (CHHUNY) as the Fiscal Management Service (FMS).
To contact FMS, please email FMS@childrenshealthhome.org **or call 855-209-1142.**
For more information and guidance, visit: Environmental Modifications (EMods), Vehicle Modifications (VMods), Adaptive and Assistive Technology (AT), and Non-Emergency Medical Transportation (ny.gov).