NEW YORK STATE DEPARTMENT OF HEALTH Home and Community Based Services (HCBS)

Final Cost Form for Environmental/Vehicle Modifications and Assistive/Adaptive Technology

New York State 1915(c) Children's Waiver

Assistive/Adaptive Technology	Waiver Participant Name:		······
Assistive/Adaptive Technology Environmental Modification Vehicle Modification 1. Describe the completed project/request. Attach copies of all project receipts. 2. Original Project Bid:	Medicaid CIN:	Project #:	
1. Describe the completed project/request. Attach copies of all project receipts. 2. Original Project Bid:	Project Type (Check One):		
2. Original Project Bid:	☐ Assistive/Adaptive Technology	☐ Environmental Modification	☐ Vehicle Modification
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 certify that the above project was completed in accordance with the approved scope of project. Evaluator Business Name: \$ Evaluator Address:	1. Describe the completed project	request. Attach copies of all projection	ect receipts.
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	Provider/Contractor Business Name:		
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 v	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 varient Plan of Care.	with the identified member need in their
Care Management Agency:	
HHCM/C-YES Name:	
HHCM/C-YES Signature:	Date:
FMS CONFIRMATION	
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 the Financial 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).