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

New York State 1915(c) Children's Waiver

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 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).