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:

- ☐ Members' Rights and Responsibilities provided to the member
- ☐ AAT Info Sheet provided to the member
- ☐ Submit Project Request Submission Form through CHHUNY/FMS website
- ☐ Request must be supported by:
  - Due Diligence Statement
  - Letter of Medical Necessity (must be completed by an MD or DO)

PHASE II: Pre-Project Evaluation Submission and Payment:

- ☐ Supporting Documentation:
  - Clinical Justification/Supplemental assessments from specialists (ex. Physical Therapist, Speech Therapist)
- ☐ Pre-Project Case Conference scheduled (as needed)

PHASE III: Service Request Packet Submission

- ☐ Parent/Caregiver Agreement Form
- ☐ Copy of most recent POC (AAT should be a goal)
- ☐ 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)
  - ☐ Bids must be written out to Children's Health Home of Upstate NY
- ☐ Screenshot of member's R/RE Codes proving HCBS eligibility.
- ☐ Third Party Insurance Exclusion/Denial Documentation (As applicable)
- ☐ Service Request Case Conference scheduled and completed (As applicable)

PHASE IV: Post-Project Evaluation & Final Cost Form

- ☐ All Final Invoices w/ Final Cost Form
- ☐ Post-Project evaluation documentation (if applicable)