



Children's Health Home of Upstate New York

Family Driven Care Management Services

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

PROJECT GUIDANCE: ENVIRONMENTAL MODIFICATIONS

PHASE I: Evaluation & Assessment Permission Approval Request:

- ☐ Members' rights and responsibilities provided to member
- ☐ EMOD Info Sheet provided to 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)
- ☐ 2nd Floor Modification Request Form (If multi-level request)
- ☐ Landlord Agreement (If home is a rental)

PHASE II: Pre-Project Evaluation Submission and Payment:

- ☐ Evaluation Documentation and Invoices
- ☐ Pre-Project Case Conference Scheduled/Completed

PHASE III: Service Request Packet Submission

- ☐ Proof of Home Ownership (deed/mortgage statement)
- ☐ Parent/Caregiver Agreement Form
- ☐ Copy of most recent POC (EMOD 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
 - ☐ 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/completed

PHASE IV: Post-Project Evaluation & Final Cost Form

- ☐ All Final Invoices w/ Final Cost Form
- ☐ Post-Project Evaluation/Project Management Documentation