Children's Health Home of Upstate New York
Family Driven Care Management Services

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

PROJECT GUIDANCE: VEHICLE MODIFICATIONS

PHASE I: Evaluation & Assessment Permission Approval Request

- ☐ Members' Rights and Responsibilities provided to the member
- ☐ VMOD 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)
- ☐ Vehicle Information Sheet/Packet (If pursuing modifications to the family's current vehicle)

PHASE II: Pre-Project Evaluation Submission & Payment:

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

PHASE III: Service Request Submission

- ☐ Parent/Caregiver Agreement Form
- ☐ Copy of most recent POC (VMOD 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 (As applicable)

PHASE IV: Final Cost Form & Post-Project Evaluation

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