

Children's Waiver Participant/Parent/Caregiver Agreement for Environmental Modification (EMod), Vehicle Modification (VMod), and Adaptive and Assistive Technology (AAT)

Instructions: Review the following information and ensure that you as the waiver participant/parent/caregiver agree with all items below by initialing each item and signing at the end of Section I to show agreement. Complete Section II only when a change in project scope is needed after Section I has already been completed and signed.

SECTION 1

Participant's Name: DOB: CIN#:
Project Type (Check one): EMod VMod AAT Project Number:

- ___ I agree to receive the proposed _____ (Bathroom, Ramp, Vehicle chair tie down, etc.), as outlined in the provided written evaluation, dated _____, attached to this agreement.
- ___ I have received and read a copy of the Participant/Parent/Caregiver Information Sheet on EMods, VMods, or AAT.
- ___ I agree to maintain the existing state of the vehicle or the area of the structure to be modified and will not make any changes that would impact the project, after agreeing to the provided project scope.
- ___ I understand that I am not permitted or authorized to make changes or address project issues directly with the contractor/provider. If any changes are needed, I will notify my care manager.
- ___ I understand that I am allowed to request one revision of the EMod, VMod or AAT scope. If I request more than one revision, additional revisions will not be considered, and the project may be subject to denial and closure.
- ___ I understand that I am responsible for the maintenance of and repairs to the EMod, VMod, or AAT and that certain medically necessary upgrades/repairs are available only on a case-by-case basis with prior approval from the New York State Department of Health.
- ___ I understand that this EMod, VMod, or AAT is being provided because it is medically necessary, and that the most cost-effective option is being selected to meet this need. Should I request any upgrade in materials, I will be solely responsible for any associated fees inclusive of material costs, labor, etc. It is my responsibility to arrange a separate payment agreement with the vendor, if needed, for the payment of any upgrade requests. Any separate payment agreement for project upgrade between the selected vendor and me will not impact timely payment to the vendor by Financial Management Service (FMS) or claim submission to New York State Medicaid.
- ___ I understand that I must retain a copy of any warranties, if applicable, be familiar with their content, and follow the requirements.
- ___ I understand that I am responsible for upgrading my homeowner's and/or car owner's insurance to include replacement coverage of the modification, if appropriate.
- ___ I understand that while the EMod, VMod, or AAT is in development or being processed, and the participant's circumstances change (enters the hospital or nursing home, loses Waiver eligibility, death, etc.); the project process may be stopped and or closed.
- ___ I understand neither the New York State Department of Health nor the Financial Management Service (FMS) is responsible for removal of an installed environmental modification.
- ___ I understand that neither the New York State Department of Health nor the Financial Management Service (FMS) provider is financially responsible for damage done to a participant's home or vehicle as a result of the modification.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Participant's Name (Print)	Participant's Signature	Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Caregiver's Name (Print)	Parent/Caregiver's Signature	Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Home/Vehicle Owner's (Print) (If different then above)	Home/Vehicle Owner's Signature	Date

<input type="text"/>
Participant's Health Home

<input type="text"/>	<input type="text"/>	<input type="text"/>
HHCM/C-YES' Name (Print)	HHCM/C-YES' Signature	Date

SECTION 2: For Change in Project Scope Only

When a change in project scope is required after having previously completed and signed Section I above, I as the Waiver Participant/Parent/Caregiver must initial and sign below to indicate my agreement with the revised scope. I understand that I am allowed to request one revision of the EMod, VMod, or AAT scope. If I request more than one revision, the project request will be denied and closed.

Project Type (Check one): EMod VMod AAT

_____ I agree to receive the proposed _____ (Bathroom, Ramp, Vehicle chair tie down, etc.), as outlined in the provided revised written evaluation, dated _____, attached to this agreement.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Participant's Name (Print)	Participant's Signature	Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Caregiver's Name (Print)	Parent/Caregiver's Signature	Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
HHCM/C-YES' Name (Print)	HHCM/C-YES' Signature	Date