



Request for Approval for Additional Housing Navigation

Participant Name (Last, First, MI): _____

Medicaid ID # _____

Transition Coordinator Name: _____

Transition Coordinator Agency Name: _____ HC Provider # _____ In

accordance with Ohio Revised Code and the HOME Choice provider agreement, Transition Coordinators must provide an additional eight (8) hours of housing navigation during the 365 day enrollment period if the participant requires further assistance with housing navigation. If the participant’s living arrangement jeopardizes his or her health or welfare and the participant requires assistance with housing beyond the eight (8) additional hours, the Transition Coordinator (TC) will contact the Case Manager (CM), who will submit a “Request for Approval for Additional Housing Navigation.” This form will document how the eight (8) hours were used, will identify the number of additional hours needed and provide justification for those additional hours.

I am requesting approval to provide _____ hours of additional housing navigation for the above named HOME Choice Participant. Eight (8) hours of housing navigation has been provided as required by the transition coordinator provider agreement. Documentation of the activities completed during these eight (8) hours is attached. Details for the hours of additional housing navigation requested are attached.

Please describe the circumstances prompting the need for additional housing navigation.

Transition Coordinator’s Signature (Required)

Date

Case Manager’s Signature (Required)

Date

HC Operations Approval

Date

After the Transition Coordinator completes and signs this form, it is submitted to the Case Manager who reviews and signs off on it. The Case Manager then submits it to:

HOME Choice Operations Unit
Ohio Department of Medicaid/Bureau of Long Term Care Services & Supports (BLTCSS)
Email: HOME_Choice @medicaid.ohio.gov
Fax Number: 614-466-6945



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Part I (To be completed by Transition Coordinator)

Please describe in detail the activities included in the eight hours of additional housing navigation that provided to the consumer.

#Hours	Activity	Outcome

Part II (To be completed by Transition Coordinator)

Please describe in detail your plan for additional housing navigation. Use additional sheets as needed. (The unit rate for this service is \$25.00/hour with a maximum cap of 20 hours/\$500.00.)

#Hours	Activity	Expected Outcome

Please provide any narrative necessary in the review of your plan to provide additional housing navigation.

**** Please be advised that this “Request for Approval for Additional Housing Navigation” must be approved by the HC Operations Unit before any requests for payment for this service can be submitted to the fiscal management service agency.**