



## HOME Choice Forms & Documents Instructions

February, 2014

Link to forms is below:

<http://medicaid.ohio.gov/FOROHIOANS/Programs/HomeChoice/HOMEChoiceForms.aspx>

**Application (#02361)** – Submitted to HOME Choice Operations as a referral for the participant to the HOME Choice program. Must be filled out completely and signed by the participant or participant’s guardian.

**Eligibility Checklist (#02369)** – The Pre-Transition Case Manager (PTCM) assists the participant with the completion of this form and **submits** it, along with the **Informed Consent, the Community Readiness Tool**, and the **HC Demonstration & Supplemental Service Plan** to HOME Choice Operations.

**Informed Consent (#02362)** - The PTCM reviews the requirements and responsibilities for participation contained within this document with the participant. The PTCM then has the participant and guardian (If applicable) sign this form indicating their agreement to participate in the HOME Choice program. It is completed at the same time as the **HC Eligibility Checklist, the Community Readiness Tool and the HC Demonstration & Supplemental Service Plan** and submitted to HOME Choice Operations.

**Demonstration & Supplemental Service Plan (#02365)** – The Service Plan is the official documentation of approved HOME Choice services. The initial Service Plan includes Pre-Transition Case Manager (PTCM) services.

- The PTCM submits an initial HOME Choice service plan for Transition Coordination, Community Transition Services and Pre-Transition Transportation to HOME Choice Operations.
- HOME Choice Operations sends the HOME Choice service plan as a referral to Transition Coordinator (TC).
- Upon acceptance of the referral, HOME Choice Operations sends copies of all approved plans to the PTCM, the participant/guardian, the TC and all approved HOME Choice service providers.

Additional service needs may be identified at any time by the TC, the PTCM or the HOME Choice Case Manager (HCCM). Additional service needs identified prior to enrollment must be submitted to the PTCM for inclusion on the HOME Choice service plan. Additional service needs identified post-enrollment must be submitted to the HCCM for inclusion on the HOME Choice service plan. All changes to the HOME Choice service plan must be approved by HOME Choice Operations. **HOME Choice providers shall not provide any service without an approved copy of the HOME Choice service plan designating them as the provider of that service and the begin date for that service.**



**Transition Qualified Residence Statement (#02367)** – When the participant has found housing, the TC notifies the PTCM and completes and submits this form, along with “residence verification” (e.g. a copy of the lease or family member note affirming participant living with them) to HOME Choice Operations.

Submission of both this form and the “residence verification” to HOME Choice Operations generates payment of the 2<sup>nd</sup> deliverable. This form MUST be filled out completely. If not filled out, authorization of the 2<sup>nd</sup> deliverable will be delayed until receipt of the missing information.

**Enrollment Form (#02368)** – The PTCM completes this form and submits to HOME Choice Operations **within 24 hours of discharge from the facility**. HOME Choice Operations will compare the address on the enrollment form to that submitted on the Qualified Residence Statement (QRS), verify the participant’s eligibility, and enroll them if all eligibility requirements are met. The third deliverable for the Transition Coordinator cannot be paid until the Enrollment Form and the HC Summary of Transition Coordination Activities form are submitted.

**Summary of Transition Coordination Activities (#02360)** - Completed by the Transition Coordinator and submitted to HOME Choice Operations as verification of services & supports rendered by the Transition Coordinator. **This document shall be submitted within 10 business days of the participants’ transition to the community and MUST be filled out entirely in order to meet Federal reporting requirements.** Both this document and the Enrollment form are required in order for HOME Choice Operations to authorize payment of the third deliverable to the Transition Coordinator.

**Goods and Services Usage Log (#02377)** – Completed by the TC to identify how the participant’s funds were spent. When the TC is finished assisting the participant with the use of these funds, the participant must sign off on the form indicating he/she received the items. The TC provides a copy of the signed form to the participant and keeps a copy in the TC Agency’s case file. This form is not submitted to HOME Choice Operations.



**Change in Status Form (#02371)** – Submitted by the PTCM, TC or HCCM to indicate a change in participant status. Changes in status addressed on the form are: Pre-Enrollment Termination, Institutionalization after Enrollment, Residence Information (any/all change of addresses), Residence Type, and Disenrollment.

**This form has multiple uses/serves multiple purposes and is extremely important for monitoring individuals who are either approved for and/or enrolled on the HOME Choice program.**

When submitted by the TC, a copy of the Change in Status (CIS) form should also be sent to the PTCM. Prior to the participant's discharge from the institution, the form is used to indicate the participant's desire to withdraw from the program, death or other reason the participant leaves the HOME Choice program. **This form must be submitted as soon as there is a change in the participant's status.**

### **Other Forms & Documents**

**HOME Choice Who's Who**– Given to the HOME Choice applicant (or pre-applicant) as a way for them and HC providers to identify HC providers roles and contact information. This should remain with the individual while copies can be shared with others.

**Community Readiness Tool** – Completed by the PTCM in the initial Face-to-Face meeting to determine whether a person should be recommended for HOME Choice, to identify potential barriers and to identify the need for supports in the community and is submitted to **HOME Choice Operations with the Eligibility Checklist, the Informed Consent form and the HOME Choice Service Plan.**

**TC Planning Document/To Do Checklist** – Used by the TC in conjunction with other planning tools as guides to assist the participant in formulating a transition plan.

**HOME Choice Residence Verification Document & Security Deposit/1<sup>st</sup> Month Rent Request** – Form has dual purposes.

First, the form is used by the Transition Coordinator to document Landlord and "Qualified Residence" information. When used in this manner, the TC submits form to the Fiscal Management Services Agency NOT to HOME Choice Operations.

Second, for use by Transition Coordinators as may be necessary, when a lease is not applicable (cannot be used in place of a lease when a lease is a part of the participant securing housing). When the form is used in place of a lease, it is most commonly due to the participant moving in with a friend or family member and no lease is required by the property owner or when a minor is returning to their parent's or



relative's home. The form must be filled out completely or it will be rejected by the HOME Choice Operations staff and returned to the TC.

**Use of Goods & Services** – Completed by the Transition Coordinator and the participant to identify how the participant will need to use Goods & Services funds. (It is an estimate/planning tool that may be used for approval of unusual requests.)

**Move-In Ready Checklist** – Completed by the TC at the qualified residence prior to or on the day of discharge from the facility to monitor that everything is in place that is needed and there are not any safety issues. This form may be used multiple times throughout the participant's enrollment on the program, including by the HCCM.

**Payment Request Form** – The Transition Coordinator submits this form to seek payment/reimbursement for goods & services expenditures. The form and accompanying receipts, etc., should be sent to the FMS Agency. Requests for reimbursement shall be submitted within 2 weeks of the date an expense is incurred.

**Service Claim Form** – HOME Choice Service Providers submit this form for payment to the Fiscal Management Services Agency within 90 days of service delivery. Claims received after 90 days may be denied.

**Summary of Post-Transition Activities (TC 4<sup>th</sup> Deliverable Form)** – The Transition Coordinator submits this form to HOME Choice Operations within 100 days following the participant's transition to the community for payment of the 4<sup>th</sup> deliverable. (Not applicable to County boards of Developmental Disabilities or COGS.)

**HOME Choice Case Manager Checklist** – Completed by the HCCM (non-waiver case manager) to record information obtained/observed during phone and face-to-face visits with the participant in the community. A copy should be maintained in the HCCM's participant file.

**Request for Approval for Additional Housing Navigation** – Completed and submitted by the TC to HOME Choice Operations on an as needed basis. The PTCM's signature is not required.

**Request for Approval for Use of Emergency Rental and Utility Assistance** – This form is used to request assistance for mortgage/rent or utilities costs a participant is unable to pay due to no fault of their own. The form may be completed and submitted by **either the** HOME Choice Case Manager or Transition Coordinator to HOME Choice Operations on an as needed basis. Signatures of both are not required. Funds are subject to approval



The form must be completed for exact amounts and for EACH month requested, not to exceed 650.00 per month for both rent and utilities. Each request must be accompanied by a reason as to why the funds are needed, and what the TC/CM have worked out with the participant to ensure the participant may remain in the community without further assistance (i.e. a payee in place, applied for HEAP etc). The rent and utilities must be broken out by each type and month assistance is requested (see example):

Jonah needs 300.00 of emergency rental assistance and 150.00 of utility assistance for the month of December and 600.00 rental assistance for January. The ERU form should reflect the following:

<b>Amount Needed</b>	<b>Identify type of assistance (rent or utilities)</b>	<b>Month Needed</b>
300.00	Rent	December
150.00	Utilities	December
600.00	Rent	January