Reset Form

Ohio Department of Medicaid

HOME CHOICE DEMONSTRATION & SUPPLEMENTAL SERVICES SERVICE PLAN

For *HOME Choice Services ONLY*

Date *(mm/dd/yyyy)*

Participant Name (*Last, First, MI)*		Medicaid ID # *(12 digits)*	
Pre-Transition CM Agency Name	Phone #	Post - Transition CM Agency Name	Phone #

Begin Date	End Date	HOME Choice Service Code & Service Description	HC Provider Name	HC Provider #	# of Units

HOME Choice Services; HC Codes & Units/Hours	
HC001 Nursing – RN (up to 528 hours)	**HC010 Transition Coordination (1 unit)**
HC002 Nursing – LPN (up to 528 hours)	**HC011 Housing Navigation (# of hours)**
HC003 Independent Living Skills Training (144 hours)	**HC012 In-Home Respite ($2000 – total respite services)**
HC004 Community Support Coaching (72 hours)	**HC013 Out-of Home Respite ($2000 – total respite services)**
HC005 Social Work/Counseling Service (36 hours)	**HC014 Camp Respite Service ($2000 – total respite services)**
HC006 Nutritional Counseling Service (36 hours)	**HC015 State Plan Case Management (1 unit)**
HC007 Communication Aids (1 unit)	**HC016 Community Living Specialist (1 unit)**
HC008 Service Animal (1 unit)	**HC017 Emergency Rental and Utility Assistance (1 unit)**
HC009 Community Transition Services -(1 unit)	**HC018 Pre-Transition Case Management (1 unit)**
HC009 Community Transition Services – Pre-Transition Transportation (2 unit)	

Note: This is for HOME Choice services only. Do NOT include waiver services on this form. Additional services may be added and submitted at a later time.
Case Manager submits form to: **HOME Choice Operations Unit - E-mail: HOME_Choice@medicaid.ohio.gov or FAX Number: 614-466-6945**