

HOME CHOICE - TRANSITION COORDINATION-QUALIFIED RESIDENCE STATEMENTComplete all sections below. Submission is required for payment of 2nd deliverable.

Date (mm/dd/yyyy)		
Provider Name		HC Provider Number
Participant Information		
Participant Name (Last, First, MI)		Medicaid ID # (12 digits)
Qualified Residence Information		
Is the qualified residence a family member's residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Housing Found (mm/dd/yyyy)
Address		
City		Zip Code
County		Phone Number
Type of Qualified Residence (Indicate type of qualified residence A, B, C, D or E by checking one below.)		
Is the residence		
A. <input type="checkbox"/> A residence in a community-based residential setting in which no more than 4 unrelated individuals reside? If so, indicate residence type (Check one.)		
<input type="checkbox"/> Adult foster home	<input type="checkbox"/> Adult family home	<input type="checkbox"/> Non-ICF/IID residential facility
<input type="checkbox"/> Family foster home for children	<input type="checkbox"/> Type 1 residential facility	<input type="checkbox"/> Type 2 residential facility
<input type="checkbox"/> Treatment foster home for children	<input type="checkbox"/> Group home for children	<input type="checkbox"/> Medically fragile foster home
<input type="checkbox"/> Pre-adoptive infant foster home for children		
OR, is the residence		
B. <input type="checkbox"/> A home owned by the participant		
C. <input type="checkbox"/> A home owned by a family member		
D. <input type="checkbox"/> An apartment/home leased by the participant (not assisted living)		
E. <input type="checkbox"/> An apartment leased by the participant (assisted living)		
How many total units are in the building in which the participant is living?	Property Manager Phone Number:	Scattered Site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant Received a Housing or Modification Subsidy (Check all that apply.)		
Tenant Based (Ask the Individual.)		Property Based (Ask the Landlord or Property Manager.)
<input type="checkbox"/> Section 8 (Housing Choice Vouchers)	<input type="checkbox"/> HOME Funded Tenant Based Rental Assistance	<input type="checkbox"/> Section 8 (Project Based Housing Choice Voucher)
<input type="checkbox"/> HUD VASH (Veterans Affairs Supportive Housing)	<input type="checkbox"/> Funds for Assistive Technology	<input type="checkbox"/> HOME Funded Project Based Assistance
<input type="checkbox"/> Funds for Home Modifications	<input type="checkbox"/> No subsidies; Market Rate Housing	<input type="checkbox"/> Community Development Block Grant (CDBG)
<input type="checkbox"/> Other, please specify		<input type="checkbox"/> USDA Funds (typically used in rural areas)
		<input type="checkbox"/> Low Income Housing Tax Credit Financing
		<input type="checkbox"/> Housing Trust Fund Financing, including HDAP
		<input type="checkbox"/> HUD Owned Public Housing
		<input type="checkbox"/> Section 811
		<input type="checkbox"/> Section 202
Resources		
Preservation Compact (http://bit.ly/14sNKXX)		HUD Section 8 Search (http://1.usa.gov/1b0QT4F)
Ohio Housing Locator (http://bit.ly/14euKzB)		USDA Rural Housing Search (http://1.usa.gov/18RrWvU)

Participant Name <i>(Last, First, MI)</i>		
Sources Used to Identify Housing Options <i>(Check all that apply.)</i>		
<input type="checkbox"/> Ohio's Web-based Housing Locator	<input type="checkbox"/> Other Web-based Locator <i>(specify):</i>	
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> PHA Referral	
<input type="checkbox"/> Family or Friends	<input type="checkbox"/> Government Agency <i>(please specify)</i>	
# of Days to Find Housing	# of Hours of Transition Coordination Spent on Housing Activities	Amount of Monthly Payment for Housing paid by Participant
Reason Housing Option Chosen <i>(Check all that apply.)</i>		
<input type="checkbox"/> Affordability	<input type="checkbox"/> Accessibility	
<input type="checkbox"/> Close to family/friends	<input type="checkbox"/> With family/friends	
<input type="checkbox"/> On bus line	<input type="checkbox"/> Close to community resources <i>(specify):</i>	
<input type="checkbox"/> Only available option	<input type="checkbox"/> Other <i>(please explain)</i>	
Overall Barriers to Housing for this Participant <i>(Check all that apply.)</i>		
<input type="checkbox"/> Insufficient supply of affordable housing	<input type="checkbox"/> Lack of new home ownership programs	
<input type="checkbox"/> Insufficient supply of accessible housing	<input type="checkbox"/> Lack of group homes that meet Qualified Residence Requirements	
<input type="checkbox"/> Lack of housing that is satisfactorily up to building codes for safety (including fire safety)	<input type="checkbox"/> Lack of residences that provide or arrange for long term services and supports	
<input type="checkbox"/> Lack of housing that is in a safe neighborhood	<input type="checkbox"/> Insufficient funding for home modifications	
<input type="checkbox"/> Lack of housing that is safely physically accessible for participant	<input type="checkbox"/> Unsuccessful efforts in developing sufficient funding or resources to develop assistive technology related to housing	
<input type="checkbox"/> Insufficient supply of rental vouchers	<input type="checkbox"/> Lack of community housing partnerships	
<input type="checkbox"/> There were no housing barriers for this participant		
<input type="checkbox"/> Other <i>(please specify)</i>		
Please attach a copy of signed lease, a statement signed by person with whom participant is living, or other documentation approved by HOME Choice Operations Unit.		
<input type="checkbox"/> By checking this box, I verify that as the Transition Coordinator I have determined that the address on this form meets the HOME Choice Qualified Residence criteria and is appropriate for the participant. (Required)		
Form Completed By	TC Agency Name	
Phone Number		

HOME Choice Operations Unit

Ohio Department of Medicaid/Bureau of Long-Term Care Services and Supports
 PO Box 182709, 5th Floor
 Columbus, OH 43218-2709

E-Mail: HOME_Choice@medicaid.ohio.gov

Phone: 888-221-1560

Fax: 614-466-6945

Types of Qualified Residence per Ohio Administrative Code (OAC) 5101:3-51-01 "HOME Choice Definitions Rule"

Qualified Residences for the purpose of HOME Choice must have all the following in order to meet eligibility criteria:

- An individual lease or agreement that satisfies all applicable statutes regarding Tenant and Landlord law (unless moving in with family/friends in which case a written verification of residency is required);
- Lockable access and egress to the individual's unit;
- Sleeping, bathing, and cooking areas within the unit over which the individual or the individual's family has domain and control; and
- House no more than four unrelated individuals reside *within the unit itself*. Individuals may live in a complex with multiple units (i.e. a fourplex apartment building), but within an individual unit/home, there may be no more than four unrelated individuals.

Note: Many licensed facilities do not provide residents with individual leases, or provide agreements that do not meet applicable Tenant/Landlord law. When a lease is in doubt, please contact the HOME Choice Operations Unit for review.

Examples of Qualified Residences include the following:

An apartment or house that is owned or leased by the individual or individual's family member or friend.

- Includes a variety of building types: single family homes, row house, townhouse, duplex or triplex; condominium or apartment in multifamily building, manufactured homes and mobile homes.
- Units may be managed by a variety of public or private entities, regardless of their non-profit status.

Adult Foster Home

- One or two adults (unrelated to caregiver): Adult Foster Homes are residential care homes licensed by the Ohio Department of Mental Health (ODMH) for the purpose of providing accommodations, supervision and personal care services to unrelated adults residing in a single family home with an individual or family homeowner/lease-holder.

Adult Family Home

- Three to five adults (unrelated to caregiver) licensed by the ODMH as an Adult Care Facility, Adult Family Homes provide accommodations and supervision to unrelated adults (MFP qualified residences can have no more than four unrelated adults, therefore these homes may only be licensed for four residents.)

Non-ICF/DD Residential Facilities

- Licensed by the Ohio Department of Developmental Disabilities (DODD), however only those with no more than four unrelated individuals qualify for MFP.

Type 1 Residential Facilities

- Licensed by ODMH, means a facility that provides room and board, personal care services, and mental health services to one or more adults with mental illness or children and adolescents with a serious emotional disturbance or in need of mental health services who have been referred by or are receiving mental health services from a hospital, mental health agency, or practitioner. The majority of these facilities have more than four beds.

Type 2 Residential Facilities

- Licensed by ODMH - A facility that provides room and board and personal care services to one or two adults with mental illness or children and adolescents with a serious emotional disturbance, who have been referred by or are receiving mental health services from a hospital, mental health agency, or practitioner;

Assisted Living Facility (ALF)

- A residential setting where the landlord provides, either directly or through contractual agreement, on-site (congregate) services and/or individual care. An **ALF with more than four unrelated adult residents can only qualify for MFP if residents have individual leases, lockable access and egress, and individual living, sleeping, bathing, and cooking areas over which the individual has domain and control.** Many ALF developments have leases that do not meet the requirements of applicable ORC for Tenant Landlord Law, and therefore **do not meet** qualified residence standards.

Pre-adoptive Infant Foster Home

- Certified by the Ohio Department of Job and Family Services (ODJFS), cares for a child who is in the custody of a PCSA or PCPA pursuant to an agreement entered into under Sec 5103.15 of the ORC regarding a child who was less than six months of age.

Specialized Foster Home

- Certified by ODJFS, means a medically fragile foster home or a treatment foster home.

Group Home for Children – OAC Chapter 5101:2-5 - group home means any facility, public or private, which meets all of the following criteria:

- Is not certified as a foster home;
- Cares for children for two or more consecutive weeks; and
- Gives a maximum of ten children, including the children of the operator or any staff who reside in the facility, non-secure care and supervision twenty-four hours a day for hire, gain, or reward by a person or persons who are neither related to such children by blood or marriage, nor appointed guardians of such children.

Note: ODJFS licenses homes for various numbers of children up to ten. Only those group homes licensed for up to four children would qualify for HOME Choice.

Family Foster Home

- Certified by ODJFS, these homes house children but are not specialized homes.

Medically Fragile Foster Home

Certified by ODJFS, means a foster home that provides specialized medical services designed to meet the needs of children with intensive health care needs who meet all of the following criteria:

- Require a skilled level of care as defined under rules adopted by the Department of Job and Family Services governing payment under Chapter 5111. of the ORC for long-term care service;
- Require the services of a doctor of medicine or osteopathic medicine at least once a week due to the instability of their medical conditions;
- Require the services of a registered nurse on a daily basis; and
- Are at risk of institutionalization in a hospital, skilled nursing facility, or intermediate care facility for the developmentally disabled.

Treatment Foster Home

- Certified by ODJFS, these foster homes incorporate special rehabilitative services designed to treat the specific needs of the children received in the home, and that receives and cares for children who are emotionally or behaviorally disturbed, chemically dependent, or developmentally disabled or who otherwise have exceptional needs.

HCBS Adult Foster Care

- The provider is certified by DODD. Adult foster care is considered a “milieu” of personal care and supportive services provided in a private home by an unrelated, principal care giver who lives in the home and whose primary legal residence is that home. The total number of individuals with developmental disabilities living in the home shall not exceed four.

Supported Living

- Unlicensed residential settings in which no more than four individuals with developmental disabilities reside and receive DODD home and community based services. Individuals may or may not have individual leases.