



HOME Choice Forms, Tool & Document Instruction Guide

Please use the most current version of all forms which are found at the following link;
<http://medicaid.ohio.gov/FOROHIOANS/Programs/HomeChoice/HOMEChoiceForms.aspx>

Please submit all HOME Choice documents and forms via
EMAIL to HOME_CHOICE@medicaid.ohio.gov or by FAX to (614) 466-6945

Frequently Used Forms

Forms are listed in the approximate order they are used in the transition process.

Application (ODM 02361) – Submitted to HOME Choice Operations, by anyone, for a person applying for the HOME Choice program. It must be filled out completely and signed by the applicant and if there is a guardian, the guardian must sign the form.

Community Readiness Tool – This comprehensive document is completed by the Pre-Transition Case Manager (PTCM) at the initial face-to-face meeting to determine whether an individual should be recommended to participate in HOME Choice. It helps to identify potential barriers and identifies the need for services and supports in the community.

Eligibility Checklist (ODM 02369) – The PTCM completes this form with input from the applicant, significant others, the nursing facility (NF) medical record, and NF staff. Using this form, the PTCM indicates his/her recommendation as to approval for the HOME Choice program and the HCBS services that may be applicable at the time of discharge.

Informed Consent (ODM 02362) - The PTCM reviews the requirements and responsibilities for participation in HOME Choice with the applicant. The PTCM has the applicant or guardian (if applicable) check the appropriate participation box and sign the form, indicating their agreement to participate.

Demonstration & Supplemental Services Service Plan (ODM 02365) – The HOME Choice Service Plan is the official documentation of authorized HOME Choice services for the participant. The initial Service Plan includes PTCM services. The PTCM identifies the Transition Coordination Agency (TC) that the applicant has chosen on the service plan.

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 by the HOME Choice case manager 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 authorized copy of the HOME Choice service plan designating them as the provider of that service and the begin date for that service.**



Qualified Residence Statement (ODM 02367) – Completed by the TC when the participant has found housing. **The TC notifies the PTCM** that housing has been found and completes/submits this form, along with “residence verification” (e.g. a copy of the lease or a copy of the “Combined Residence Verification and Security Deposit and 1st Month Rent Form”) to HOME Choice Operations. The TC must check the box at the bottom of the form indicating the housing meets HOME Choice criteria and is appropriate for the participant. The TC shall submit this form as soon as housing is found, even if the housing verification is not available at that time.

HOME Choice Combined Residence Verification & Security Deposit/1st Month Rent Form – This form has two uses.

1. This form is completed by the TC when a lease is not applicable, i.e. when the participant is moving in with a friend or family member and there is no lease or when a minor is returning to their parent’s or guardian’s home.
2. It is used to request payment or reimbursement of rent and/or security deposits. When used in this manner, the TC submits the form to the fiscal management service (FMS) NOT to HOME Choice Operations.

Submission of the Qualified Residence form and the “residence verification” to HOME Choice Operations generates payment of the 2nd deliverable to the TC. Incomplete forms will cause a delay in the authorization of the 2nd deliverable until receipt of the missing information.

Enrollment Request (ODM 02368) – The PTCM completes this form and submits it to HOME Choice Operations within 24 hours of discharge from the facility.

Summary of Pre-Transition Coordination Activities (ODM 02360) – Completed by the TC and submitted to HOME Choice Operations as verification of services and supports rendered by the TC prior to enrollment. **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.** This document and the Enrollment Form must be submitted in order for HOME Choice Operations to authorize payment of the 3rd deliverable to the TC.

Summary of Post-Transition Activities – This is the request for payment of the 4th deliverable. The TC will use this form for each contact and submit all to HOME Choice Operations between the 91st and 100th days following the participant’s transition to the community. (This is not applicable for the County Boards of Developmental Disabilities as TC’s.)

Change in Status Form (ODM 02371) – This form, referred to as CIS, is submitted to HOME Choice Operations by the PTCM, TC, the HOME Choice case manager, the Waiver case manager or any other HOME Choice service provider, every time there is a change in a participant’s status such as: Pre-Enrollment Termination (PET), admission and discharge from a hospital or other institutional stay after enrollment, changes in residence information after enrollment and disenrollment recommendations. **This form is an important communication tool for monitoring the status of individuals who are either approved or enrolled on the HOME Choice program. A CIS form must be submitted as soon as there is a knowledge of a change in the participant’s status or address.**



Other HOME Choice Forms

HOME Choice Who's Who – A form given to the HOME Choice applicant (or pre-applicant) as a way for the individual and the HC providers to record roles and contact information of the other members of the HC Transition Team. This form should remain with the individual while copies can be shared with others.

Relocation Workbook – A tool the TC can use with the participant to help anticipating community needs and planning to meet those needs. This workbook is a good way to include the participant in the discharge planning process.

Estimated Use of Transition (Goods & Services) Funds Worksheet – This worksheet is completed by the TC with the participant to identify how the participant will use the Goods & Services monies. It can also be used as a tool to seek CLA approval for unusual requests. The TC should reference the Goods & Services Guidelines on the HOME Choice website.

Community Transition Services (Goods and Services) Usage Log – This form is completed by the TC to report 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.

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

Move-In Ready Checklist – This tool is completed by the TC at the qualified residence prior to or on the day of the participant's discharge from the facility to monitor that the participant's needs have been addressed and that there are no outstanding safety issues. This form may be used multiple times throughout the participant's enrollment on the program, including by the HOME Choice case manager.

Payment Request Tool – The TC submits this form to seek payment/reimbursement for goods & services expenditures. The form, copies of receipts, and a W-9, if applicable, should be sent to the FMS Agency. Requests for reimbursement need to be submitted within 2 weeks of the date an expense is incurred.

Service Claim Tool – HOME Choice Service Providers submit this form for payment to the FMS Agency within 90 days of service delivery. Claims received after 90 days may be denied.

Non-Waiver HOME Choice Case Manager (HCCM) Checklist – This checklist is completed by the non-waiver case manager (HCCM) 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.

05/05/15



Housing Navigation Request – In the event additional housing navigation is need beyond the additional eight hours identified in the TC Provider Agreement, the TC may request additional paid hours for the service. This form is completed by the TC and submitted to HOME Choice Operations on an as needed basis. The HOME Choice case manager’s signature is not required.

Emergency Rent and Utility Assistance Request – This form can be submitted by the TC or the HOME Choice case manager to be used when there is an emergency request for monetary assistance with mortgage/rent or utility bills because of an **enrolled** participant’s inability to pay due to no fault of their own. The form should be submitted to HOME Choice Operations. Signatures of both the HOME Choice case manager and TC are not required.

These funds, which are only available to HOME Choice enrollees, are subject to prior approval by HOME Choice Operations. The form must be completed for exact amounts and for EACH specific month requested and may not 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 the plan the TC and/or the CM have worked out with the participant to ensure his/her ability to remain in the community without further emergency assistance (i.e. a payee in place, applied for HEAP etc.). The rent and utilities must be broken out separately and should indicate the months the assistance is requested. See the following 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:

Amount	Identify type of assistance (rent or	Month Needed
300.00	Rent	December
150.00	Utilities	December
600.00	Rent	January