

HOME Choice & Developmental Disabilities Training 2015

9:00 – 2:00

Morning Session 9 – 11:30

- Welcome & Introductions:
- Outcomes for our time today
- HOME Choice Program Overview
- HOME Choice Process
 - Flow Chart
 - Option One or Option Two?
 - Forms & Instructions
 - Service Plan options

BREAK

- Forms Continued

LUNCH ON YOUR OWN 11:30 – 12:30

Afternoon Session 12:30 – 2:00

- Share your experience with HOME Choice
- Guidelines for “Start Up” funds/transition services & transportation
- Rent & Lease options
- Fiscal matters
 - How to get reimbursed for expenditures
 - TCM claiming versus Transition Coordinator payment from HOME Choice
- Wrap Up & Evaluations

Safe Travels! Thank you for being here!!

HOME Choice Rule: 5160-51-04 extract

(D) "Community transition services" are goods, services and support for the purpose of addressing an identified need in a participant's HOME choice service plan, including improving and maintaining the participant's opportunities for inclusion in the community.

(2) Community transition services include:

- (a) Transportation expenses up to a maximum of five hundred dollars during the participant's pre-transition period and for thirty days after transitioning to the community;
- (b) Initial transition expenses up to a maximum of two thousand dollars including, but not limited to the following:
 - (i) Security deposit and rent required to lease a qualified residence;
 - (ii) Essential household furnishings, including furniture, window coverings, food preparation items, and bed/bath linens;
 - (iii) Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;
 - (iv) Services necessary for the participant's health and welfare, such as pest control and one-time cleaning prior to moving in to the residence;
 - (v) Moving expenses;
 - (vi) Necessary home accessibility adaptations; and
 - (vii) Initial grocery purchase, i.e., food and household supplies.

(3) Community transition services do not include:

- (a) Experimental or prohibited treatments;
- (b) The ongoing cost of rent;
- (c) Ongoing utility charges;
- (d) Ongoing grocery expenses;
- (e) Cigarettes and alcohol;
- (f) Electronics and other household appliances or items that are intended to be used for entertainment or recreational purposes; and
- (g) Cable and/or internet access.



HOME Choice Residence Verification Document

Security Deposit/1st Month Rent Request

Please type or print all information on this form.

Participant Name _____ Participant Medicaid ID # _____

Transition Coordinator Agency Name: _____

Effective Date for Move In: _____

At the time of discharge to the community _____ a participant in the Ohio HOME Choice program will reside with his/her, parent/guardian, roommate, friend, family whose Name is: _____ .

The HOME Choice participant agrees to pay \$ _____ Per month for rent & utilities. Security Deposit(if applicable) is \$ _____

Address: _____
City: _____
State: _____
Zip: _____
County: _____
Primary Phone: _____

If participant is moving into property with Lease/Landlord/Management Company Information:

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Phone: _____

Property Owner/Relative/
Friend/Signature

Date _____

Parent/Guardian Signature
(If Applicable)

Date _____

Transition Coordinator Signature

Date _____

HOME Choice Participant Signature

Date _____



INSTRUCTIONS IF THERE IS NO LEASE:

This form is to be signed by all parties in the presence of the transition coordinator.

The transition coordinator is responsible for ensuring that the above dwelling meets the HOME Choice Qualified Residence criteria and meets the needs of the HOME Choice participant prior to move-in.

The transition coordinator is responsible to ensure that the above named person and residence is legally permitted to have the HOME Choice participant reside in these premises.

IF THERE IS NO LEASE PLEASE SUBMIT TO HOME CHOICE OPERATIONS UNIT:

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

INSTRUCTIONS FOR SUBMISSION TO FINANCIAL SERVICES AGENCY:

- When the Transition Coordinator is seeking reimbursement for Security Deposit/1st Month's rent, this form must be completed & submitted with a receipt and the Payment Request Form to the financial services agency identified below.
- When the Transition Coordinator is seeking payment directly to the landlord for the Security Deposit/1st Month's rent this form, the landlord's W-9 form and the Payment Request Form must be completed & submitted to the financial services agency.

Submit by mail, Fax or email to:

Morning Star Financial Services
9400 Golden Valley Rd.
Golden Valley, MN 55427
Fax: (855)233-5233
MSOhexpenses@morningstarfs.com

Questions regarding payment should be directed to:

Email: MS-Ohexpenses@morningstarfs.com
Phone: 866-233-7024

January 2014 – HOME Choice

Ohio Department of Medicaid
HOME Choice-Payment Request
Community Transition Services (Goods and Services)

Transition Coordinator submits this form directly to Morning Star Fiscal Services

Request Date (mm/dd/yyyy)							
Participant Name (Last, First, MI)				Participant's Medicaid Billing # (12 Digits)			
Transition Coordinator Agency Name			HOME Choice Provider Number		Contact Person		Phone Number
Mailing Address					City	State	Zip Code
Item #	Quantity	Receipt Date	Item Description			Unit Price	Total Amount
1							
2							
3							
4							
5							

Submit copies of receipts with this payment request form within 2 weeks of the receipt date.

Total _____

Note: When reimbursement is being requested for an entity other than the TC Agency, a separate payment request form and W9 must be submitted for that entity.

Name to which Checks Should be Made Payable			**Overnight Cost Paid by Participant from Transition Services Funds <input type="checkbox"/> Overnight Check Required			
Mailing Address			City	State	Zip Code	
By submitting this request, the provider affirms that the items for which reimbursement is being requested were purchased for & delivered to the identified HOME Choice participant in accordance with the policies & procedures governing the HOME Choice program.						
Signature			Agency		Date (mm/dd/yyyy)	

Submit by mail or Fax to:

Morning Star Fiscal Services
 9400 Golden Valley Rd.
 Golden Valley, MN 55427
 Fax: (855) 233-5233

Questions regarding payment should be directed to:

Email: MS-Ohexpenses@morningstarfs.com
 Phone: (866) 233-7024

Home Choice Goods and Services Guidelines – “Community Transition Services” HC009

Item	Pre-Transition	Post-Transition 60-90 Days
Identification: Passport, birth record, driver’s license, proof of citizenship	Goods and Services Funds	Goods and Services if funds available
Transportation: Bus pass, cab, mileage, gas cards,	Transportation Funds, not to exceed \$500 Pre and Post discharge. One-time gas card purchase of \$25.00.	Transportation funding available for 30 days. One-time gas card purchase of \$25.00.
House cleaning expenses, one-time maid service, exterminations, pest control services	Goods and Services Funds	Goods and Services Funds
Debt repair, outstanding utilities	Goods and Services Funds	Emergency Utilities Assistance , local resources
Personal clothing, undergarments, shoes	Goods and Services Funds	Goods and Services Funds
Cell phone or main line installation	Goods and Services Funds	Emergency Utilities Assistance, local resources
Minor home repairs, home modifications, safety improvements	Goods and Services	Passport, OHCW, local resources
Rent, deposit	Goods and Services Funds	Emergency Rental Assistance
Food- Start-up groceries and household items	Goods and Services Funds	Community Resources
Utility deposit, hook-ups, disconnections	Goods and Services Funds	Emergency Utilities Assistance, Local Resources
Not Approved for Goods and Services		
Item	Pre or Post-Transition	Post -Transition
Warranties on purchased items	Goods and Services Funds may not be used	Goods and Services Funds may not be used
Gift cards for goods and services purchases.	Goods and Services Funds may not be used	Goods and Services Funds may not be used.

- It is the expectation of the HOME Choice Program that, once a participant has moved into the community, Transition Coordinator, and Case Managers explore all community-based charitable resources such as local churches, community action agencies, food banks, and clothing banks before requesting the use of HOME Choice funds. All requests are subject to the approval of the HOME Choice Community Living Administrator.
- Requests for payment of parental debt or current bills must have CLA prior approval.
- Link to Counties who have Prevention, Retention and Contingency (PRC) Plans: <http://jfs.ohio.gov/owf//prc/county/countystate.stm>

HOME Choice – Pre-Transition Transportation Funds vs. Goods & Services Funds Guidelines

Type of Expense	Pre-Transition Transportation Funds	Goods & Services Funds
- Pre-Enrollment: Transportation to visit possible housing	Yes	Not unless pre-transition transportation funds are exhausted.
- Transportation to purchase items for successful transition (shopping)	Yes	Not unless pre-transition transportation funds are exhausted.
- Transportation to the Social Security Administration or the Co. JFS	Yes	Not unless pre-transition transportation funds are exhausted
- Moving furniture from storage unit to participants home & the participant is not in the vehicle	No	Yes
- Moving furniture from storage unit to participants home with the participant in the vehicle	Yes	Not unless pre-transition transportation funds are exhausted.
- Furniture delivery fee	No	Yes
- Transportation to medical visit for which Medicaid will not pay	Yes	Not unless pre-transition transportation funds are exhausted.
- Transportation to get the participant moved into the community	Yes	Not unless pre-transition transportation funds are exhausted.
- Post-Enrollment: Transportation to Social Security Administration or local JFS	Yes, up to 30 days post-transition	No
- Post-Enrollment: Transportation to purchase items for successful transition	Yes, up to 30 days post-transition	No
- Post-Enrollment: Transportation to medical visit for which Medicaid will not pay	Yes, up to 30 days post-transition	No

Mileage reimbursement cannot exceed the IRS Federal reimbursement rate. Providers should use their agency rate as the rate for HOME Choice mileage reimbursement. Receipts are always required when seeking reimbursement. Acceptable receipts include ambulette invoice, bus pass receipts, monthly bus pass post discharge (One per person), taxi receipts, gas receipts for staff use of personal vehicles, mileage logs on company form, gas card receipts (capped at \$25.00 per card and one card per person), and NF bill to participant for non-medical transportation.