

Overview of County Boards of DD Responsibilities with HOME Choice – April 2015

HOME Choice applications should be submitted to HOME Choice Operations when an individual has been identified to move into the community, i.e. a waiver is allocated to them.

Anyone can submit an application to HOME Choice.

HOME Choice starts before the person moves and HOME Choice providers work as part of the discharge planning team.

HOME Choice services are not Medicaid services.

Option 1 – County Board will be the HOME Choice Case Manager only

The County Board Service Support Administrator (SSA) will be the HOME Choice (HC) Case Manager. ODM HOME Choice Operations & the County Board must identify a primary contact person for the County Board (i.e. SSA Director)

Responsibilities are as follows:

- County Board SSA meets with the individual, guardian, “team”; completes the below four documents; identifies potential Transition Coordinator’s (TC); decision on TC made and added to service plan. Four documents are submitted to HC Operations at ODM
- The HOME Choice Website has a current list of providers by type and county for your reference.
- HOME Choice forms submitted by HC Case Manager/SSA to HOME_CHOICE@medicaid.ohio.gov
 - HOME Choice application (02361) – when you know a person is going to move/has a waiver allocation
 - Informed Consent (02362) & Eligibility Checklist (02369) – Can be sent with the application or as soon as they are completed with signatures.
 - HC Service Plan (02365) that identifies: - Submit once the Transition Coordinator is selected
 - Community Transition Services (Unit 1 & 2), Transition Coordinator Agency with Service Code & HC Provider #
 - HOME Choice will send out a referral to the TC agency & when they accept, the service plan will be emailed out to all parties.
- Communication & Team Planning continues(Current residence, family, guardian, SSA, providers, HC office)
- DD Waiver Component – PICT, DC/ICF reduction approval letter if applicable, Housing capital if applicable, HC application, waiver application, 2399 to local JFS
- SSA serving as the HOME Choice Case Manager is responsible for:
 - Team meetings, communication, waiver process, coordination of discharge planning, timelines, etc.
- At time of discharge and transition into the community, HC Case Manager submits the HC Enrollment form to the HC Operations.
- During the 365 HOME Choice Demonstration period, SSA/CM provides HC Case Management support/monitoring throughout the 365 days the person is enrolled on HOME Choice and living in the community.
- Submits Change in Status Forms as may be necessary (see form for details)

Option 2 – County Board will be the HOME Choice Case Manager & Transition Coordinator

The County Board must have a Transition Coordinator provider agreement on file with HOME Choice.

With this option, the county board is both the Case Manager and Transition Coordinator, thus this option includes responsibilities listed in Option 1.

HOME Choice Forms – submitted to HOME_CHOICE@medicaid.ohio.gov

- Qualified Residence (02367) & Copy of the Lease – when housing is found
- Summary of Transition Coordination Activities (02360)– Submitted to ODM – at time of discharge
- Communication & Team Planning (Current residence, family, guardian, SSA, providers, local JFS, HC office)
- Transition work – as outlined in HC Transition Coordination Roles & Responsibilities
- Statements & receipts are submitted to Morning Star for reimbursement using the Payment Request Form
 - If the county board does not do the shopping, security deposit, etc., the county board is still responsible for submitting the receipts for reimbursement. Only the TC is authorized to be reimbursed. We cannot reimburse providers, family members, guardians, etc.
 - No funds may be used until the county board receives the HOME Choice service plan that provides the start date for Transition Coordination work.
- **Targeted Case Management (TCM) & HOME Choice Transition Coordinator**
 - When the county board is the TC, TCM billing must cease from the start date for transition coordination on the HOME Choice service plan until the discharge date from the facility.
 - County Board TC’s receive three (3) deliverables/payments:
 - \$3000 when service plan is generated by HOME Choice
 - \$1000 when the Qualified Residence form & lease are submitted
 - \$1000 when the Summary of Pre-Transition Activities Summary form is submitted

HOME Choice Services available to ID/DD participants

Services available from HOME Choice prior to discharge (primarily pre-transition)

- Community Transition Services (HC009) up to \$2000 towards goods and services to assist with rent, security & utility deposits, furniture, household items, etc. per guidelines and up to \$500 for Pre-transition transportation

Services available during the 365 day demonstration period (Enrollment on HOME Choice)

- **Community Support Coach**
- HOME Choice Nursing – “Intermittent Nursing” available
- Communication Aids – Some overlap with the waiver. Rule review required before approving.

HC Operations email: HOME_CHOICE@medicaid.ohio.gov

Email all documents to us directly or fax to 614-466-6945

(please do not email forms directly to HC staff)

| Pertinent Websites | |
|------------------------------|---|
| HOME Choice | http://medicaid.ohio.gov/HomeChoice |
| Dept. of Medicaid | http://medicaid.ohio.gov |
| Morning Star Fiscal Services | http://www.morningstarfs.com/ <i>Fiscal Intermediary responsible for reimbursement/payment to all providers. All reimbursements require a W-9, including requests for reimbursement (with receipts) for “Goods & Services” purchased.</i> |



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/FOROHOANS/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

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.

Eligibility Checklist (ODM 02369) – The COUNTY BOARD completes this form with input from the applicant, significant others, the nursing facility (NF) medical record, and NF staff. Using this form, the COUNTY BOARD 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 COUNTY BOARD reviews the requirements and responsibilities for participation in HOME Choice with the applicant. The COUNTY BOARD 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 COUNTY BOARD identifies the Transition Coordination Agency (TC) that the applicant has chosen on the 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 & the begin date for that service.**

Qualified Residence Statement (ODM 02367) – Completed by the TC when the participant has found housing. **The TC** 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. 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.
2. Used to request payment or reimbursement of rent and/or security deposits. 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.

Enrollment Request (ODM 02368) – The COUNTY BOARD 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.

Change in Status Form (ODM 02371) – This form, also referred to as CIS, is submitted to HOME Choice Operations by the COUNTY BOARD, TC, or the Waiver case manager every time there is a change in a participant's status such as: admission and discharge from a hospital or other institutional stay after enrollment, and changes in residence information after enrollment. **This form is an important communication tool for monitoring the status of individuals who are 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.**

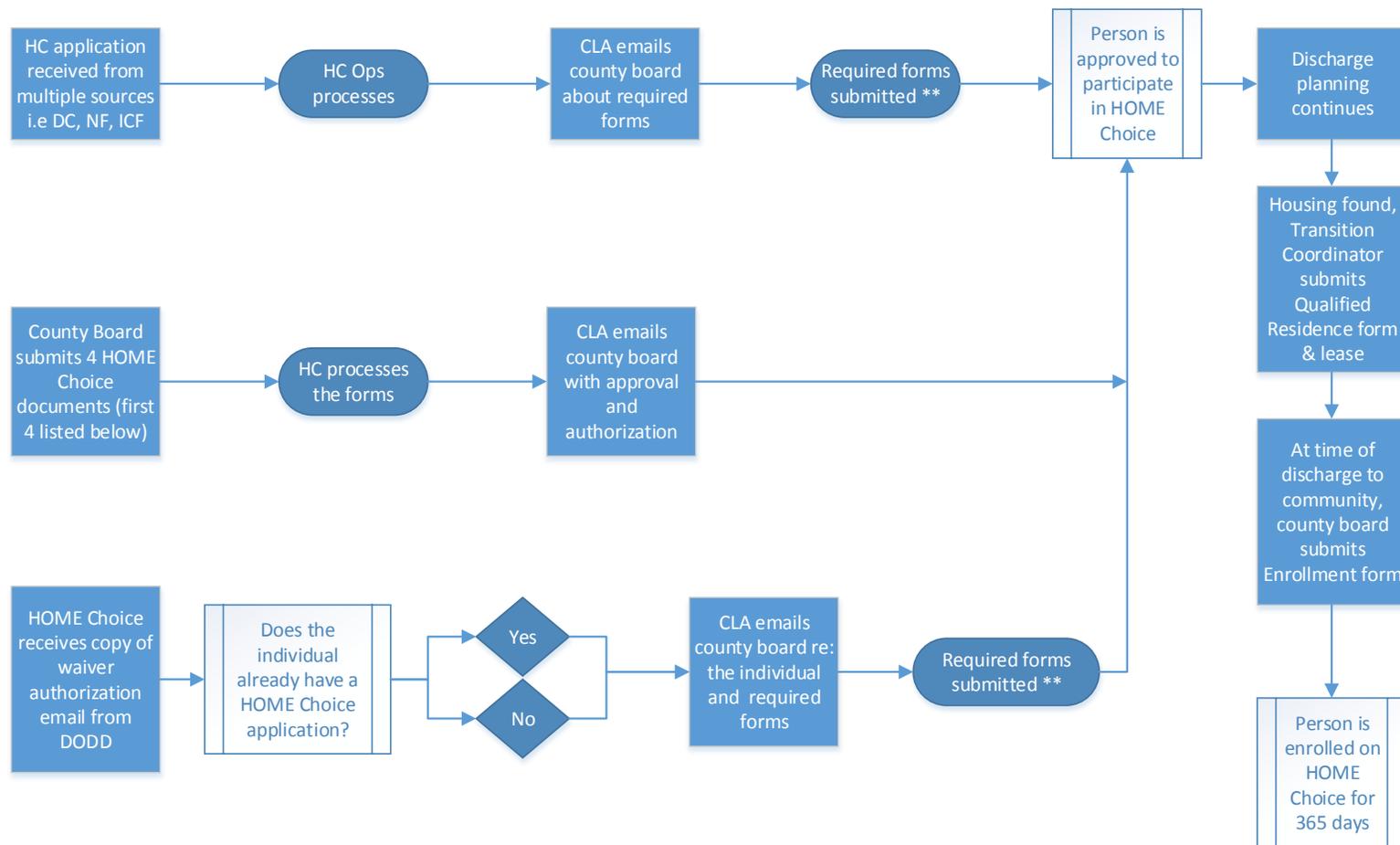
Other Tools:

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.

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.



HOME Choice Forms: Submit to HOME_Choice@medicaid.ohio.gov

Application (02361) – Starts the HOME Choice Process.

****Informed Consent (02362) – Submit with application or as soon as signatures are obtained**

****Eligibility Checklist (02369) – Submit with the Informed Consent form**

****Service Plan (02365) – Submit when the Transition Coordinator has been selected**

(The above four forms are required for approval to participate in HOME Choice.)

Qualified Residence (02367) – Submit when housing is found

Lease or Residence Verification form – Submit as soon as signed/available



DD County Boards flowchart
June 2015

Ohio Department of Medicaid
HOME CHOICE DEMONSTRATION & SUPPLEMENTAL SERVICES SERVICE PLAN
 For *HOME Choice Services ONLY*

OPTION ONE for County Boards

Date (mm/dd/yyyy)
5/10/15

| | | | |
|--|-------------------------|---|-------------------------|
| Participant Name (Last, First, MI) Joe Smith | | Medicaid ID # (12 digits) 12345678911 | |
| Pre-Transition CM Agency Name Butler County Board of DD | Phone # 513-524-4657 | Post - Transition CM Agency Name Butler County Board of DD | Phone # 513-524-4657 |

| Begin Date | End Date | HOME Choice Service Code & Service Description | HC Provider Name | HC Provider # | # of Units |
|------------|----------|--|---------------------------------------|---------------|------------|
| | | HC010 Transition Coordination | Center for Independent Living Options | HC 1048 | 1 |
| | | HC009 Community Transition Services | Center for Independent Living Options | HC 1048 | 1 |
| | | HC009 Community Transition Services | Center for Independent Living Options | HC 1048 | 2 |
| | | | | | |
| | | | | | |
| | | | | | |

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) Goods & Services up to \$2000 | HC018 Pre-Transition Case Management (1 unit) |
| HC009 Community Transition Services – Pre-Transition Transportation (2 unit) Up to \$500 | |

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**

Ohio Department of Medicaid
HOME CHOICE DEMONSTRATION & SUPPLEMENTAL SERVICES SERVICE PLAN
 For *HOME Choice Services ONLY*

OPTION TWO for County Boards - County Board is the HC Transition Coordinator

Date (mm/dd/yyyy)
5/10/15

| | | | |
|--|-------------------------|---|-------------------------|
| Participant Name (Last, First, MI) Joe Smith | | Medicaid ID # (12 digits) 12345678911 | |
| Pre-Transition CM Agency Name Butler County Board of DD | Phone # 513-524-4657 | Post - Transition CM Agency Name Butler County Board of DD | Phone # 513-524-4657 |

| Begin Date | End Date | HOME Choice Service Code & Service Description | HC Provider Name | HC Provider # | # of Units |
|------------|----------|--|---------------------------|---------------|------------|
| | | HC010 Transition Coordination | Butler County Board of DD | HC 1065 | 1 |
| | | HC009 Community Transition Services | Butler County Board of DD | HC 1065 | 1 |
| | | HC009 Community Transition Services | Butler County Board of DD | HC 1065 | 2 |
| | | | | | |
| | | | | | |
| | | | | | |

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) Goods & Services up to \$2000 | HC018 Pre-Transition Case Management (1 unit) |
| HC009 Community Transition Services – Pre-Transition Transportation (2 unit) Up to \$500 | |

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