

HOME Choice Updates

Ohio Department of Medicaid
HOME Choice
Fall PTCM/TC Training 2016



Ohio HOME Choice Program

The logo for the HOME Choice program. The word "HOME" is in blue, with a green house icon integrated into the letter 'O'. The word "Choice" is in green. The entire logo is enclosed in a light blue L-shaped frame.

HOME
Choice

Established in 2008 as a federal grant program with the goal of transitioning 2000 individuals

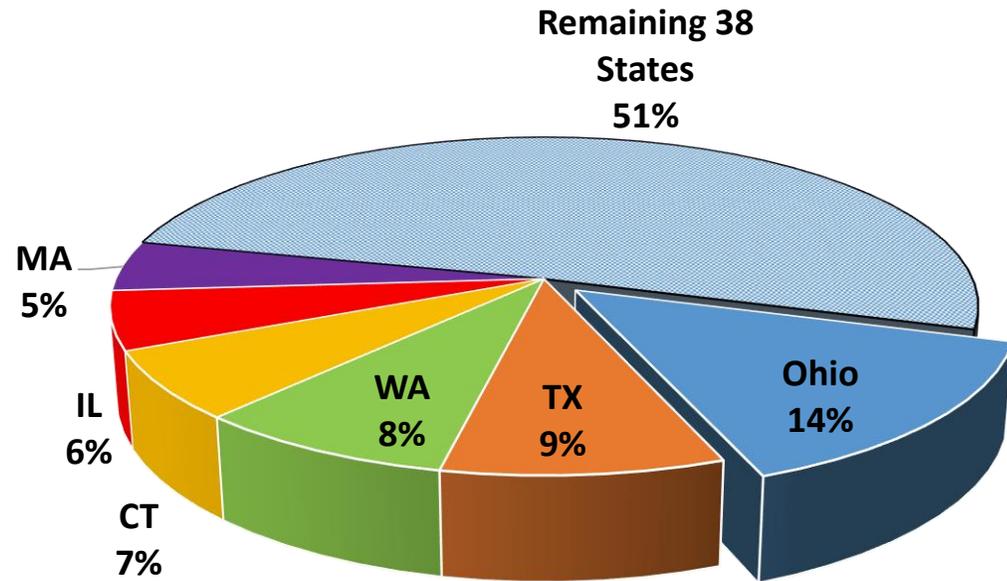
8,718

Ohioans have new found independence through HOME Choice

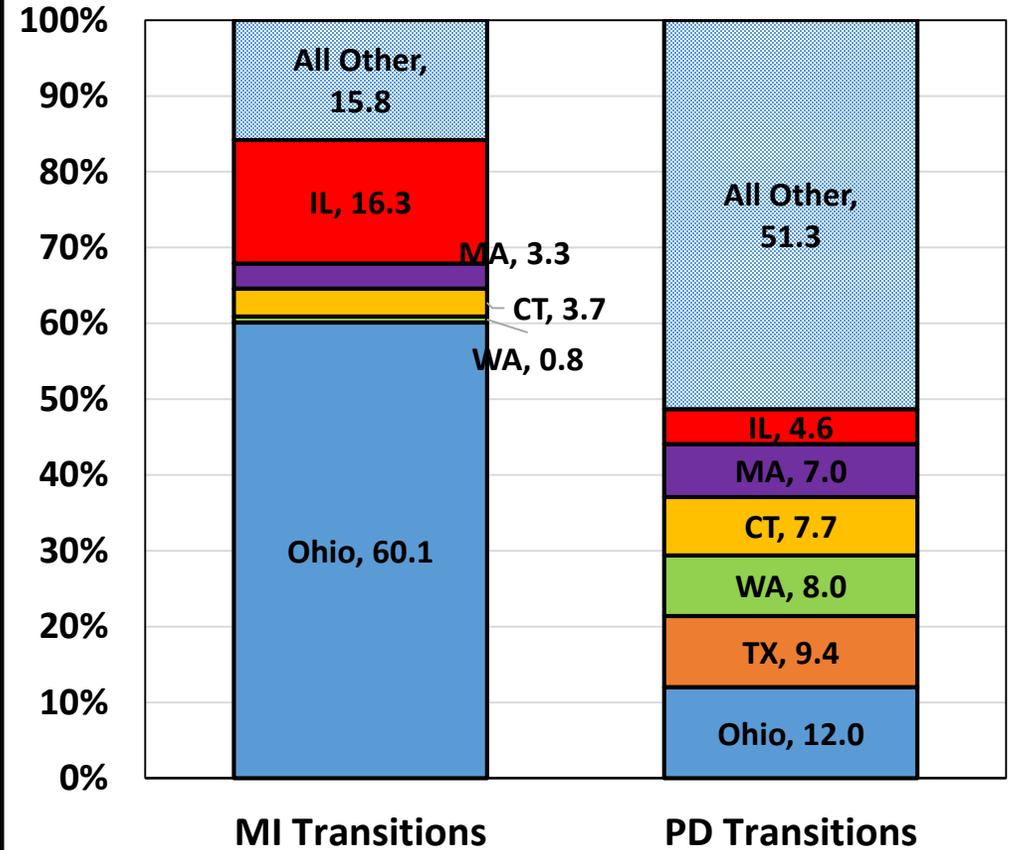
2015 National Leader

Ohio ranks first nationally for overall transitions completed, and is the nation's leader in transitioning individuals with mental illness

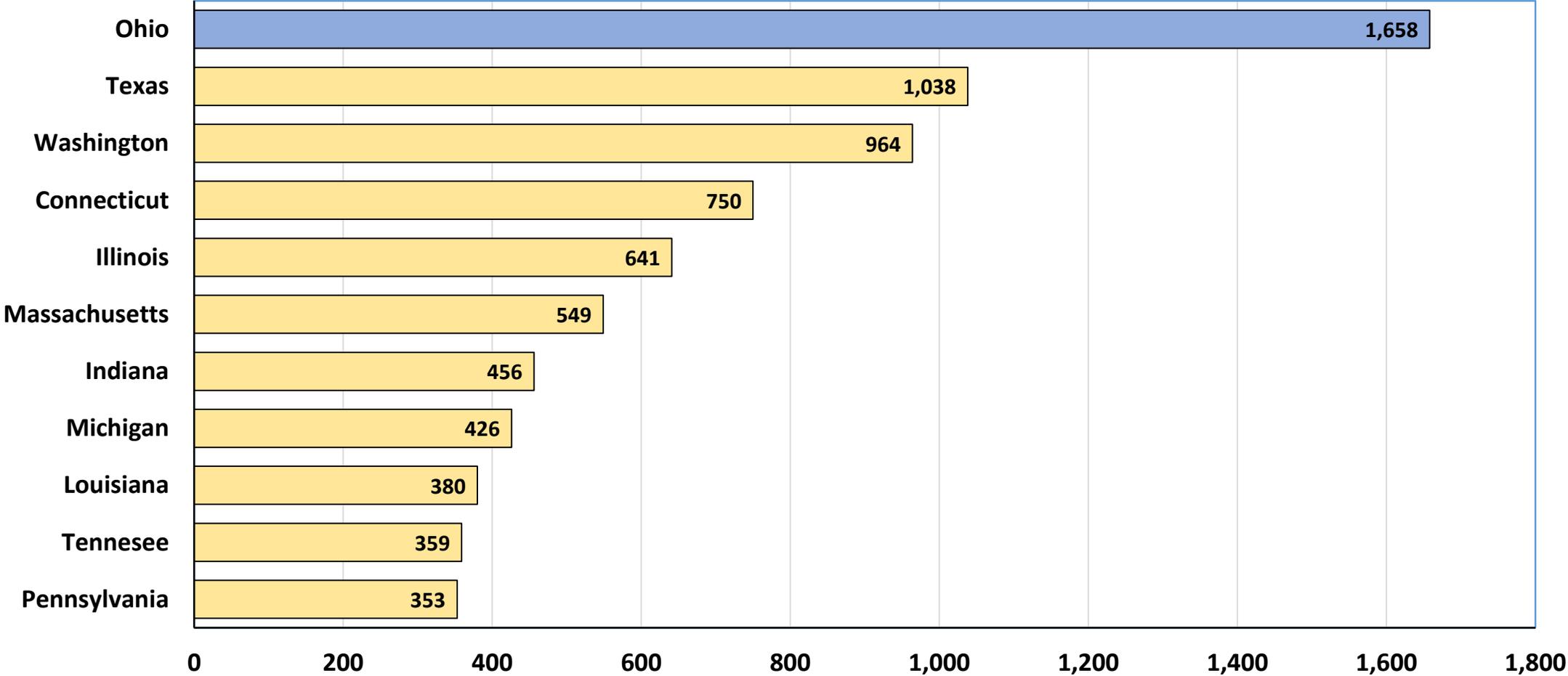
2015 National Transitions (11,440): Relative Shares



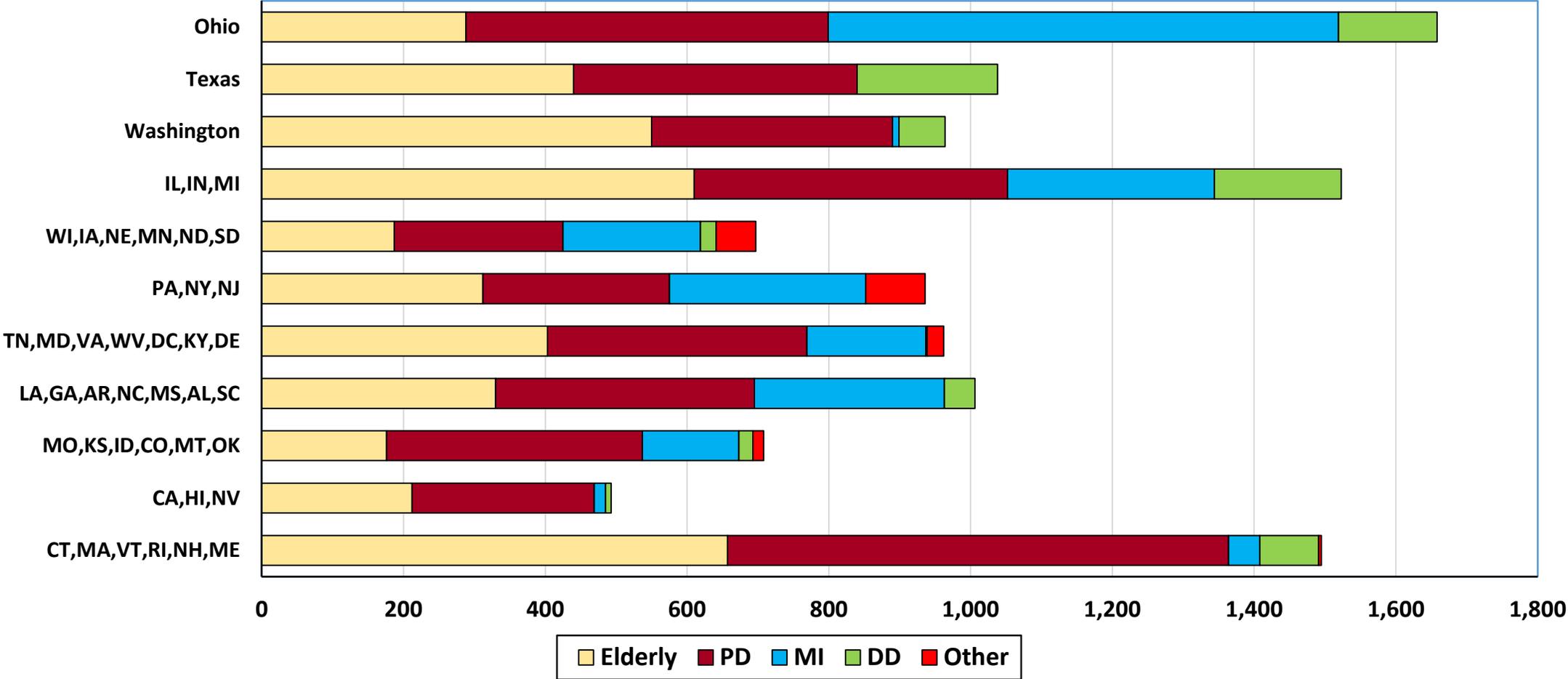
2015 National MI & PD Transitions: Relative Shares

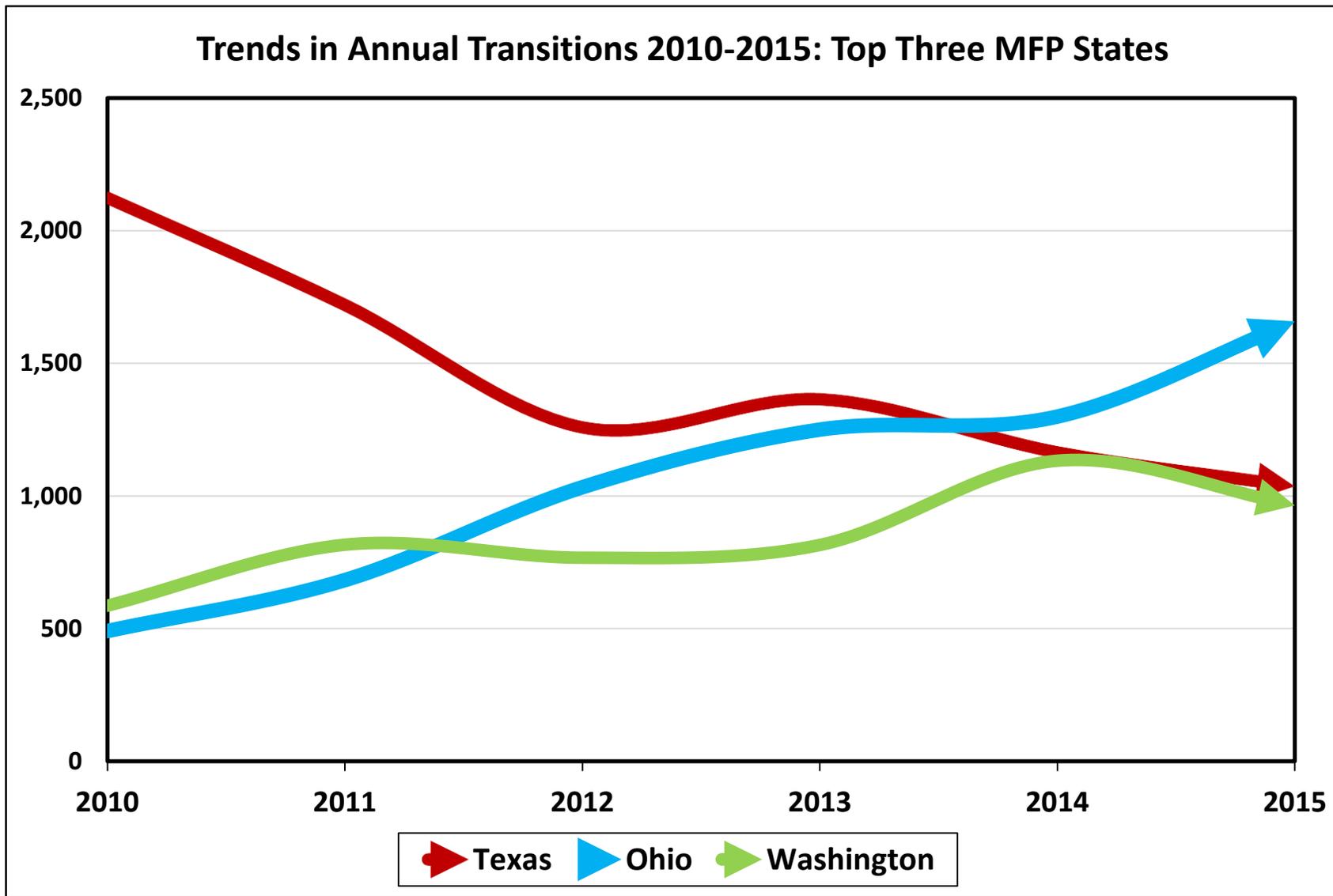


2015 MFP Transitions: Top 11 States



2015 Nationwide MFP Transitions: Leading Three States/Other Regions





Pre-Transition Case Management Manual:

- Purpose of the PTCM Provider Manual
 - Train the Trainer Manual
 - A reference for all PTCM's
 - HOME Choice Expectations for the PTCM

- Newly designed PTCM Manual is now available. Can be found on the resource table as well as our website (Link: <http://www.medicaid.ohio.gov/FOROHIOANS/Programs/HomeChoice/HCTools.aspx>)

Form Updates:

- Email forthcoming (Be on the lookout):
 - Application
 - Informed Consent
 - Eligibility Checklist
 - Service Plan
 - Qualified Residence
 - Summary of Pre-Transition Coordination Activities
 - Change in Status
 - Enrollment Request

2nd Transition (Who is responsible?):

- Reasons for an individual to transition a 2nd time:
 - Individual has been evicted
 - Due to health and safety
 - Moving into their own apartment

- Transition Coordinator are to assist in any 2nd transitions
 - Provider Agreement

 - *Page 7: If the HOME Choice Operations Unit becomes aware of a need for further housing assistance during the remainder of the demonstration period, upon notification, the TCA shall provide an additional eight hours of housing assistance to the participant at no additional charge. If the participant's living arrangement jeopardizes his or her health and welfare and the participant requires assistance with housing beyond the eight additional hours, the TC shall submit a "Request for Approval for Additional Housing Navigation" form to the HOME Choice Operations Unit. This form will document how the eight hours were used and will identify the number of additional hours needed and the justification for those additional hours.*

Temporary Authorized Representatives (Form 06723):

- Current Policy does not allow for HOME Choice providers to become authorized representatives
- New Policy:
 - HOME Choice will allow for Transition Coordinator Agencies to become “Temporary” Authorized Representatives
 - Transition Coordinators cannot be the authorized representative **beyond** the 90 days in the community.
 - Transition Coordinators can be authorized for the following:

This authority lasts until:	
<input type="checkbox"/> My application has been approved	
<input type="checkbox"/> I rescind this authority, or appoint a new representative	
<input type="checkbox"/> Other (please specify a date or action) _____	
I authorize this person or company to do the following on my behalf:	
<input type="checkbox"/> Take any action that may be needed to ensure that I receive or continue to receive the benefits indicated above	
OR only the specific actions selected below	
<input checked="" type="checkbox"/> Present my application for benefits	<input type="checkbox"/> Represent me at a state hearing
<input checked="" type="checkbox"/> Provide verifications to the CDJFS on my behalf	<input checked="" type="checkbox"/> Collect my medical records
<input checked="" type="checkbox"/> Receive and respond to copies of all correspondence regarding my application	
<input type="checkbox"/> Other (please specify) _____	



***With Great Power Comes
Great Responsibility***

2399's and HOME Choice participants:

- Where do I submit the 2399?:
 - New directive for HOME Choice Individuals.
 - OHCW
 - All other waivers (DD, Aging) should be submitted through current procedure
- Email Address to send 2399 for OHCW:
 - waiverreferrals@medicaid.ohio.gov



Questions

**MAKING
OHIO
BETTER**

