



**Ohio Department of Medicaid
 Demonstration and Supplemental Services Authorization
 For HOME Choice Services ONLY**

Participant Name and Contact Information Bill (Last Name) Phone: xxx-xxx-xxxx Guardian: Guardian Phone:	Medicaid #: xxxxxxxxxxxxxx Participant Start Date: 8/22/2013 (HC APPROVAL DATE) Participant End Date: CLA: Karen Jackson Case management Agency: CareStar, Marita Cox MyCare Ohio Plan:
---	--

Date(s) Begin and/or End date	HOME Choice Service Code	Unit(s) Date Span	Cost	HC Provider Number/ Provider Name, Phone
8/2/2013 – 1/8/2014 (1)	HC018 – Pre-Transition Case Management	1	\$0.00	HC1609 – CareStar, Inc., 800-616-3718
9/4/2013 – 2/7/2014 (2)	HC009 – Community Transition Services	2	\$0.00	HC1501 – Jefferson Behavioral Health System,
9/4/2013 -	HC009 – Community Transition Services	1	\$0.00	HC1501 – Jefferson Behavioral Health System,
9/4/2013 – (3)	HC010 – Transition Coordinator	1	\$0.00	HC1501 – Jefferson Behavioral Health System,
1/8/2014 – 5/31/2014 (4)	HC015 – Home Choice Case Management	1	\$0.00	HC1611 – CareStar, Inc., 800-616-3718
1/14/2014 – (5)	HC003 – Independent Living Skills Training	576	\$0.00	HC1512 - Jefferson Behavioral Health
1/14/2014 – (5)	HC004 – Community Support Coaching	288	\$0.00	HC1512 - Jefferson Behavioral Health
1/14/2014 – (5)	HC005 – Social Work/Counseling Services	144	\$0.00	HC1512 - Jefferson Behavioral Health
1/30/2014 - (5)	HC007 – Communication Aides	1	\$0.00	HC1016 – WYNN-REETH, INC, 419-639-2094

- (1) Begin Date is PTCM referral date and End Date is Enrollment Date**
- (2) Pre-Transition Transportation service authorization ends thirty (30) days post-discharge. (Auto end dated)**
- (3) TC Start Date (They accepted the referral.)**
- (4) HOME Choice Case Management began on 1/8/14 but ended on 5/31/14 due to waiver enrollment in June.**
- (5) Begin dates of additional HC services for person in community. Begin date is the date the service plan was received by HOME Choice operations.**

**Services cannot begin prior to the Service Authorization Begin Date.
 Services cannot continue beyond the Service Authorization End Date.**

All providers get copied whenever Service Plans are updated by HOME Choice Operations.

PTCMs, TCs and/or CMs should not add or request community services be added to the HC Service Plan until the day of discharge is known or post discharge. CLA's cannot enter a Service without a valid begin date.

HOME Choice Operations Unit
Ohio Department of Medicaid/Bureau of Long-Term Care Services and Supports (BLTCSS)
Phone: 888-221-1560 or Fax: 614-466-6945 or Email: HOME_Choice@medicaid.ohio.gov