

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

Date (mm/dd/yyyy)

Participant Name (Last, First, MI)		Medicaid ID Number (12 digits)	
Pre-Transition CM Agency Name	Phone Number	Post - Transition CM Agency Name	Phone Number

Begin Date	End Date	HOME Choice Service Code & Service Description	HC Provider Name	HC Provider Number	Number of Units

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)	HC018 Pre-Transition Case Management (1 unit)
HC009 Community Transition Services – Pre-Transition Transportation (2 unit)	

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**