

Ohio Department of Medicaid
HOME CHOICE
Community Readiness Tool

HOME CHOICE APPLICANT		
Last Name	First Name	MI
Medicaid ID #	Date of Birth	
Who is present at the meeting?		
PRE-TRANSITION CASE MANAGER (PTCM)		
Name		Date Completed
Agency	Email	Phone Number
ELIGIBILITY		
1. Where is the individual currently residing? <input type="checkbox"/> Hospital <input type="checkbox"/> Intermediate Care Facility for Individuals with Intellectual Disabilities <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Residential Treatment Center with 16 or more beds (and the individual is under the age of 22) <input type="checkbox"/> None of the above (STOP – THE INDIVIDUAL IS INELIGIBLE; DOCUMENT ON ELIGIBILITY CHECKLIST WITH COMMENTS)		
Comments or Observations: 		
2. Does the individual have a legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please indicate the type of guardian.</i> <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate		
Guardian Name	Guardian Phone Number	
Guardian Address		
3. Is the individual legally permitted to leave the institution and relocate to a community setting? <input type="checkbox"/> Yes <input type="checkbox"/> No (STOP – THE INDIVIDUAL IS INELIGIBLE; DOCUMENT ON ELIGIBILITY CHECKLIST WITH COMMENTS) <i>If no, please describe the situation (e.g. court ordered placement) here and also send an email to the HOME Choice Operations Unit alerting them of the situation.</i>		
4. Are there any communication barriers? (e.g. language, vision, hearing, literacy) <i>If the individual is under the age of 18, answer this question for the individual's family.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments or Observations 		

5. Admission date	6. Anticipated Discharge Date
7. Does the individual have active Medicaid? <i>If individual is under the age of 18, indicate if the parent and/or guardian has active Medicaid in box below.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If No, please describe the situation (e.g. pending or date of application, parent has active Medicaid etc.):</i> 	
8. Circumstances of Admission (details of why they were admitted, reason in facility, medical diagnosis, etc.) 	
9. Where was the individual living prior to admission? <i>If individual is under the age of 18, indicate where the family was living.</i> 	
10. Does the individual have access to a photo I.D., birth certificate or social security card? <i>If the individual is under the age of 18, indicate if parent and/or guardian has access to photo I.D, birth certificate or social security card.</i> <input type="checkbox"/> Photo I.D. <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card	
Comments or Observations 	
MEDICAL HEALTH	
11. Does the individual have any medical diagnoses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Self-reported Diagnoses 	
Staff-reported Diagnoses 	
Chart Review 	
Observation 	

12. Does the current physician support discharge? Yes No

Comments

13. Does the individual need to be linked to a community physician or specialist? Yes No

Comments

14. Does the individual own or need any Durable Medical Equipment (DME)? Please list all DME below (owned or needed)

FUNCTIONAL NEEDS

Activity	Needs Assistance?	Comments
Mobility	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transfers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grooming	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Toileting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dressing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eating	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Shopping	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Meal Preparation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Laundry	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If the individual is under the age of 18, answer the following questions for the individual and the parent/guardian.

Managing Appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bill Paying	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Money Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	

BEHAVIORAL HEALTH

15. Does the individual have any behavioral health diagnoses?

If the individual is under the age of 18, indicate in the "Important Information for Discharge Planning Team" section if the parent and/or guardian has any behavioral health diagnoses.

Yes No

Self-reported Diagnoses

Staff-reported Diagnoses

Chart Review
Observation
16. Please list any psychiatric hospitalizations:
17. Describe any current or past treatments:
18. Has the individual been a danger to him or herself, or to others, in the last 90 days? (e.g. attempted suicide, made suicidal gestures, expressed suicidal ideation, assaultive to other children or adults, reckless and puts self in dangerous situations, attempts to or has sexually assault other individuals) <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments or Observations
19. Has the individual experienced severe physical or sexual abuse or has s/he been exposed to extreme violent behavior in the past? (Subject to or witnessed extreme physical abuse, domestic violence or sexual abuse – e.g. severe bruising in unusual areas; forced to watch torture or sexual assault; witness to murder?) <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments or Observations
20. Has the individual exhibited bizarre or unusual behavior in the last 90 days? (History or pattern of fire-setting; animal cruelty; excessive, compulsive or public masturbation; appears to hear voices or respond to other internal stimuli (including alcohol or drug induced); repetitive body motions (e.g. head banging) or vocalizations (e.g. echolalia); smears feces; etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments or Observations

21. Does the individual have problems making and maintaining healthy relationships and/or social adjustment?

(Unable to form positive relationships with peers; provokes and victimizes others; does not form bond with caregiver. Regularly involved in physical fights with others; verbally threatens people; damages possessions of self or other; runs away; steals; regularly lies; mute; confined due to serious law violations; does not seem to feel guilt after misbehavior, etc.) Yes No

Comments or Observations

22. Does the individual have significant problems managing his/her feelings? (Severe temper; screams uncontrollably; cries inconsolably; withdrawn and uninvolved with others, regularly expresses strong emotions such as the feeling that others are out to get them; excessive preoccupation, etc.)

Yes No

Comments or Observations

SUBSTANCE USE

23. Does the individual have any Substance Use Diagnoses?

If the individual is under the age of 18, indicate in the "Important Information for Discharge Planning Team" section if the parent and/or guardian has any substance use diagnoses.

Yes No

Self-reported Diagnoses

Staff-reported Diagnoses

Chart Review

Observation

Additional Housing Comments

29. Does the individual need any physical changes or home modification in order to help them live in the community? Yes No

If yes, what are the home modifications? (e.g. ramp, grab bars, modified doorways, etc.)

HOUSING HISTORY

30. Does the individual have barriers or issues that will make obtaining housing difficult?

If the individual is under the age of 18, answer questions for the individual and the parent and/or guardian.

- No Income
- Previously evicted non-subsidized housing
- Previously evicted subsidized housing
- Owe money to utility company
- Owe money to housing authority
- Other, please explain:

Comments or Observations

CRIMINAL HISTORY

31. Has the individual ever been arrested? *If the individual is under the age of 18, answer questions for the individual and the parent and/or guardian.*

- Yes No

If yes, please explain:

CREDIT HISTORY

32. How does the individual describe credit history (including any money owned)? *If unknown, suggest individual contact previous utility companies or look up free credit report. If the individual is under the age of 18, answer questions for the individual and the parent and/or guardian.*

SUPPORT SYSTEM

33. Does the individual have a support system? (e.g. friends or family that can be called upon in times of distress)

If the individual is under the age of 18, answer questions for the individual and the parent and/or guardian.

Yes No

Comments or Observations

34. Is there anyone that the individual wants to have included in discharge planning?

If yes, provide their contact information below.

Contact 1

Name

Phone Number

Email

Address

Contact 2

Name

Phone Number

Email

Address

35. What connections does the individual have with the community? (e.g. churches, services groups, etc.)

36. Are there any case managers who need to be included in discharge planning? (e.g. managed care, home and community based waiver, children's services, Family and Children First Council, behavioral health, developmental disabilities)

IMPORTANT INFORMATION FOR DISCHARGE PLANNING TEAM