

# HOME Choice Form Instructions

## July 25, 2011

### HC Forms related to Workflow & Database Process

**HC Application (#02361)** – Submitted to the HCICCU to refer the participant to the HOME Choice program. It should be filled out completely and signed by the participant or participant's guardian.

**HC Eligibility Checklist (#02369) – FOR ADULTS (22+)** Upon receipt of an application, the HCICCU sends this form out to case manager agency (CM) for them to determine if the participant is eligible for the HOME Choice program and which Medicaid waiver service he/she might need. The **CM submits Pages 1 – 2 of the Eligibility Checklist**, along with the **Informed Consent Form** and the participant's **HC Demonstration & Supplemental Service Plan** to the HCICCU. (Note: For children under 22 the process is different. Please see the next section.)

**HC Eligibility Checklist Addendum (#02369) –FOR CHILDREN UNDER 22** who are referred to HOME Choice by Family and Children First Councils (FCFC). It must be submitted by the FCFC when the HC Application is filed. This form provides information about the child's stay at a qualified institution and his/her Medicaid status. **Submit Only Pages 3 – 4** to the HCICCU. (Note: Typically the FCFC submits the HC Application, Eligibility Checklist & Informed Consent at the same time.)

**HC Informed Consent (#02362)** - The CM agency has the participant or guardian sign this form indicating their agreement to participate in the HOME Choice program. **For Children under 22 this form is completed by the TC.** The form is completed at the same time as the **HC Eligibility Checklist or the HC Eligibility Checklist Addendum** and is submitted to the HCICCU.

**HC Demonstration & Supplemental Service Plan (#02365)** – Completed by the CM. Identifies the HOME Choice services the participant needs. Only HOME Choice services should be identified on this service plan. The service plan is sent to the HCICCU for approval. A copy of the approved plan (including amendments) will be sent to the case manager, the participant or guardian, the Transition Coordinator (TC) and all service plan providers. (The initial Service Plan typically includes: Transition Coordination, Goods & Services. Additional services may be identified on the initial plan.)

**HC Estimated Use of Goods & Services (#02363)** – Completed by the TC and the participant to determine how the participant will use Goods & Services funds. A copy of this form should be sent to the CM as the means to request that goods & services should be added to the participant's HC Demonstration & Supplemental Service Plan. The CM forwards the form and amended service plan to the HCICCU.

**HC Goods and Services Usage Log (#02377)** – Completed by the TC to identify how the participant's funds have been 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 then sends the form to JEVS.

**HC Transition Qualified Residence Statement (#02367)** – The TC completes this form to indicate that the participant has found qualified housing. Additional documentation must be submitted to the

HCICCU. (i.e. a copy of the lease, family member note affirming participant living with them, etc.) The TC notifies the CM that the participant has found housing. This is the 2<sup>nd</sup> deliverable for the TC.

**HC Payment Request Form (#02378)** – The TC uses this form to seek payment/reimbursement for the participant's goods & services expenses. The form and accompanying receipts, bills, etc. should be sent to JEVS. JEVS would like to have requests for reimbursement within 2 weeks of the date an expense is paid.

**HC Enrollment Form (#02368)** – The CM completes this form (typically when notified by the TC) and submits to the HCICCU as confirmation that the participant has discharged from the institution and should be enrolled in the HOME Choice program. This enables community HOME Choice services to begin for the individual. Ohio cannot receive enhanced federal match without this date/form. Both this document and the Summary of Transition Coordination Activities form are required in order for the HCICCU to authorize payment of the third deliverable to the TC.

**HC Summary of Transition Coordination Activities (#02360)** - Completed by the TC and submitted to the HCICCU as verification of services & supports rendered by the TC including time spent on certain activities with the HC participant. This is data that the HCICCU must submit to the federal government for the HOME Choice grant. Both this document and the Enrollment form are required in order for the HCICCU to authorize payment of the third deliverable to the TC.

**HC Change in Status Form (#02371)** – Typically completed by the CM, has multiple uses/serves multiple purposes and is extremely important for monitoring individuals who are either approved for and/or enrolled on the HOME Choice program. Areas addressed on the form are: Pre-Enrollment Terminations; Institutionalization after Enrollment; Residence Information (any/all change of addresses); Residence Type; Disenrollment. Prior to the participant's discharge from the institution, the form is used to indicate the participant's desire to withdraw from the program, death or other reason the participant leaves the HOME Choice program.

### **Other Forms**

**HC Demographic Sheet (#02370)** – This form is created out of the HOME Choice database and is sent to JEVS, the consumer/guardian, the CM, the TC, and SRG for Quality of Life Survey purposes.

**Request for Approval for Additional Housing Navigation** – Submitted by Case Manager to the HCICCU on an as needed basis as requested by the Transition Coordinator.

**Request for Approval for Use of Emergency Rental and Utility Assistance** - Submitted by Case Manager to the HCICCU on an as needed basis as requested by the Transition Coordinator.

**Request for HOME Choice Assessment** – Cover sheet used by HCICCU when sending application out for referral to the Case Manager. Referral includes copy of the application.

**Security Deposit/1<sup>st</sup> Month Rent Verification & Notification of Qualified Residence** Form used by the Transition Coordinator to document Landlord and “Qualified Residence” information. (Form is self-explanatory)