

Home Sweet Home: HOME Choice Surpasses 3000 Enrollees Since 2008!

“Life is good. And, thanks to Lucy, it’s not lonely.” This is how Jean, HOME Choice’s 3002nd enrollee, describes her current living situation with her own home and her beloved dog, Lucy. She came into them both at almost the same time.

Jean’s new chapter in life begins each day in her one-bedroom apartment in a complex, which was made possible by HOME Choice and its transition services. Her devoted companion, Lucy, was made possible by a dog shelter, which was close to the Brown County nursing facility where Jean was living prior to her move. While she was working with her HOME Choice Transition Coordinator making plans to move, Jean was also busy making arrangements to get a dog.

Jean saw Lucy, a young white and brindle mixed breed, in a pen with other dogs the first day she went to the shelter. The second time she went, Jean actually got to

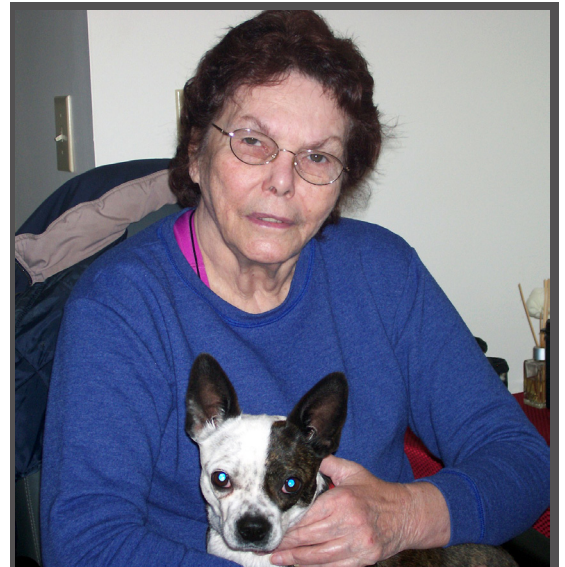
Wanting a pet was one of the driving forces for her to leave the nursing facility.

meet Lucy and, she said, “Lucy washed my face.” That clinched it.

Shortly after moving into her apartment, Jean brought Lucy home, too.

Before moving, Jean’s Transition Coordinator, Jamie Daniels, Region 7 long-term-care ombudsman, helped Jean shop for a couch, bed, microwave and kitchen

essentials to furnish her apartment and ensure it was “move-in” ready. Jean’s apartment has a living room, dining room, kitchen, bath and one bedroom. She has decorated it with photos of wolves, her favorite animal. Her wrought-iron



Jean and Lucy enjoy their home sweet home.

entertainment center holds her laptop computer, puzzles, books and movies.

Jean learned about HOME Choice in the nursing facility when, realizing she had the ability to be independent but had no home to go to, she began searching for programs that could help her find a way to move out. Her doctor supported her completely. The nursing facility social worker, responding to Jean’s request, contacted the Council on Aging, which got the ball officially rolling. Jean also enrolled

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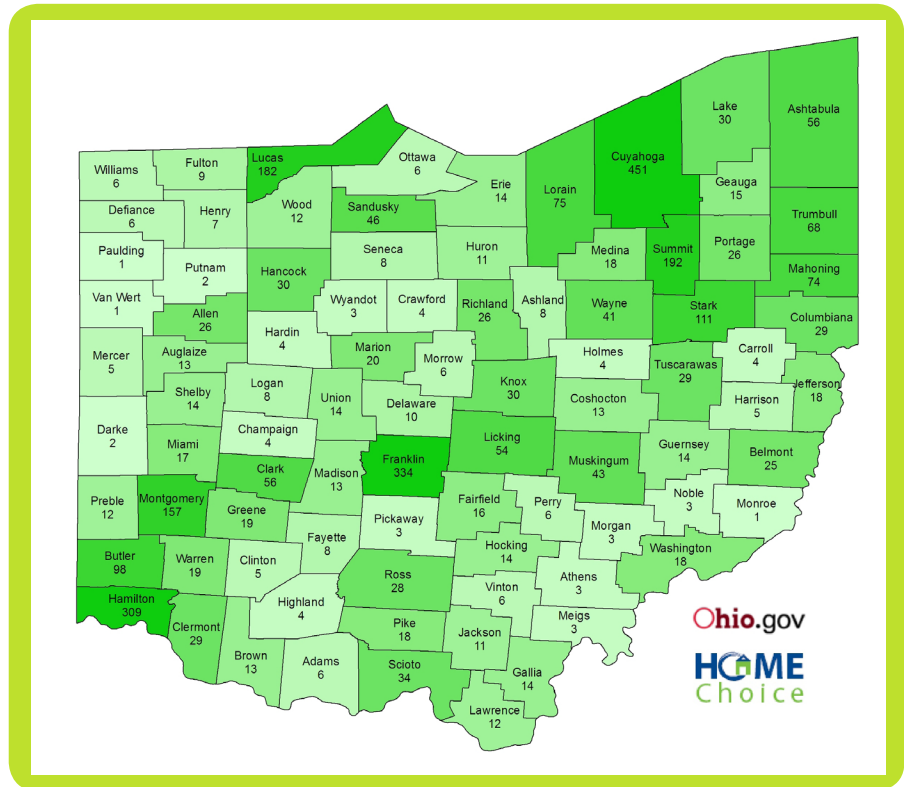
on the PASSPORT home and community-based services waiver program, which is administered by the Ohio Department of Aging.

Jean, a Native American and animal lover, turned 70 on April 6. Wanting a pet was one of the driving forces for her to leave the nursing facility. Whenever someone brought a dog to the nursing facility to visit, Jean was further motivated to leave. She had always had pets and especially loves dogs and wolves.

Jean advises that anyone living in a long-term care facility that has the ability to live on his or her own and who has the support of his or her doctor, to consider the HOME Choice program. And, she advises that people pay attention during their apartment searches as to whether the apartments are furnished or unfurnished, and if they permit pets.

The HOME Choice program has transitioned **more than 3,200 people since its inception in 2008.**

This map illustrates statewide enrollment of beneficiaries by county.



Ohio.gov
HOME Choice

Affordable Housing Now Easier!

The Ohio Housing Financing Agency's (OHFA) recent approval of its Housing Development Gap Financing provides points to developers that have at least one unit at 18% Area Median Gross Income. This means that individuals at Social Security Income (SSI) levels of income can receive affordable housing **without** needing a housing voucher.

Look for more information in the next issue of the **HOME Choice Bulletin.**



Lessons Learned Ombudsmen Providing HOME Choice Transition Coordination Services Share their Best Practices

Part Two:

The Winter 2011 issue of the HOME Choice Bulletin ran a list of “best practices” on transition coordinating. Good advice bears repeating. Following is first-hand advice from the State Long-Term Care Ombudsman, which is a transition coordinator with the HOME Choice program.

1 Clients benefit from having homemaker services present at their apartment when they arrive on the day of discharge. Some clients are overwhelmed with setting up their apartment and the homemaker can help make their bed, put things away, and prepare their first meal. **Homemaker assistance decreases the anxiety that some clients feel that first day.**

2 Throughout the entire HOME Choice experience, remain in contact with all key players (case manager; the Ohio Department of Job and Family Services; the fiscal agent, JEVS, etc.). **Frequent communication will keep the process flowing, which results in a smoother transition for the client.**

3 **Housing is easier to secure with proof of funds.** Landlords tend to take clients more seriously if they have a deposit in hand.

4 Collaboration with a client’s family, friends, and/or nursing home is crucial when coordinating trips for shopping, apartment viewings, etc. **This will ensure that the client has all medications, medical equipment, and other needs met to make the trip comfortable and productive.**

5 Encouragement to use and recruitment of, a *community support coach* is imperative. Clients will gain an understanding of various processes and agreements that appear unclear or complicated (e.g., terms of lease,

financial management, overall organization, available community services, encouragement toward self-sufficiency). **Consumers, Case Managers (CMs), and Transition Coordinators (TCs) need to understand the important role of a community support coach and build one into a service plan.**

6 **Building relationships with furniture delivery companies proves useful.** Over time, when the companies gain familiarity with the HOME Choice program and the clients that are being served, they sometimes offer setup and assembly services.

7 **Ask the client about credit and felony history early in the process so you can start to resolve housing barriers** by paying down debts and attempting to get records expunged. If the resident has a sex offender history, ask about housing restrictions and find out if he or she is on probation or has to register.

8 **Advocate.** Ombudsmen who are providing transition coordination need to continue to identify and resolve problems as they would in every other case. When a problem develops, pull in another ombudsman to help with resolution.

9 **If a resident would benefit from a mental health professional’s expertise and there is a TC in the area’s mental health system, it is best to defer a referral.**

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10 Establish good communication with fiscal staff in your agency so you are always aware of financial transactions.

13 TCs may not represent a client in an appeal of an adverse determination related to HOME Choice.

11 Do not give clients the impression that \$2,000 is their money and do not keep cases open until the money is spent.

14 Visit the HOME Choice web site often to be sure you are using current forms and for news and updates.

12 When you learn that your client has a court-appointed guardian, notify the HOME Choice community living administrator because he or she is not always informed otherwise.

15 As staff changes occur, contact the HOME Choice office to schedule training for new staff as soon as possible.

News Bytes: Home Choice Undergoing Some Redesign

Jane Black, Operations Manager

In fall 2012 an internal **HOME Choice Redesign Workgroup** sought stakeholder input about out how the program could be enhanced to make transition smoother for individuals and providers.

Thanks to everyone who shared their ideas with us as we went from town to town during the summer and fall collecting ideas. Your insight and feedback became a focus of our process planning.

Ohio's **Money Follows the Person Operational Protocol** underwent a major overhaul and was submitted to CMS in mid-March for approval.

Look for highlights of that revision on page 7 in this newsletter.

(Note: The Operational Protocol is pending CMS approval at press time.)

At press time, we have introduced changes to many of you relative to **HOME Choice Case Management and Transition Coordination.**

New provider agreements have been developed and will be distributed soon. All of the HOME Choice forms have been updated and will be available for **a July 1, 2013 implementation date.**

We will send invitations to **regional trainings for all HOME Choice providers** soon. Watch for e-mail announcements of trainings in your area.

Everyone involved with HOME Choice should plan to attend to learn of the many improvements and updates to the program.

Meet the Team: Brock Robertson and Yvette Weaver

In each issue, we like to introduce one or two members of the HOME Choice team. This issue, we present Brock Robertson and Yvette Weaver.

As the HOME Choice Provider Administrator, **Brock Robertson's** work includes processing provider



Brock Robertson, Provider Administrator

applications, and providing technical assistance to case managers and new and existing providers. He also oversees provider compliance, which includes monthly reviews of providers. In addition, he facilitates updates to the HOME Choice website and works directly with the HOME Choice Fiscal Management Service on outstanding payment and deliverable items.

Yvette Weaver has been with the HOME Choice program for more than five years. She says, "In the early days I administered the Quality of Life Survey by phone to HOME Choice participants before they left their institutional setting. This job was quite exciting because I had the opportunity to speak with consumers who were thrilled that they were leaving the nursing home and



Community Living Administrator Yvette Weaver

regaining their independence. I was also a part of the team that traveled across the state to train the Transition Coordinators and Case Managers. The program has made many positive strides since those days, and we've added many wonderful safeguards to ensure the safety and success of those transitioning back into their communities.

"For the past three years I've had the privilege of being the Community Living Administrator for the elderly population. I find this assignment to be

“**My happiest days are when I converse with seniors who are thrilled about their new apartment, and feel that they will be fine living by themselves.**”

most rewarding because I feel that I serve as a life coach guiding people to a place they can call "home." My happiest days are when I converse with seniors who are thrilled about their new apartment, and feel that they will be fine living by themselves. Working with the elderly has assured me that it's never too late to try something new, even if it may take you out of your comfort zone."



Provider Tips

Timely Submission of HOME Choice Forms and Authorization of Services Is Important!

Brock Robertson, Provider Administrator

In April we sent a detailed e-mail to case managers, transition coordinators, and service providers to ensure awareness of policies and procedures regarding prior authorization of HOME Choice services and the timely submission of forms. We are including highlights from the e-mail in this issue of the *Bulletin*. If you would like to receive the full details, please contact Brock Robertson at (888) 221-1560.

Below is a list of forms that must be submitted in a timely manner to ensure there is no delay in HOME Choice services.

Case Managers:

- *HOME Choice Enrollment Form*: Without this form, we are unable to “officially” enroll the individual in HOME Choice, which impacts our ability to authorize HOME Choice services the individual may need.
- *Change in Status Form*: Submitted whenever there is a change in the individual’s status (e.g., change in residence, hospital stay, rehab center admission, return to a nursing home, etc.).
- *HOME Choice Service Plan*: When a participant’s Case Manager and/or the Transition Coordinator identify the need for HOME Choice services, it is the Case Manager’s responsibility to contact the service provider and obtain acceptance to work with the individual prior to adding them to the HOME Choice Service Plan.

Transition Coordinators:

- *Qualified Residence Statement and Lease Verification*: In addition to authorizing the release of the second deliverable to the Transition Coordinator, this information alerts the Case Manager that the individual is close to moving.
- *Transition Coordinator Summary of Activities Form*: This form (in conjunction with receipt of the Enrollment Form) authorizes the third deliverable.

Service Providers:

When you are contacted by a case manager to provide a HOME Choice service please note that you *may not begin providing* the services until you have received a copy of the HOME Choice service plan authorizing you as the service provider and the service start date.

- *HOME Choice Service Plan*: A copy of the service plan is sent to all providers when there is an update to the plan. The service plan will identify the “Authorized Begin Date” that was approved by the HOME Choice Community Living Administrator.



Update on HOME Choice and Behavioral Health

Am. Sub. House Bill No. 59 contains two programs that have been proposed to increase access to resources for individuals transitioning out of institutional settings utilizing HOME Choice.

Recovery Requires a Community is a program geared toward filling the final barriers for participants transitioning out of institutional settings such as housing and transportation. Ultimately, the goal is to create a person-centered and non-prescriptive service package that will sustain the participant in the community beyond the 365 days of the HOME Choice demonstration period.

Recovery Requires a Community will allow Medicaid savings to be diverted to the Ohio Department of Mental Health and Addiction Services to help supply non-Medicaid resources for individuals after all other resources have been exhausted, including housing. It is expected to

begin after the budget goes into effect on July 1, 2013.

The second program is **Rebalancing Dollars** awarded to Ohio through the federal match billed on HOME Choice demonstration services. Access Success II, which is in the final stages of development, will target long-term and frequently admitted residents to the six psychiatric state hospitals. Similar to Recovery Requires a Community the goal is to develop a sustainable, person-centered service package for individuals likely to have special needs such as high-acuity housing, or increased access to treatments such as dialectical behavioral therapy. The Ohio Department of Mental Health and Addiction Services will administer and monitor Rebalancing Dollars.

Andrew Sokolnicki, Mental Health Liaison

HOME Choice Operational Protocol Revised

Melissa Nance, HOME Choice Information Manager

Since the HOME Choice program began in 2008, Ohio has made significant progress toward balancing long-term care services and supports, including expanded waiver services, a new self-directed waiver, employment initiatives for individuals with disabilities, and an expanded role of managed care. The HOME Choice program has also undergone a number of changes since it was conceived five years ago, including growth in the percentage of participants not enrolled in a waiver program and in the percentage of participants with mental health needs.

In March, HOME Choice submitted the first comprehensive revision to its Operational Protocol to the Centers for Medicare and Medicaid Services. The revision was motivated by a number of factors, including updates to programmatic benchmarks and budget to reflect the Affordable Care Act (ACA) extension of Money Follows the Person to 2016; feedback from providers and advocates; statewide progress in balancing initiatives; and the redesign of HOME Choice transition processes to increase efficiencies and communication among the discharge team, including HOME Choice providers, participants, and nursing facility discharge staff.



HOME Choice Consumer Advisory Council Seek Candidates for Videos

Leslie Sawyer, Statewide Outreach Coordinator

More Ohioans should be aware of the wonderful long-term care services and supports that the HOME Choice program provides for older adults and people with disabilities to help them move from institutions such as nursing homes, hospitals, and residential treatment facilities back to a home within the community. With the help of HOME Choice, more than 3200 people have transitioned successfully and every day more are moving back into the community.

The HOME Choice Consumer Advisory Council wants to make sure people with disabilities know that they can move out of the institutions where they are living, pursue their life goals such as living independently, and working and building relationships in the community. The Council, in partnership with the Ohio Olmstead Task Force and the Ohio Office of Medical Assistance, is planning two videos that will feature HOME Choice participants talking about their successful experiences in community living. The goal is to encourage and empower more people living in institutions to pursue transition to a community setting by participating in HOME Choice.

Currently, the HOME Choice Consumer Advisory Council Coordinator is conducting a first round of phone interviews as part of the Video Planning Committee's process for selecting individuals to tell their exciting stories about living back in

the community and about the part that HOME Choice played in their successful transitions.

The Video Planning Committee is looking for young adults in their 20s and 30s to be candidates to tell their stories in the video. Candidates need to have been living in the community for six or more months, received or still be receiving HOME Choice services. Or, they could be currently residing in a facility and are thinking about participating in HOME Choice. The Committee particularly is interested in

The Video Planning Committee is looking for young adults in their 20s and 30s to be candidates to tell their stories in the video.

finding individuals who have a moving day scheduled as potential candidates to tell their stories in the video.

Parents of children and teenagers are needed to talk about their positive experiences participating in HOME Choice for

a second video that will be targeted to parents, guardians and caregivers of children with disabilities in institutions that potentially could move into home and community-based settings.

The video project is funded by the federal Money Follows the Person Demonstration Grant to the Ohio Office of Medical Assistance as part of its efforts to bring balance to the delivery of long-term care in Ohio.

Current and prospective HOME Choice participants interested in sharing their great HOME Choice experiences should contact Rajai Saleh, HOME Choice Consumer Advisory Council Coordinator at rsaleh27@gmail.com.

Balancing News

HOME Choice Enrollment Continues to Exceed Projections

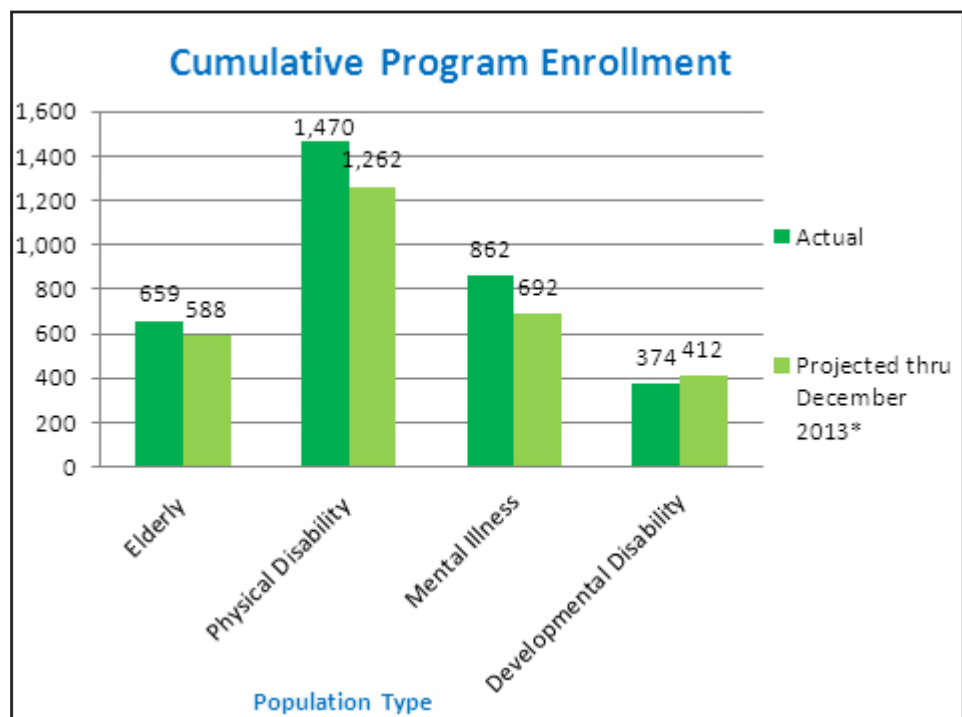
HOME Choice enrollment numbers continue to grow and exceed projections, with current cumulative enrollment at 3,282. This reflects an increase in enrollment of 17% since the last Winter 2013 issue of the *HOME Choice Bulletin*.

* Note: MFP federal funding has been extended through calendar year (CY) 2016. As a consequence, projected enrollment figures have been updated. The figures above reflect the updated projections through the end of CY 2013.

HOME Choice Statistics

(as of 04.23.13)

- Individuals Ever Enrolled: **3,282**
- Individuals Ever Applied: **8,192**
- Active Transition Coordinators: **140**
- Total Active Providers (incl. TCs): **560**



Referral Sources (of those who have ever applied):

- Self: **396**
- Family: **89**
- Friend: **60**
- Physician: **7**
- Nursing facility: **4,307**
- Hospital: **147**
- Intermediate Care Facility for Developmental Disabilities: **124**
- Community Agency: **1058**
- Minimum Data Set (MDS): **423**
- Pre-Admission Screening Resident Review (PASRR): **11**
- Long-Term Care Ombudsman: **190**
- CIL (Centers for Independent Living): **38**
- Other: **1,257**
- Not Reported: **85**

HOME Choice Success Stories

In every issue of the HOME Choice Bulletin we feature people who have transitioned from long-term care facilities to their own homes. Here are their stories:

David

Amber Moore, CareStar HOME Choice and Community Living Specialist

My name is Amber Moore and I am a Home Choice Specialist and Community Living Specialist with CareStar. I am pleased to write this success story about an individual for whom I provide case management services. His name is David.

I started working with David in November 2012. He had been residing in a nursing facility for 21 months. David endured several serious health problems; however, he was determined that his health would improve and he would be able to move back into the community.

David discharged from the nursing facility and moved in with his mother in November 2012. He chose to reside with his mother as she needs daily assistance and he wanted to be there for her.

David received HOME Choice transition coordination services, which enabled his relocation to the community. He also received goods and services, which allowed him to set up his home with furniture, groceries, clothing, and initial housing deposits.

Prior to David's admission to the nursing facility, he worked in the manufacturing field and retail. His last job was handling accounting and payroll for Goodwill. He enjoys completing crossword puzzles and watching movies. David said a friend "recently talked him into joining a fantasy baseball league." He is looking forward to the season and competing with his fantasy baseball league. David also shared he would like to begin bowling again.

He is glad to be back in the community with the ability to live independently. David is grateful for the Ohio HOME Choice program and, said, "without Home Choice, he would not be home."



David enjoys fantasy baseball at home.

Edward

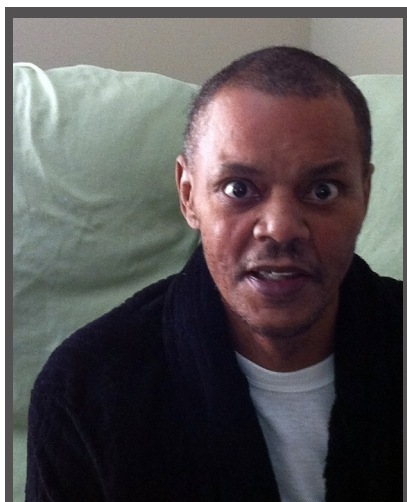
Alexandria Cooper, CareStar HOME Choice Specialist

When asked how HOME Choice has affected his life, Edward's responds, "Tremendously. Tremendously." He had been living at a nursing home after being found on the street having seizures. He then suffered a stroke, which left him with memory deficits. The nursing home where he was staying tried to give him hospice nursing several times, but Edward "fired" them saying that he didn't need them because he wasn't going to die.

Edward says that HOME Choice, and the funding and personnel it provides, is why he was able to move out the nursing home. He needed the financial assistance to be able to pay for his first month's rent and for furniture -- otherwise he would not have had the resources to locate housing. He said he is grateful

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Edward is grateful for Easter Seals and HOME Choice.

his transition coordinator, Easter Seals, found a first-floor, subsidized apartment for him. As for the furniture, Edward says he had nothing and is happy that HOME Choice was able to help him furnish his home.

Edward also benefits from care coordination. The home health agency and the HOME Choice Case Manager have been in contact regarding the hours of aide and nursing services he receives and are focused on finding ways to provide the best care for Edward. The Case Manager found HOME Choice nursing services for him, while the nurse rescheduled her day so she could see Edward at night because that is when he needs his most critical dose of medication.

Edward's mother is also deeply involved in his care, and tries to visit him three or four times a week. His mother and the Case Manager communicate biweekly to make sure the various facets of his wrap-around care are working together in a cohesive manner.

Edward is tenacious, and is dedicated to improving his health and "getting back to doing what normal people do." He is a wonderful example of the difference HOME Choice can make in an individual's life!

Lori: From Coma to Community Living

Tiffany Tierney and Dan Wilkins, The Ability Center of Greater Toledo

"I can't believe I was in a nursing home for three years!"

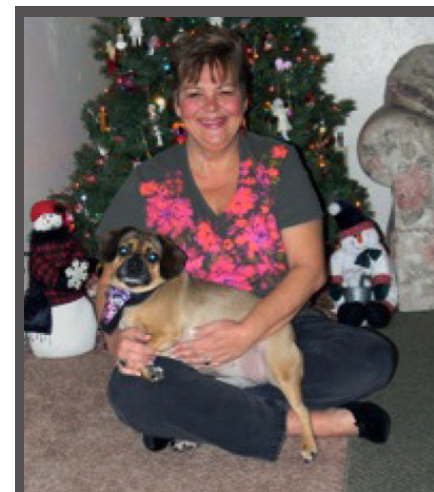
Toledoan, Lori, reflects on her recent past, thinking about then and now. "Three years ago, I was battling with a medication overdose when my life took an unexpected path." While spending time in Texas, Lori found herself in trouble. In severe pain and unable to walk, she went into the hospital.

While there, she slipped into a coma that lasted four months. After she stabilized, her doctors transferred her to a Texas nursing facility where she stayed until transferring north to Heatherdowns Rehab Center [in Toledo].

"After I woke from the coma, it was very difficult for me to go through therapy," Lori recalls, "due to the medication I was on. At first, I was unable to stand without losing my balance. Once I completed detox,

I was able to complete all therapy options that were offered to me."

Yet, still she remained. "To think I was there for three years . . . I never thought life outside Heatherdowns was possible." That is when she heard about The Ability Center [ACT] and the HOME Choice program. She met with Tiffany Tierney, ACT's Nursing Home Transition Support Coach Specialist, who shared with her all of the possibilities. Lori is grateful for the support. The HOME



Lori and Emma during their first Christmas together.

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...Lori, continued from page 11

Choice Program opened doors for me; doors that I thought could never be opened. I received so much support, kindness and patience along the way. [The Ability Center] helped me find my way to get on my own. The sincerity and belief that the workers have for you is so strong. It was remarkable. Without The Ability Center, I would not have known what was available in the community.”

The ACT Nursing Home Transition team helped Lori find an apartment that met her priorities, one which was not an option in the nursing home. “The first weekend on my own, in my new place, in my new home, I bought Emma, my Puggle. Emma has brought unconditional love and support into my life. She gives

me something to look forward to when I wake up, and come home, too.”

So, what’s next for Lori?

“To think how many years I focused on so many other people. This year, I am working on me. I am making a new life for myself, one that is a good life and a positive life. I still have limitations but I don’t let that stop me. I recently stopped by Heatherdowns Rehab to visit friends. I gifted Christmas decorations, Santas and Nutcrackers. To give to others brightens my day and warms my heart.”

Happy Holidays to Lori and to everyone else.

Sharon

Rachel Dennis, CareStar HOME Choice Specialist/Community Living Specialist

My name is Rachel Dennis and I have worked with CareStar for a year as a HOME Choice Specialist/Community Living Specialist. I have had the opportunity to serve many consumers while working with this outstanding program.

I would like to share with you a success story regarding one of my beneficiaries, Sharon. When I met Sharon, she was just finishing her rehabilitation therapy for joint recovery. She had been residing in a nursing facility for six months. Sharon said that she wanted to be a part of her discharge planning as she felt it was vital to her living successfully in the community.

During Sharon’s discharge planning meeting last spring, she

was attentive to the conversation and was always the first to offer input. She was so polite and when asked what the team could do to help her with discharge, Sharon would reply, “You’re all so kind to be here to help me; I am just so ready to leave. I will let you know if there is anything I need you didn’t mention.”

At our first meeting, Sharon and I discussed services that could be beneficial to the success of her transition to the community. She had nursing services, counseling services, and she was exploring her community and attending the local church. Sharon said her mother and father lived nearby and she was thankful to be able to spend time with them as they were aging.

Although Sharon’s story has Cinderella elements, tragedy struck



Sharon: “I have never felt better!”

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...Sharon, continued from page 12

the family three weeks after Sharon began living independently. Her father was diagnosed with kidney cancer and died. Sharon said to me, "Rachel, I was so close to my dad and I was holding his hand as he was dying and that was sure hard." Sharon said that her father's death was so depressing that she almost gave up.

In addition, three weeks after her father's death, her mother was diagnosed with breast cancer. Sharon said, "I traveled with my mother to the hospital and was with her as she had a double mastectomy. Mom getting sick just made me feel worse!" I suggested to Sharon to speak with her counseling services center. Sharon said she would call her counselor, as she did not want to go back into a nursing facility. I also told her she could call me if she needed anything.

Now, fast forwarding to where Sharon is now. When I visited Sharon for our face-to-face appointment

recently I was greeted at the door with a smile and kind words. I asked Sharon how things were going since our last meeting. Sharon said, "Rachel, I have never felt better. I am going to group therapy, I am attending church when I can, and I am still walking to get to places in town."

I asked Sharon what goals she would like to set as our time together with the program nearing conclusion. Sharon said, "Well last month I attended a Valentine's Day party and I started dating again. I thank you so much for helping me get out of the nursing home as I am so much happier being at home." Sharon ended our conversation stating her plans to continue being active in the community with a healthy social life surrounded by family and friends.

Updates

New Assessment Tool is Focus for Front Door

Tonya Hawkins, Balancing Policy Manager

The Front Door Group continues to make progress on the development of a new assessment tool for nursing facility-based institutional stays and Ohio's five nursing facility-based home and community-based services waivers, which are Ohio Home Care, Transitions Carve-Out, PASSPORT, Choices, and Assisted Living.

This new assessment tool is intended to determine a person's functional eligibility (level of care), identify his or her support needs, and inform a person's service plan. The Front Door Group would like the new assessment tool to use person-centered language, be automated, interface with the new Integrated Eligibility system, have an information technology (IT)-based algorithm to increase inter-rater reliability, and easily supply data to inform future policy decisions around eligibility for long-term services and supports and service planning.



Community Living Plan Addendum Automation

Terry Moore, MDS Section Q Statewide Manager

The Minimum Data Set (MDS) Section Q referral process uses the Community Living Plan Addendum (CLPA) as the formal documentation of our Local Contact Agency/Community Living Specialist (LCA/CLS) provider visit with the nursing facility residents. It captures the nursing facility resident’s needs, preferences and barriers to community living. In order to better understand Ohio’s nursing facility resident’s needs, HOME Choice is funding the automation of this documentation.

Money Follows the Person (MFP) funds will be used to develop a web-based system for the automation of the Community Living Plan Addendum, which includes (1) needs, goals and barriers to transition, (2) referral and resource information and (3) next steps. The web-based system will not only increase the efficiency of the CLS providers but will increase the quality of the plan and ensure that a consistent format is used throughout the state.

The web-based tool will be used to (1) monitor compliance of the MDS Section Q referral process, (2) provide effective outreach for training of CLS providers and nursing facilities, and (3) provide a means for effective data analysis to identify, provide outreach and link individuals through MDS to resources such as HOME Choice services, public housing vouchers, veterans benefits, and mental health resources.

The ability to provide data about unmet needs gathered in the Community Living Plan process will also support the efforts of the MFP Balancing initiative to identify and fill service gaps that exist in local communities throughout the state.

The CLPA automation is being developed. Stay tuned for training sessions in the coming months.

MFP Program Reviewed in Online Long-Term Care Newsletter

The *Advance for Long-Term Care Management* newsletter recently ran an article on Money Follows the Person (MFP) titled “Living Outside Institutions: Money Follows the Person Rebalancing Program Offers Independent Living Options Through 2016.” Please see:

<http://long-term-care.advanceweb.com/Features/Articles/Living-Outside-Institutions.aspx>

More Children and Infants Transitioning from Hospitals

Populations benefiting from HOME Choice continue to evolve as the program matures, especially in the recent increase of infants, children and young adults enrolling onto the program due to premature birth, illness and accidents. Please contact the **HOME Choice Operations Unit at (888) 221-1560** for more information about how HOME Choice can serve children and youths.

Modular Ramp Program Launched March 1

Adam Anderson, Housing Coordinator

Eight of Ohio's 13 Centers for Independent Living (CILs) and Area Agency on Aging (AAA) 8 chose to participate in a Home Modification Cooperative involving temporary and permanent ramp construction in designated counties. The agencies will accept applications and referrals from individuals and Transition Coordinators (TCs) to provide aluminum modular ramps. The map illustrates the counties each organization is serving. Every county in the state is covered.

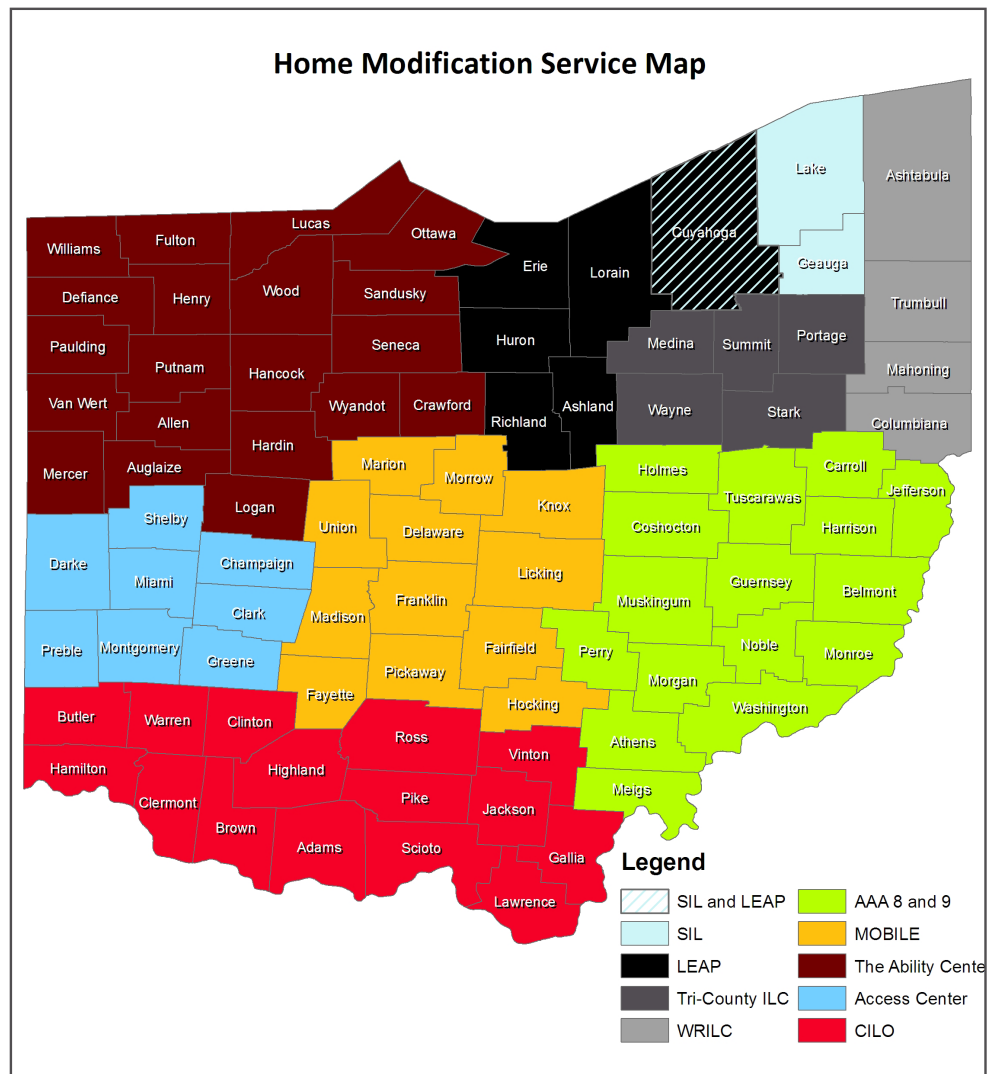
The modular ramp program is mainly for HOME Choice beneficiaries. However, it is also open to any Medicaid beneficiary as a "funder of last resort."

The ramp program can be used by someone who may need a ramp only until he or she receives a permanent ramp through a waiver. Then it can be recycled and used by another beneficiary. There is no restriction on the length of time that a modular ramp can be used.

The availability of temporary modular ramps allows beneficiaries to move from institutions into the community who otherwise would not be able to transition into the community unless their rental had been modified for handicapped accessibility.

The program began on March 1, 2013, for all regions but yellow, which will open on July 1, 2013. The program in all regions will end on June 30, 2014.

Transition coordinators with clients or beneficiaries interested in the temporary modular ramp program should contact the agency in their region to initiate the application process.





Contributing Organizations

Access Center for Independent Living
 Achievement Centers for Children
 Advocacy and Protective Services (APSI)
 AARP
 American Association of Service Coordinators
 Amerigroup
 Assistive Technology of Ohio (AT Ohio)
 Autism Society of Ohio
 Bittersweet Inc.
 Brain Injury Association of Ohio
 Brethren Care Village
 Buckeye Community Health Plan
 Cerebral Palsy Association of Ohio
 Coalition on Homelessness and Housing in Ohio
 Creative Housing Corporation
 Definitive Home Health Care
 Delaware Creative Housing
 Easter Seals of Ohio
 Episcopal Retirement Homes, Inc.
 Family Services Council of Ohio
 Good Samaritan Hospital
 Greater Dayton TRA
 Heritage Day Health Centers
 Housing and Urban Development (HUD)
 Heritage Health Care Services
 Housing Leadership Institute
 Legislative Services Commission
 Linking Employment, Abilities and Potential (LEAP)
 Long Term Care (LTC) Ombudsman Program
 Mercy Saint John's Center
 Miami Valley In-Ovations, Inc.
 Midwest Care Alliance
 National Alliance on Mental Illness of Ohio
 National Church Residences
 Ohio Academy of Nursing Homes
 Ohio Advocates
 Ohio Alliance for Direct Support Professionals
 Ohio Assisted Living Association
 Ohio Association Adult Caregivers
 Ohio Association of County Behavioral Health Authorities
 Ohio Association of County Boards of DD
 Ohio Association of Superintendents of County Boards of DD
 Ohio Board of Regents
 Ohio Association on Area Agencies on Aging
 Ohio Capital Corporation for Housing
 Ohio Centers for Independent Living - CILS
 Ohio Conference of Community Development Organizations
 Ohio Council for Home Care and Hospice
 Ohio Department of Aging
 Ohio Department of Alcohol and Drug Addiction Services
 Ohio Department of Development
 Ohio Department of Mental Health
 Ohio Department of Developmental Disabilities
 Ohio Department of Transportation
 Ohio Dietetic Association
 Ohio Health Care Association
 Ohio Council for Home Care
 Ohio Hospital Association
 Ohio Housing Authority Conference
 Ohio Housing Authority Finance
 Ohio Jewish Communities
 Ohio Job and Family Services Directors Association
 Ohio Legal Rights Service
 Ohio Office of Budget and Management
 Ohio Olmstead Task Force
 Ohio PATHS
 Ohio Provider Resource Association
 Ohio State University-Public Policy, Assistive Technology
 Ohio United Way
 Rehabilitation Service Commission
 RHC, Inc.
 Sarah Care Adult Day Services
 Service Employees International Union - SEIU 1199
 The Ability Center
 The Advocate of Not-For-Profit Services for Ohioans (AOPHA)
 The Success Group
 Wright State University - School of Medicine

And, all consumers and families who have participated

HOME Choice Vision Statement

Ohioans who need long-term services and support . . .
 Get services and supports they need in a timely manner
 In settings they want from whom they want,
 And if needs change, services and supports change accordingly.

The *HOME Choice Bulletin* is a newsletter for anyone interested in Ohio's Money Follows the Person HOME Choice Transition Program. It provides updates, statistics, and other information about the status and progress of Ohio's HOME Choice Program four times a year.

Please contact mfp@medicaid.ohio.gov if you have comments, information to share, or would like to be added to the *HOME Choice Bulletin* e-mail

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