



Promoting wellness and recovery

John R. Kasich, Governor • Tracy J. Plouck, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

**Adult Care Facility/Adult Foster Home (ACF/AFoH) Incentive Program
 FY 2017 Quarter 1 & Quarter 2 (July 1, 2016 – December 31, 2016) Quarterly Reporting Form**

Please complete one form for each licensed home.

Incomplete forms will not be processed. Please confirm you are submitting the correct form for the current quarter by checking the website at <http://mha.ohio.gov/Default.aspx?tabid=572>.

NOTE: Payment is issued by the Office of Budget & Management, Ohio Shared Services (OSS). You must register with OSS and receive an OAKS Supplier # to receive payment. **Applications that do not have an OAKS Supplier # will not be processed.** More information can be found at <http://ohiosharedservices.ohio.gov/SuppliersForms.aspx>.

OAKS SUPPLIER #: (ex. 0000299777) 0000 _____

Licensed ACF/AFoH Name	Operator Name	ACF/AFoH Address	ACF/AFoH County
Facility License # (ex. 09-3377)	License Expiration Date	Facility Contact Email	Facility Contact Phone (include area code)
# of Licensed Beds (used in payment calculation)	# of Current Residents (for informational purposes only)	# of Current Residents with Behavioral Health Diagnosis (for informational purposes only)	

Listed on the attached are the *Free-of-Cost Changes* and *At-Cost Changes* that operators must implement in their facilities to participate in the ACF/AFoH Incentive program for FY17 Quarter 1 and Quarter 2 (July 1, 2016 – December 31, 2016). OhioMHAS has the authority to determine these required changes. **You may submit this form anytime but no later than January 15, 2017.**

Choose a minimum of 10 Free-of-Cost Changes AND a minimum of 10 At-Cost Changes that were not selected during the SFY 16 ACF/AFoH incentive program and as selected on the ACF/AFoH Incentive Reporting Form (on the attached) for the time period July 1, 2016 through December 31, 2016 to be paid \$105.00 per licensed bed/per quarter.

OR

Choose to complete a minimum of 7 Free-of-Cost changes AND a minimum of 7 At-Cost changes that were not selected during the SFY 16 ACF/AFoH incentive program and as selected on the ACF/AFoH Incentive Reporting Form (on the attached) in this same time period, to be paid \$85.00 per licensed bed/per quarter.

By voluntarily signing this form, I hereby declare, certify and affirm that the information I have provided on this application, including all attachments and supporting documentation, is true and accurate to the best of my knowledge and belief. I further affirm that I have a current and valid license with OhioMHAS including, but not limited to, having no proposed actions to deny, revoke, or refuse to renew the facility's license; no outstanding plans of correction; no orders suspending admission of residents; and there are no pending civil penalties. Any misleading or fraudulent activities will forfeit my ability to receive additional ACF/AFoH Incentive funding.

ACF/AFoH Operator Printed Name

ACF/AFoH Operator Signature

Date

Please submit ACF Incentive Program Quarterly Reporting Form to Community Transitions via email

ACF-AFoHIncentive@mha.ohio.gov,

fax 614-485-9747, or U.S. mail to Theresa Rohrbaugh, c/o OhioMHAS, 30 East Broad Street, 36th Floor, Columbus, OH, 43215.

You may submit this form at any time but no later than January 15, 2017.



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IF THE OPTIONS ARE THE SAME FOR ALL ELIGIBLE HOMES, ONLY SUBMIT THIS FORM ONCE AND LIST THE NAMES OF ALL THE HOMES THIS APPLIES TO IN THE SPACE BELOW ON EACH PAGE.

NAME OF ACF/AFoH FACILITY(IES): _____

FREE-OF-COST/POLICY CHANGES	AT-COST CHANGES
<input type="checkbox"/> The ACF has residents who may or may not be receiving HCBS services and does not isolate residents with disabilities from the broader community. This may be demonstrated by written policies and procedures, orientation materials, resident handbook, etc. The setting operates in a manner that does not congregate individuals so that they live/receive services in an area separate from individuals not receiving Medicaid HCBS services and does not limit access to amenities.	<input type="checkbox"/> Provide ongoing staff training to provide services to individuals with disabilities in the same area(s) as individuals without disabilities and training concerning; <ul style="list-style-type: none"> • Fair treatment of all residents regardless of income source (i.e., RSS, private, Medicaid, non-Medicaid) • Residents' rights policy and procedures to individuals residing in the facility in language easily understood by individual residents. <input type="checkbox"/> Develop orientation materials or resident handbooks and provide copies to all individuals residing in the facility. <input type="checkbox"/> Removal of physical indicators that makes ACF location stand out including signs that specify the residence is an Adult Care Facility.
<input type="checkbox"/> Post community resources, such as local consumer operated services (COS) locations, recovery resources, religious organizations, libraries, entertainment, etc., that promote community inclusion in an area that is easily visible and in a format that is easily readable.	<input type="checkbox"/> Develop a community resource binder and keep in an area that is easily visible and accessible.

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NAME OF ACF/AFoH FACILITY(IES): _____

FREE-OF-COST/POLICY CHANGES		AT-COST CHANGES	
<input type="checkbox"/>	Post information concerning financial rights of residents, accessing personal accounts, info about local representative payee agencies and bank branches, and financial literacy in an area that is easily visible and in a format that is easily readable.	<input type="checkbox"/>	Provide direct staffing hours to assist individual residents in arranging representative payee services, opening bank accounts, attending financial literacy courses, and other financial management activities, per a designated time(s) as agreed to by resident and staff.
<input type="checkbox"/>	Post public transportation schedules, such as local buses, taxis, other transportation services supported by the community along with contact information and directions on how to use transportation schedules in an area that is easily visible and in a format that is easily readable.	<input type="checkbox"/>	Provide direct staffing hours to educate individual residents on how to use public transportation including taking individuals to the bus stop and riding along with them for the initial ride.
<input type="checkbox"/>	Post notice that setting does not require residents to be absent from setting for convenience (ex. Locked out of facility during day hours), nor require residents to be present in order to financially benefit the provider.	<input type="checkbox"/>	Remove barriers to movement which prevent residents from entering or exiting certain areas within the setting. This may include but is not limited to gates, locked doors, blocked aisle ways.
<input type="checkbox"/>	Post information for residents about how, where, and from who they can receive community services so that they may make an informed choice as well as information about how to change community providers. A list of resources can be found by county at http://www.drc.ohio.gov/web/reentry_resource.htm .	<input type="checkbox"/>	Complete ongoing staff training about how to assist residents with changing service providers or obtain other requested services if dissatisfied.
<input type="checkbox"/>	Post information about opportunities for residents to make informed choices about when daily tasks, services, and activities are furnished.	<input type="checkbox"/>	Post information about resident and housing rights, including how to seek new housing with providers and when they could be required to relocate. This may include posting information from the OhioMHAS Licensure and Certification Webpage.

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<input type="checkbox"/>	Assist residents with employment and volunteer efforts including reminding residents when it is time to report to work & assist with arranging reliable transportation. Post information about supported employment, benefit planning, the value of employment, and information about local OhioMeansJobs centers, supported employment, local Opportunities for Ohioans with Disabilities offices in an area that is easily visible and in a format that is easily readable.	<input type="checkbox"/>	Arranging transportation to & from employment & other community activities as needed, including staffing hours. Accountable for gas, maintenance & safety of assigned vehicle(s) and if unavailable assisting with alternate transportation options.
<input type="checkbox"/>	Support residents' opportunities to participate regularly in meaningful non-work activities in the community and does not require individual to adhere to set schedule for waking, bathing, eating, exercising, or other activities. Staff assists residents with accessing amenities, e.g., pool or gym, as needed.	<input type="checkbox"/>	Complete ongoing staff training about the value of community integration and provide staff support to residents who are interested in community activities.
<input type="checkbox"/>	Provide formal opportunities for residents to provide input about satisfaction with the setting, staff, and services received including instructions on how input can be provided anonymously.	<input type="checkbox"/>	Complete staff training on how to appropriately accept critical feedback from residents and how that feedback should be incorporated into policies that will benefit all residents.

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FREE-OF-COST/POLICY CHANGES		AT-COST CHANGES	
<input type="checkbox"/>	Permit resident access to various areas, such as cooking and dining areas, laundry, living and entertainment areas for activities as they choose and remove barriers to movement which prevent entrance/exit from certain areas within setting. Cameras should not be used to monitor the setting, i.e., those in living areas or individuals' rooms not utilized for general security purposes. The ACF policies allow individuals' freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting.	<input type="checkbox"/>	Provide modifications needed to facilitate mobility such as grab bars, shower seats, or hand rails, etc.
<input type="checkbox"/>	The setting has a process for notifying the case manager when individuals experience a significant change that may require modifications in the individual's person-centered service plan.	<input type="checkbox"/>	Complete ongoing staff training to assist the individual or by personally contacting the individual's case manager when appropriate.

Acronyms and Definitions

ACF – Adult Care Facility. Adult Care Facilities and Adult Foster Homes are residential care homes licensed by OhioMHAS for the purpose of providing accommodations, supervision and personal care services to unrelated adults.

COS – Consumer Operated Service. Consumer Operated Services (COS) encourage personal contact and social relationships to alleviate isolation and loneliness, a persistent and recurring problem among people in the public mental health system. Additional activities include educational and employment opportunities, as well as peer support and leadership building to promote self-advocacy.

HCBS – Home and Community Based Services. Home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community. These programs serve a variety of targeted population groups, such as people with mental illnesses, intellectual or developmental disabilities, and/or physical disabilities.

*Please submit the Quarterly Report form via email ACF-AFoHIncentive@mha.ohio.gov, fax 614-485-9747, or U.S. mail to Theresa Rohrbaugh, c/o OhioMHAS, 30 East Broad Street, 36th Floor, Columbus, OH, 43215. **This may be submitted at any time but no later than January 15, 2017.***