



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

June 12, 2015

TO: Licensed Home Operators

FROM: Theresa Rohrbaugh, Housing Policy and Resource Administrator
Ohio Department of Mental Health & Addiction Services 

SUBJECT: Closing of State Fiscal Year (SFY) 2014 - 15
Adult Care Facility (ACF)/Adult Foster Home Incentive (AFoH) and
Residential State Supplement (RSS) Quality Payment Programs

Thank you to all of the home operators who participated in the SFY 2014 - 15 ACF/AFoH Incentive and RSS Quality Payment Programs. With the close of the State Fiscal Year quickly coming to an end (June 30, 2015), below are important guidelines and information that you need to be aware of to ensure final payment for these programs for SFY 2014 - 15.

- Closing SFY 2014 - 15 and OAKS Maintenance: Both of these factors have created a delay in the issuance of payments. Although we strive to ensure that home operators receive payments on a timely basis, we have no control of when checks/electronic fund transfers (EFTs) are issued. There have been delays with the ACF Incentive Quarter 3 payment and we are expecting that payment to be received by home operators by the end of June. You may check on the status of your ACF/AFoH Incentive payment by contacting Ohio Shared Services at 1-877-644-6771.
- Quarter 4 ACF/AFoH Incentive Application Forms: Home operators are to submit the Quarter 4 forms *no earlier than* June 30, 2015. Forms received and dated prior to June 30, 2015 will not be processed. It is important to submit your forms by close of business July 15, 2015. **IF WE HAVE NOT RECEIVED YOUR FORMS BY CLOSE OF BUSINESS JULY 15, 2015, THEN YOUR PAYMENT CANNOT BE PROCESSED.** This is the final payment for the ACF Incentive program and after July 15, 2015 no funds will be available. For your convenience, enclosed is the ACF/AFoH Incentive Application form, which includes the information for submission to OhioMHAS. If mailing send to Theresa Rohrbaugh, Ohio Department of Mental Health & Addiction Services, 30 East Broad Street, 36th Floor, Columbus, OH, 43215.
- RSS Quality Payment Quarter 3: The request for payment was submitted June 3, 2015. Because of the delays mentioned above, it is likely that home operators may not receive payment until August. Also, we are awaiting data to process retroactive payments for Quarters 1 and 2 and will submit that for payment as soon as we are able. You may check on the status of your RSS Quality Payment by contacting Ohio Shared Services at 1-877-644-6771.

We expect there will be changes to these programs for SFY 2015 – 16 and information will be forthcoming. If you need assistance or further information regarding the SFY 2014 – 15 programs, please contact me at ACF-AFoHIncentive@mha.ohio.gov. Thank you.

Enclosure

CC: Roma Barickman, Housing Manager
Ellie Jazi, Housing Policy and Resource Administrator



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Adult Care Facility (ACF)/Adult Foster Home (AFoH) Home Operator Incentive Form

Please complete information below verifying all residents linked with Mental Health (MH) and/or Substance Use Disorder (SUD) services on the last day of the Quarterly Reporting Period (see quarterly due dates noted below).	OAKS Vendor #: (i.e., 0000299777) <div style="font-size: 2em; text-align: center; letter-spacing: 0.5em;">0 0 0 0</div>
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ACF or AFoH Information

You may submit one form per facility per quarter

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

ACF/AFoH Name	Operator Name	ACF/AFoH Address		
License Type	Facility License #	Facility Contact #	Facility Contact Email	ACF/AFoH County
<input type="radio"/> Foster Home (1 - 2) <input type="radio"/> Family Home (3 - 5) <input type="radio"/> Group Home (6 - 16)	(i.e., <u>09-3377</u>)			

Please **mark** the box for the quarter you are requesting participation:

Quarterly Reporting Period(s)	Total # of Licensed Beds	# of Residents linked on <u>last day</u> of Quarter
<input type="radio"/> 1st Quarter (Jul. 1 - Sept. 30, 2014)		
<input type="radio"/> 2nd Quarter (Oct. 1 - Dec. 31, 2014)		
<input type="radio"/> 3rd Quarter (Jan. 1 - Mar. 31, 2015)		
<input type="radio"/> 4th Quarter (Apr. 1 - Jun. 30, 2015)		

By voluntarily signing this form, you affirm that all residents included in the quarterly count(s) are currently residing in this facility on the end date(s) of the quarter(s) you are requesting funding participation. 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 this agreement is voluntary and is entered into in good faith; therefore, any misleading or fraudulent activities will forfeit my ability to receive additional funding.

X
X

PRINT - ACF/AFoH Home Authorized Name - PRINT
ACF/AFoH Home Authorized (Signature)
Date

The quarterly form may not be signed, dated or submitted prior to the end date of each quarter.

This form may be emailed to OhioMHAS's Housing Policy and Resource Administrator at ACF-AFoHIncentive@mha.ohio.gov or sent via fax at 614-485-9747