



**Adult Care Facility/Adult Foster Home (ACF/AFoH) Incentive Program
FY 2016 Quarter 1 (July 1, 2015 through September 30, 2015) Quarterly Reporting Form**

Please complete one form for each licensed home for Quarter 1 only.
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>.

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| 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 # (formerly known as Vendor ID): (ex. 0000299777) 0 0 0 0 _ _ _ _ _ |
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|---|--------------------------------|---|--|---|--|
| Licensed ACF/AFoH Name | | Operator Name | | ACF/AFoH Address | |
| Facility License # (ex. 09-3377) | License Expiration Date | ACF/AFoH County | | Facility Contact Email | |
| Facility Contact Phone <i>(include area code)</i> | | # of Licensed Beds <i>(used in payment calculation)</i> | | # of Current Residents <i>(for informational purposes only)</i> | |

All ACF's should possess the following characteristics to be considered eligible Home and Community-Based Settings (HCBS).

FIRST QUARTER GOAL: *To participate and support the individual's full access to the community by promoting resident's involvement in community life, individual control of personal resources, and opportunities to seek employment and work in integrated settings.*

(OVER)

Each quarter there will be a list of different *Free-of-Cost Changes* and *At-Cost Changes* that operators must implement in their facilities to participate in the ACF/AFoH Incentive. OhioMHAS has the authority to determine these required changes. If you wish to be considered for funding, below are the required Free-of-Cost/Policy and At-Cost Changes for *Quarter 1* (July 1, 2015 – September 30, 2015):

| FREE-OF-COST/POLICY CHANGES <i>(Please select at least 3 of the 5 options below.)</i> | | AT-COST CHANGES <i>(Please select at least 2 of the 4 options below.)</i> | |
|---|---|---|--|
| <input type="checkbox"/> | Post community resources, i.e., consumer-operated services (COS) locations, recovery resources, religious organizations, libraries, entertainment, etc., to participate in community activities that is easily visible and readable in a common area. | <input type="checkbox"/> | Provide staffing hours to educate individual residents how to use public transportation, e.g., practice runs, per a designated time(s) as agreed to by resident and staff. |
| <input type="checkbox"/> | Post public transportation schedules, i.e., local buses, taxis, other transportation services supported by the community and contact information that is easily visible and readable in a common area. | <input type="checkbox"/> | Provide staffing hours to assist individual residents in arranging representative payee services, opening bank accounts, and other financial management activities, per a designated time(s) as agreed to by resident and staff. |
| <input type="checkbox"/> | Post information concerning financial rights of residents, e.g., not required to endorse paychecks to provider, info about local representative payee agencies and bank branches that is easily visible and readable in a common area. | <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"/> | Assist residents with employment efforts reminding resident(s) time to report to work & assist with arranging reliable transportation. | <input type="checkbox"/> | Removal of physical indicators that makes ACF location stand out, e.g., signage, instead of promoting integrated community life. |
| <input type="checkbox"/> | Post information regarding local OhioMeansJobs centers, supported employment, local Opportunities for Ohioans with Disabilities offices that is easily visible and readable in a common area. | | |

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.