



**Adult Care Facility/Adult Foster Home (ACF/AFoH) Incentive Program
FY 2016 Quarter 2 (October 1, 2015 through December 31, 2015) Quarterly Reporting Form**

Please complete one form for each licensed home for Quarter 2 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>.

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)
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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)	

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

SECOND QUARTER GOAL: *To ensure the individual's rights of privacy, dignity and respect, and freedom from coercion and restraint by optimizing individual initiative, autonomy and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.*

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, Page 2 of this form lists the required Free-of-Cost/Policy and At-Cost Changes for *Quarter 2 (October 1, 2015 – December 31, 2015)*.

FREE-OF-COST/POLICY CHANGES <i>(Please select at least 4 of the 8 options below.)</i>		AT-COST CHANGES <i>(Please select at least 3 of the 6 options below.)</i>	
<input type="checkbox"/>	Post notices of residents' rights; choice of room/roommates; how to file complaints in easily understood language, including how to file complaint anonymously; how to request services or change providers, including individuals' choice to receive services from other providers or staff.	<input type="checkbox"/>	Install locks for the main entrances and bedroom doors with keys for residents and appropriate staff.
<input type="checkbox"/>	Keep Protected Health Information (PHI) in private area, e.g., information about medical conditions, medication, and special diet, where appropriate staff can access as needed.	<input type="checkbox"/>	Ongoing staff training regarding PHI and how to enter private areas (knocking and requesting permission to enter bedrooms and bathrooms); how to maintain dignity and respect for residents, e.g., addressing individuals in the same manner as they would like to be addressed.
<input type="checkbox"/>	Residents own/have access to telephones/other electronic devices for private communication at any time.	<input type="checkbox"/>	Provide opportunities for privacy in communication for residents, including telephone jacks, WI-FI, or ethernet jacks in individuals' bedrooms. Also, communal telephones and computer(s) are located so residents have privacy.
<input type="checkbox"/>	Post notice that setting does not require residents to be absent from setting for the provider's convenience, e.g., residents being locked out of facility during day hours.	<input type="checkbox"/>	Maintain sufficient staffing levels so they are available to allow for scheduling variations for individuals.
<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. Staff assists residents with accessing amenities, e.g., pool or gym, as needed.	<input type="checkbox"/>	Complete ongoing staff training about respecting individuals' initiative, autonomy, and independence, e.g., asking residents about their needs and preferences, how to provide assistance in a manner that helps empower individuals to make choices.
<input type="checkbox"/>	Permit resident access to various 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.	<input type="checkbox"/>	Provide staffing hours to provide assistance to residents with grooming/personal hygiene and with obtaining clothing or selecting well-fitting clothing that is clean and weather-appropriate, as needed.
<input type="checkbox"/>	Setting does not have rules regarding curfew and residents are able to receive visitors without restrictions, including meeting in specific areas or at certain times, etc., except when at risk of well-being to other residents.		
<input type="checkbox"/>	Residents are not required to occupy assigned seating for activities or meals. Setting also provides area for residents who choose not to participate in activities.		

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.