



**Adult Care Facility/Adult Foster Home (ACF/AFoH) Incentive Program
FY 2016 Quarter 3 (January 1, 2016 – March 31, 2016) Quarterly Reporting Form**

<p>Please complete one form for each licensed home for <u>Quarter 3 only</u>. 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.</p>			
<p>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.</p>			<p>Oaks Supplier # (formerly known as Vendor ID): (ex. 0000299777) 0 0 0 0 _ _ _ _ _</p>
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.

THIRD QUARTER GOAL: *Optimize individual initiative, autonomy, and independence in making life choices, including supporting individuals' rights to housing options and to choose services, including who provides them.*

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 3* (January 1, 2016 – March 31, 2016). **The deadline to submit this form is April 15, 2016.**

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 3 of the 5 options below.)</i>	
<input type="checkbox"/>	Post information for residents about how and to whom to request services, including choices about receiving services from other providers or staff.	<input type="checkbox"/>	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 housing rights for residents, including how to seek new housing with providers and when they could be required to relocate.	<input type="checkbox"/>	Ongoing staff training about resident agreements, especially how to explain agreement in language easily understood by individual residents.
<input type="checkbox"/>	Support individual choice, including whether to remain with roommate(s), how to request changes, couples having the ability to share a room, etc. Document discussion with resident if choice is limited due to lack of financial resources or other reasons.	<input type="checkbox"/>	Ongoing staff training about residents' rights to furnish and decorate the setting, including personal items.
<input type="checkbox"/>	Shared rooms are configured so privacy is protected when assistance is provided to residents.	<input type="checkbox"/>	Provides furniture, linens, and other household items that reflect personal choices of residents.
<input type="checkbox"/>	Residents are able to arrange furniture as they wish for comfort and resident agreement outlines terms as to how individuals may furnish and decorate.	<input type="checkbox"/>	Remove barriers to movement which prevent residents from entering or exiting certain areas within the setting.

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