



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 2016 Quarter 4 (April 1, 2016 – June 30, 2016) Quarterly Reporting Form**

Please complete one form for each licensed home for *Quarter 4 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 #:** (ex. 0000299777) 0000 \_\_\_\_\_

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

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

**FOURTH QUARTER GOAL:** *The setting is non-institutional, as demonstrated by the physical setting and policies, and promotes community integration for individuals with disabilities to the same degree as individuals without disabilities.*

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 program. 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 4* (April 1, 2016 – June 30, 2016) which may be selected. **The deadline to submit this form is July 15, 2016.**

<b>FREE-OF-COST/POLICY CHANGES</b> <i>Please select at least 3 of the 4 options below.</i>		<b>AT-COST CHANGES</b> <i>Please select at least 3 of the 4 options below.</i>	
<input type="checkbox"/>	The setting is not located in the same building or on the same grounds as a facility that provides inpatient institutional treatment, e.g., nursing home, hospital.	<input type="checkbox"/>	Complete ongoing staff training to provide services to individuals with disabilities in the same area(s) as individuals without disabilities.
<input type="checkbox"/>	The setting has a policy to not isolate residents with disabilities from the broader community, which may be demonstrated by written policies and procedures, orientation materials, resident handbook, etc.	<input type="checkbox"/>	Develop orientation materials or resident handbooks and provide copies to all individuals residing in the facility.
<input type="checkbox"/>	Promote opportunities for individuals to make informed decisions about when tasks, services, and activities are provided by the setting.	<input type="checkbox"/>	Complete ongoing staff training about how to explain residents' rights policy and procedures to individuals residing in the facility in language easily understood by individual residents.
<input type="checkbox"/>	The setting has a policy about how individuals will be informed when residential services are limited due to individuals' resources.	<input type="checkbox"/>	Complete ongoing staff training about how to explain limits on residential services in language easily understood by individual residents.

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](mailto:ACF-AFoHIncentive@mha.ohio.gov), fax 614-485-9747, or U.S. mail to Theresa Rohrbaugh, c/o OhioMHAS, 30 East Broad Street, 36<sup>th</sup> Floor, Columbus, OH, 43215.