



## Ohio Administrative Code

### Rule 5160-51-10 Helping Ohioans move, expanding choice (HOME choice).

Effective: November 15, 2021

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(A) Helping Ohioans move, expanding choice (HOME choice) assists individuals to transition from an institutional setting into a community setting.

#### (B) Definitions

(1) "Assessment" means an in-person meeting with the HOME choice applicant to determine eligibility for the program, conducted by the Ohio department of medicaid (ODM) or its designee.

(2) "Community setting" means a location that meets the home and community-based setting requirements set forth in rule 5160-44-01 of the Administrative Code or for those moving from an intermediate care facility for individuals with intellectual disabilities the requirements set forth in rule 5123:2-9-02 of the Administrative Code.

(3) "HOME choice participant" or "participant" means a person who is enrolled in HOME choice.

(4) "Institutional setting" means a hospital as described in Chapter 5160-2 of the Administrative Code, a nursing facility as described in Chapter 5160-3 of the Administrative Code, or an intermediate care facility for individuals with intellectual disabilities as described in Chapter 5123:2-7 of the Administrative Code.

#### (C) To be eligible for HOME choice, an individual must:

(1) Be enrolled in medicaid in accordance with division 5160:1 of the Administrative Code at the time of HOME choice application and during the entire HOME choice enrollment period;

(2) Currently reside in an institutional setting in Ohio and have resided in an institutional setting in Ohio for a period of not less than sixty consecutive days;



(3) Be eighteen years of age or older; (4) Complete the ODM 10239, "HOME Choice Application" (5/2021) which includes:

(a) Agreeing to adhere to the participant responsibilities outlined in the HOME choice application;

(b) Agreeing to move to a community setting in Ohio within one hundred eighty days of enrolling in the program.

(5) Participate in an assessment and be determined by ODM to have:

(a) A need for the program. Examples include:

(i) Requiring physical or emotional supports to successfully transition from an institutional setting to a community setting;

(ii) Lacking family or informal supports willing and capable of assisting with any of the following;

(a) Locating, securing or moving into a community setting;

(b) Acquiring household furnishings and supplies;

(c) Restoring credit or obtaining financial resources necessary to obtain or set up a household;

(d) Accessing community resources and supports; or

(e) Arranging necessary home adaptations required for community living.

(b) Health care needs that may be adequately met in a community setting; and

(c) Enough income or means to sustain community living at the time of HOME choice application and during the entire HOME choice enrollment period.

(6) Have not previously transitioned through the HOME choice program after July 1, 2019;



- (7) Not be moving to another institutional setting.
- (8) Work with a transition coordinator to develop a safe transition plan, and discharge in accordance with that plan.
- (9) Not be a foster child, as defined in Chapter 5101:2-1 of the Administrative Code; and
- (10) Not be eligible for both:
  - (a) Targeted case management, as defined in rule 5160-48-01 of the Administrative Code, and
  - (b) Community transition services, as defined in rule 5123-9-48 of the Administrative Code.
- (D) An individual may be enrolled in HOME choice when all the criteria in paragraph (C) of this rule are met. ODM will notify the individual of enrollment in writing. The HOME choice enrollment period begins on the date of the enrollment letter and continues for up to one hundred eighty days pre-transition and up to thirty days post transition.
- (E) Services available through HOME choice include activities approved by ODM or its designee to assist the participant in their transition including:
  - (1) "Transition coordination" which includes:
    - (a) Working with facility discharge planners to determine what services and supports the participant will need in the community;
    - (b) Helping the participant obtain housing;
    - (c) Linking the participant with community resources;
    - (d) Coordinating the use of community transition services;



(e) Collaborating with the participant's comprehensive care team and nursing facility or hospital to coordinate services at the time of discharge from the institutional setting, and after the transition into the community setting when applicable.

(2) "Community transition service" as set forth in rule 5160-44-26 of the Administrative Code.

(3) HOME choice services can not duplicate services available to a participant enrolled on a home and community-based services (HCBS) waiver.

(F) A participant may receive HOME choice services for up to thirty days post transition beginning on the date the participant moves from the institutional setting into the community setting.

(G) If an individual fails to meet any of the requirements set forth in paragraph (C) of this rule before the HOME choice enrollment period, the individual will be denied participation in the program and afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.

(H) If an individual fails to meet any of the requirements set forth in paragraph (C) of this rule after the HOME choice enrollment period begins, the individual will be terminated from the program and afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.