

Ohio Department of Job and Family Services  
**HOME CHOICE - TRANSITION COORDINATION SERVICES STATEMENT**

Date			
Provider Name		HOME Choice Provider #	
Program Participant Name		Program Participant Medicaid ID #	
<b>Waiver Type</b> (Check One)			
<input type="checkbox"/> Independent Options  <input type="checkbox"/> Level One  <input type="checkbox"/> State Plan	<input type="checkbox"/> Ohio Home Care  <input type="checkbox"/> Transitions MR/DD  <input type="checkbox"/> Transitions Carve-Out	<input type="checkbox"/> PASSPORT  <input type="checkbox"/> Choices  <input type="checkbox"/> Assisted Living	
<b>Deliverables</b> (Indicate by checking the box of the deliverable(s) provided)			
<b>1<sup>st</sup> Deliverable</b> HOME Choice Referral Amount \$3,000	<b>HCICCU Approved</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Received	Approved By
<b>2<sup>nd</sup> Deliverable</b> Qualified Housing Secured Amount \$1,000	<b>HCICCU Approved</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Received	Approved By
<b>3<sup>rd</sup> Deliverable</b> Relocation Completed Amount \$1,000	<b>HCICCU Approved</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Received	Approved By
Comments			
<b>Certification Statement</b>			
<p><b>By submitting this statement, the provider conveys the following assertions</b></p> <ul style="list-style-type: none"> <li>Documentation substantiating the deliverable has been submitted to the HCICCU as required.</li> <li>Provider has delivered services in accordance with the Transition Coordinator's provider agreement.</li> </ul> <p><b>In addition, the provider agrees to accept each reimbursement of services as noted on this statement (i.e., up to \$5,000 per program participant) as payment in full. No other reimbursement shall be sought from other carriers, program participants, or rendered by ODJFS.</b></p>			
<p><i>Any questions regarding the payment of this statement should be directed to the HOME Choice FMS at (800) 610-7910.</i></p>			