

**Richland County Job and Family Services
Comprehensive Title XX Social Services Plan**

Richland County Comprehensive Title XX Social Services Plan

Table of Contents

- I. Introduction
- II. Development of Richland County Comprehensive Title XX Social Services Plan
- III. Timeline of Events
- IV. Richland County Comprehensive Title XX Social Services Plan
- V. Social Services to be Provided
- VI. Title XX Eligibility Guidelines/Reimbursement
- VII. Transportation Priorities
- VIII. Client Rights and Responsibilities
- IX. Title XX Administration
- X. Attachments
 - Legal Notice of Public Hearing
 - Federal Poverty Guideline (FPG) Chart
 - Public Hearing Testimony Guidelines
 - Application for Eligibility Determination
 - Notice of Approval of Your Application for Title XX Services Form
 - Notice of Denial of Your Application for Title XX Services Form
 - JFS 04059-Explanation of State Hearing Procedures

**Comprehensive Title XX Social Services Plan
Richland County Job and Family Services
October 1, 2019 through September 30, 2021**

I. Introduction

Pursuant to Chapter 5101:2-25 of the Ohio Administrative Code, the Ohio Department of Job and Family Services is the State agency responsible for administering the Title XX Social Services Block Grant program. In turn, county Title XX Social Services programs are administered by County Departments of Job and Family Services. Richland County Job and Family Services intends to emphasize those Title XX services which will help prevent or reduce dependency on public assistance while increasing opportunities for self-sufficiency for the families of Richland County.

Richland County Title XX Social Services meet the goals set forth in Section 5101:2-25 of the Ohio Administrative Code:

- A. Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
- B. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- C. Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families;
- D. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and
- E. Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

II. Development of Richland County Title XX Plan

The plan was developed, and continues to be modified, through an in-house committee using the most current knowledge of the community's needs. For the biennium covered under this plan, services to be provided were determined based on work with clients and discussions with social services providers in the community.

Services provided are a combination of direct services implemented by employees of Richland County Job and Family Services and indirect services provided through contracts with community social service agencies. The services are identified in the body of this plan.

III. **Timeline of Events**

The timeline for the development of the Richland County Title XX Social Services Plan follows the State's timeline of events. Richland County's timeline is as follows:

Dates	Activities
January	Training (if necessary)
March	Legal Notice of Public Hearing published
April	Title XX Public Hearing held with testimony from social service providers and public
April through mid-May	Public comment period
May	County Hearing Summaries and public notice sent to ODJFS; pre-contract packets mailed to providers/received into agency
June 15	Final Title XX county profile due to ODJFS (reporting portal)

IV. **Richland County Comprehensive Social Services Plan**

According to Ohio Revised Code, Section 5101.46, the County Departments of Job and Family Services are responsible for the preparation and revision of a biennium Comprehensive Social Services Plan and intended use of funds that meet all the requirements of applicable State and Federal laws and regulations. Each County Department is required to develop a method for obtaining public comment during the development of the plan and following its completion. The timeline for activities related to the Comprehensive Social Services Biennium Plan is noted in the previous section. The United Way and other organizations periodically survey the community to formally determine the needs of the community and identify available services. More informally, community customers and providers of services provide invaluable feedback regarding services available in the community and the needs of consumers.

Richland County Job and Family Services conducts a public hearing on the county plan prior to its implementation. A public notice of the hearing and comment period is published in the local newspaper prior to the date of the hearing and on www.rcjfs.net. During the Public Hearing and through the public comment period, community members and service providers have the opportunity to address the comprehensiveness of the county plan and to make suggestions or recommendations. A summary of the comments collected at the public hearing and through the comment period are forwarded to the Ohio Department of Job and Family Services prior to the submission of the county profile.

Each county is required to adopt a county profile outlining the provision of services. The Richland County Board of Commissioners reviews and signs the county profile upon its completion. The Richland County Title XX County Profile includes the services to be provided and, for each service, the estimated, unduplicated number of persons to be served and the estimated, total expenditures of services. The signed county profile is submitted to the Ohio Department of Job and Family Services in June of the final year of the current biennium period after the Public Hearing and public comment period. Services identified in the county profile comply with the definitions and requirements contained in Chapter 5101:2-25 of the Ohio Administrative Code.

V. Services to be Provided

As a result of the aforementioned needs analysis and in accordance with Ohio Administrative Code, Section 5101:2-25-01, the following services will be provided in Richland County:

A. Direct

Case Management Services:

- (1) Services or activities for the arrangement, coordination, and monitoring of services to meet the needs of individuals and families.
- (2) Component services and activities may include individual service plan development, counseling, monitoring, developing, procuring, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.

Information & Referral Services:

Services or activities designed to provide information about services provided by public and private service providers which may include a brief assessment of client needs (but not diagnosis and evaluation) to facilitate appropriate referral to community resources.

Protective Services for Adults:

- (1) Services or activities designed to prevent or remedy abuse, neglect, or exploitation of adults who are unable to protect their own interests. Services will be provided to individuals age sixty or older according to their individual case plans in accordance with state and federal requirements.
- (2) Situations that may require protective services include injury due to maltreatment or domestic violence; lack of adequate food, clothing or shelter; lack of essential medical treatment or rehabilitation services; and lack of necessary financial or other resources.
- (3) Component services or activities may include investigation; immediate intervention; arranging emergency medical services; emergency shelter; developing case plans; initiation of legal action (if needed); counseling for the individual and family; assessment/evaluation

of family circumstances; arranging alternative or improved living arrangements; and case management and referral to service providers.

Transportation Services:

Services or activities that provide or arrange for travel including travel costs of individuals in order to access services or obtain medical care. Richland County Job and Family Services does not use Title XX funds to provide transportation for employment. Individuals requesting employment transportation are referred to other supportive services.

Richland County Job and Family Services considers Title XX funded local transportation to be transportation to destinations within Richland County and the surrounding areas to include Galion, Crestline and Ashland. Whenever an individual is on a bus line and is able to ride the bus, bus tickets will be issued for local transportation.

Local transportation is provided to eligible individuals for purposes of medical care or to access social services. The first priority for all categories of eligibility is medical appointments.

The Richland County Job and Family Services does not provide emergency transportation. Transportation will not be provided to individuals who are living in a nursing home facility and receiving skilled, protective, or intermediate levels of care or individuals who are living in other institutional settings which are responsible for transportation services for the residents. Richland County Job and Family Services does not provide assisted transportation; riders need to be ambulatory, need to be able to get in and out of the van without assistance, and need to be able to locate their medical providers independently. Richland County Job and Family Services will decide, in consultation with the recipient of service, whether another individual may ride with the recipient to provide assistance.

Richland County Job and Family Services reserves the right to require individuals who apply for Title XX transportation services to utilize other free or reduced fare services such as public transportation and other social service transportation programs in the community prior to approving Title XX applications. Such decisions shall be based on the client's situation including medical needs, cost, and timeliness concerns. Case documentation will include the rationale for decisions.

B. Indirect

Case Management Services:

- (1) Services or activities for the arrangement, coordination, and monitoring of services to meet the needs of individuals and families.
- (2) Component services and activities may include individual service plan development; counseling; monitoring; developing; procuring; and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.

Counseling Services:

- (1) Services or activities that apply therapeutic processes to personal, family, situational, or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances.
- (2) Problem areas may include family and marital relationships, parent-child problems, or drug abuse.

Day Care Services for Adults:

- (1) Services or activities provided to adults who require care and supervision in a protective setting for a portion of a twenty-four hour day.
- (2) Component services or activities may include opportunity for social interaction, companionship and self-education; health support or assistance in obtaining health services; counseling; recreation and general leisure time activities; meals; personal care services; plan development; and transportation.

Education and Training Services:

- (1) Services provided to improve knowledge of daily living skills and to enhance cultural opportunities.
- (2) Services may include, but not be limited to, instruction or training in consumer education, health education, community protection and safety education, literacy education, English as a second language, and general educational development (GED).
- (3) Component services or activities may include screening; assessment and testing; individual or group instruction; tutoring; provision of books, supplies, and instructional material; counseling; transportation; and referral to community resources.

Family Planning Services:

- (1) Educational, comprehensive, medical, or social services or activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved.
- (2) Services and activities may include a broad range of acceptable and effective methods and services to limit or enhance fertility, including contraceptive methods (including natural family planning and abstinence), and the management of infertility (including referral to adoption).
- (3) Specific component services and activities may include pre-conceptional counseling, education, and general reproductive health care, including diagnosis and treatment of infections which threaten reproductive capability. Family planning services do not include

pregnancy care (including obstetric or prenatal care).

Home Based Services:

- (1) In-home services or activities provided to individuals or families to assist with household or personal care activities that improve or maintain adequate family well-being.
- (2) Services may be provided for reasons of illness, incapacity, frailty, absence of a caretaker relative, or to prevent abuse and neglect of a child or an adult.
- (3) Major service components may include homemaker services, chore services, home maintenance services, and household management services.
- (4) Component services or activities may include protective supervision of adults and/or children to help prevent abuse, temporary non-medical personal care, house-cleaning, essential shopping, simple household repairs, yard maintenance, teaching of homemaking skills, training in self-help and self-care skills, assistance with meal planning and preparation, sanitation, budgeting, and general household management.

Protective Services for Adults:

- (1) Services or activities designed to prevent or remedy abuse, neglect, or exploitation of adults who are unable to protect their own interest.
- (2) Situations that may require protective services include injury due to maltreatment or domestic violence; lack of adequate food, clothing or shelter; lack of essential medical treatment or rehabilitation services; and lack of necessary financial or other resources.
- (3) Component services or activities may include investigation; immediate intervention; arranging emergency medical services; emergency shelter; developing case plans; initiation of legal action (if needed); counseling for the individual and family; assessment/evaluation of family circumstances; arranging alternative or improved living arrangements; and case management and referral to service providers.

Indirect services for emergency shelter are for a period of time not to exceed 90 days. Guardianship and Payee services are considered Protective Services for Adults and are available for individuals age 60 and older.

Residential Treatment Services:

- (1) Short-term residential care and comprehensive treatment services for children or adults whose problems are so severe or are such that they cannot be cared for at home and need the specialized services provided by specialized facilities.
- (2) Component services and activities include room and board for alcohol and drug detoxification services.

Special Services for persons with developmental or physical disabilities or persons with visual or auditory impairments:

- (1) Services or activities to maximize the potential of persons with disabilities, to help alleviate the effects of physical, mental or emotional disabilities, and to enable those persons to live in the least restrictive environment possible.
- (2) Component services or activities may include personal and family counseling; respite care; family support; aid to assist independent functioning in the community; and training in mobility, communication skills, the use of special aids and appliances, and self-sufficiency skills.
- (3) Residential and medical services may be included only as an integral, but subordinate, part of the services.

Transportation:

- (1) Services or activities that provide or arrange for travel including travel cost of individuals in order to access services or obtain medical care.
- (2) Component Services or activities may include special travel arrangements such as special modes of transportation and personnel to accompany or assist individuals or families to utilize transportation.

VI. Title XX Eligibility Guidelines/Reimbursement

- A. Reimbursement under Title XX for expenditures for services delivered to individuals is contingent upon the following:
 1. The service is included in the Comprehensive Title XX Social Services Plan (CSSP).
 2. The individual who receives the service has been determined eligible for the service.
 3. Richland County Job and Family Services reserves the right to limit eligibility contingent upon the availability of funds and resources.

B. Categories of eligibility under Richland County's Title XX programs are as follows:

Services	Without Regard to Income	Free	For a Fee
Case Management		X	
Counseling		X	
Day Care for Adults		X	
Education and Training		X	
Family Planning		X	
Home-Based Services		X	
Information and Referral	X No application required		
Protective Services for Adults	X Age 60 and older		
Protective Services for Children	X		
Residential Treatment		X	
Special Services for Persons with Developmental or Physical Disabilities or Persons with Visual or Auditory Impairments		X	
Transportation		X	

*The "Free" category of eligibility for direct transportation services includes the following: recipients of TANF, SSI, Medicaid (only); individuals and/or families with income levels at or below 200% of Federal Poverty Guidelines; and individuals age 60 and older.

C. Each provider of services (direct and indirect) will make a determination of eligibility within thirty (30) days of the date of the initial application or request for services. A proper determination of eligibility is one based on a correct assessment of all necessary information. Eligibility is determined by each Provider according to the rules and regulations governing Title XX.

VII. **Transportation Priorities**

Richland County Job and Family Services adheres to written policies regarding scheduling, cancellations, and protocol for using a transportation service when providing Title XX Transportation services. The guidelines shall be provided to all applicants who are approved for transportation services.

Title XX funded transportation will be provided to local medical and social services appointments on a first-request/first-scheduled basis. Medical appointments will be the first service priority across all categories of eligible consumers.

Local transportation shall be provided to categories of eligible consumers in the following order of priority:

1. Recipients of TANF, SSI, Medicaid, and income eligible individuals/families, and
2. Individuals 60 years of age and older.

VIII. Client Rights and Responsibilities

Richland County Job and Family Services and all Title XX service providers must insure client rights and responsibilities and the right to a state hearing are explained to consumers of services. Each consumer must be advised of his/her rights and obligations relative to receiving services within the limitations set forth in Chapter 5101:2-25 of the Ohio Administrative Code. The explanation of rights and obligations includes the following:

- A. Right to apply for services and have eligibility determined within thirty calendar days of receipt of the application.
- B. Right to receive any available, needed services provided all eligibility factors are met and sufficient funds are available to provide services.
- C. Right to a state hearing as described in Section 5106:6 (Hearings) of the Ohio Administrative Code.
- D. Right to be advised of the eligibility requirements for social services.
- E. Right to safeguarding of information reported by or about the consumer, to the extent permitted by law.
- F. Responsibility to report information that may affect eligibility within ten calendar days.
- G. Responsibility to provide documentation to substantiate eligibility.
- H. Responsibility to cooperate with efforts to monitor the eligibility process.

IX. Title XX Administration

- A. Richland County Job and Family Services will administer Title XX services in accordance with the requirements of Title XX of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301 (2012), section 5101.46 of the Revised Code and Chapter 5101:2-25 of the Administrative Code. A Title XX program year is October 1st through September 30th.
- B. Richland County Job and Family Services will provide Title XX services through direct services or purchased services, as defined in the current Comprehensive Title XX Social Services Plan. Methods of delivery may change during a program year as need occurs and funding and/or resources are available. Richland County Job and Family Services will not use Title XX funds for prohibited services as defined in 5101:2-25-02 (M) of the Ohio

Administrative Code.

Contracted, or indirect, services will be monitored. In the event that funding is diminished, direct services will be the first priority. Indirect services will be prioritized based on need and availability of funding.

- C. An individual service plan is required when providing Title XX services, with the exception of Information and Referral Services, as defined in 5101:2-25-02 of the Administrative Code.
- D. Richland County Job and Family Services nor contracted providers of services under Title XX funding shall employ or contract with excluded individuals pursuant to 5101:2-25-02 (K) of the Ohio Administrative Code.
- E. Richland County Job and Family Services will purchase Title XX services not provided directly by staff.
 - 1. All Providers of Title XX services must comply with any licensing certification or approval required by state and federal law or regulation.
 - 2. All prospective Title XX Providers will provide written testimony of need and services, present oral testimony at the public hearing in April, and complete a pre-contract packet outlining units of service, unit costs, etc. Contracts will be negotiated with providers of services prior to October 1st.
 - 3. Providers of services may request to amend contracts during the biennium. Amendments to a contract will become part of the original contract.
 - 4. Reimbursement will be made for services and service activities included on the Title XX County Profile (JFS 01821) only and for administrative support directly related to the provision of such services.
 - 5. Richland County Job and Family Services will monitor purchased services through the monthly invoice. Monitoring of purchased services contracts will be conducted through desk reviews and/or site visits.


Sharlene Neumann, Director

4-10-19
Date

X. Attachments



Sharlene Neumann
Director

March 27, 2019

Mansfield News Journal
70 W Fourth Street
Mansfield, Ohio 44902
ATTN: LEGAL NOTICE SECTION

Please publish the following notice:

Richland County Job and Family Services is conducting a Title XX Public Hearing on **Wednesday, April 10, 2019 at 1:30 PM** at Richland County Job and Family Services, 171 Park Avenue East, Main Conference Room, Mansfield, Ohio 44902.

Richland County Job and Family Services administers Title XX services in accordance with the requirements of Title XX of the Social Security Act, 49 Stat. 620 (1935), 42 U.S.C. 301 (2012), section 5101.46 of the Revised Code and Chapter 5101:2-25 of the Administrative Code. Title XX Social Services funds are funds made available to communities to expand social services to individuals and families.

Public comment is being solicited on the current Richland County Title XX Social Services Plan during the period of April 10, 2019 through May 24, 2019 and will be accepted during the Public Hearing.

Anyone wishing to review the current Richland County Title XX Social Services Plan may access the plan via the internet at www.rcjfs.net or may request a copy of the plan by telephone, fax or e-mail from Lori Bedson, Richland County Job and Family Services, 171/183 Park Avenue East, Mansfield, Ohio 44902; 419-774-5403 (phone); 419-774-5380 (fax); or Lori.Bedson@jfs.ohio.gov. Comments may be faxed, e-mailed or mailed to Lori Bedson.

Please run the notice March 31, 2019 and April 4, 2019. Please charge to purchase order number 19000684. Please send the invoice, along with a copy of the published notice, to Richland County Job & Family Services, ATTN: Sheila Metzger, 171 Park Avenue East, Mansfield Ohio 44902.

Respectfully,

A handwritten signature in blue ink that reads 'Lori A. Bedson'.

Lori A. Bedson
Assistant Director

171 Park Ave E, Mansfield OH 44902
419/774-5400

**2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE
DISTRICT OF COLUMBIA**

200% of the Federal Poverty Guideline – January 2019

Persons in family/household	Income
1	\$24,980
2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180
7	\$78,020
8	\$86,860

Public Hearing Testimony Guidelines Letter

<<Date>>

<<Name>>

<<Address>>

<<CSZ>>

Re: Title XX Public Hearing

The Title XX Public Hearing has been scheduled on April 10, 2019 at 1:30 PM in the main conference room at Richland County Job and Family Services, 171 Park Avenue East, Mansfield, Ohio. The purpose of the hearing is to listen to testimony for requests of the Title XX Social Services Block Grant.

1. Please submit 2 copies of the testimony to Lori Bedson, Richland County Job & Family Services, 183 Park Avenue East, Mansfield, Ohio 44902 no later than April 8, 2019.
2. Please limit your testimony to 10 minutes.
3. Please include the following information in your written and verbal testimony:
 - Introduction
 - Purpose of testimony or description of need
 - Agency/program description
 - Indicate Title XX services for which you are requesting the money
 - Services description
 - Length of time receiving Title XX (if you are currently receiving funding)
 - Number of individuals to be served by Title XX
 - Specify staff to be funded by Title XX
 - Percentage of Title XX requests to overall agency budget
 - Statistics
 - Unmet need description
 - Other funding sources
 - Other pertinent unusual financial features not described elsewhere
 - Cite evidence (qualitative & quantitative) that supports your request
 - Concluding remarks

If you have any questions, please contact me at 419-774-5403.

Respectfully,

Lori A. Bedson
Assistant Director

TITLE XX SOCIAL SERVICES APPLICATION FOR ELIGIBILITY DETERMINATION/REDETERMINATION AND SERVICE PLAN
(Replaces 1704, 1000 and RCJFS 481)

☐ Initial Application ☐ Redetermination ☐ Other (Describe and include effective date) _____

Section I: Identifying Information

Name of Applicant	Case Number	Number in Family
Address		Telephone Number
Social Security Number		Date of Birth

Section II. Service Plan(s)

1. Service Code: Goal:
 Objective:

If the application is approved, the Dates of Service are

Begin	Redetermination
-------	-----------------

Signature of Eligibility Determiner

Date

2. Service Code: Goal:
 Objective:

If the application is approved, the Dates of Service are

Begin	Redetermination
-------	-----------------

Signature of Eligibility Determiner

Date

3. Service Code: Goal:
 Objective:

If the application is approved, the Dates of Service are

Begin	Redetermination
-------	-----------------

Signature of Eligibility Determiner

Date

4. Service Code: Goal:
 Objective:

If the application is approved, the Dates of Service are:

Begin:	Redetermination
--------	-----------------

Signature of Eligibility Determiner

Date

Section III: Eligibility Category *(To be completed by County Job & Family Services or Provider.)*

Check the appropriate box for the category of eligibility assigned to the individual or to the family. Write the name of the individual(s) after the appropriate category of eligibility.

ELIGIBILITY CATEGORY	NAME OF INDIVIDUAL(S):
1 <input type="checkbox"/> OWF (ADC in CRIS-E)	
6 <input type="checkbox"/> SSI (Check AEFMI in CRIS-E)	
8 <input type="checkbox"/> Disability Assistance Cash Grant	
9 <input type="checkbox"/> Disability Assistance Medical Card (MA G in CRIS-E)	
3 <input type="checkbox"/> Medicaid Only	
2 <input type="checkbox"/> Income Eligible - Family's income is less than 150% of the minimum standard of need	
A <input type="checkbox"/> Group - 60 years of age or over.	
7 <input type="checkbox"/> Without Eligibility (Use for Adult Protective Services)	

Indicate the method of eligibility determination: ☐ Documentation - Date Verified _____ ☐ Declaration

Section IV: Income Eligibility Documentation

When income information is required the income must be listed by source. Identify the family member who receives the income and the source of income. If the income is earned, enter the name and address of the employer. If the income is received from an agency such as social security, PERS, etc., the address is unnecessary. If the income is received from an insurance company, bank, or is a support payment from a spouse or former spouse, enter the name and address of the source.

Enter the date on which the income was verified, and attach a copy of the document used to verify the income. If a copy of the document cannot be attached, the document must be described in detail on a separate sheet of paper and made a part of the case record. If the county department of job & family services or provider agency uses the declaration method this item is marked, "N/A". Calculate the total gross income received by the family on a weekly or monthly basis. (A month is equal to 4.3 weeks.) If an annual income is used to establish eligibility, the annual income should be divided by twelve to arrive at a monthly income.

Source of Income	Family Member Receiving Income	Amount	Frequency		Date Verified
			<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	
			<input type="checkbox"/> Semimonthly	<input type="checkbox"/> Monthly	
			<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	
			<input type="checkbox"/> Semimonthly	<input type="checkbox"/> Monthly	

Gross Income (Total amount column). \$ _____

**This application must be signed by the applicant or one acting responsibly in behalf of the applicant.
The date of the applicant's signature must be entered.**

By my signature below, I certify that the information given on this application is correct and I agree to promptly report any changes in the information. I give consent for the agency to make whatever contacts are necessary to determine my eligibility and I hereby authorize the release of any information necessary to determine my eligibility for Title XX social services.

I understand that these services are funded by the federal Title XX Block Grant, administered through the state's job & family services system.

I have read, or had read to me, the Plan (Section II), and I agree to it. I understand that I am not required to participate in these services and that I may withdraw from services at any time.

Signature of Applicant/Authorized Representative _____ Date _____

Note to applicant:

1. You have the right to request a fair hearing if you are not in agreement with any action, or lack of action on the part of the agency.
2. You must report within five days any information that may change your eligibility for social services.
3. You have the responsibility to provide documentation to substantiate your eligibility.

Agency Use Only

The agency worker determining eligibility must:

1. Sign application.
2. Enter name of agency.
3. Enter date application received in the agency: In order to give the correct date the agency worker should enter the date the application was received in the agency by mail or hand carried to the agency by the applicant or his authorized representative. Eligibility must be determined within 30 days of this date.
4. Check appropriate box to indicate if the application has been approved or denied.
5. Enter the date that approval or denial was made. (This is the official date of eligibility determination or redetermination.)

Signature of Eligibility Determiner

Name of Agency

Date application was received in the agency

Action: ☐ Approved ☐ Denied

Date of Action

NOTICE OF DENIAL OF YOUR APPLICATION FOR ASSISTANCE

(Do not use to deny food assistance benefits, or to terminate cash or medical assistance)

Name	Assistance Group	
Street Address	Case Number	Program
City, State, and Zip Code	County	Mailing Date

We denied your _____ application dated _____

The people affected by this action are _____

The reason for this action is _____

The rules that require this action are _____

Caseworker	Worker I.D.	Telephone Number ()
------------	-------------	-----------------------------

Your Right to a State Hearing

This notice tells you what we are doing on your case. Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

IF YOU DISAGREE WITH THIS DECISION, ASK FOR A STATE HEARING

Ask for a State Hearing: You can ask for a state hearing, if you disagree with the County Department of Job and Family Services' (CDJFS) action or think the CDJFS may have made a mistake. If you want a hearing, the Ohio Department of Job and Family Services (ODJFS) must receive your request 90 days from the date this notice was mailed to you. If 90th day falls on a holiday or weekend, the deadline will be the next work day.

You can ask your local Legal Aid program for free help with your case. Contact your local Legal Aid office by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at <http://www.ohiolegalservices.org/programs> on the internet.

If someone is helping you with your case, ODJFS will need a signed "authorized representative" notice from you saying it's okay for that person to represent you for the hearing process.

AG Name	Case Number	Mailing Date
---------	-------------	--------------

Step 1: Read, sign, date, and fill in your telephone number. Another person may sign this for you, if they send us your signed “authorized representative” notice.

Sign Here	Date	Telephone Number ()
-----------	------	-----------------------------

Step 2: What is your hearing for? (*Check all that apply.*)

- | | | |
|---|--|--|
| <input type="checkbox"/> OWF (cash assistance) | <input type="checkbox"/> Disability Financial Assistance | <input type="checkbox"/> Provision, Retention, Contingency (PRC) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Child Care (Title XX) | <input type="checkbox"/> Child Support (Title IV-D) |
| <input type="checkbox"/> Medicaid Waiver Services | <input type="checkbox"/> Medicaid – Disability Determination | <input type="checkbox"/> Medicaid – Managed Care |
| <input type="checkbox"/> Medicaid – Prior Authorization | | |

Step 3: Fill out the information, as it applies to your situation.

- ☐ I want to do my hearing by telephone.
- ☐ I need an interpreter at my state hearing.
- ☐ My preferred days/times for a hearing are: _____
(Please note: ODJFS may not be able to give you the preferred date.)
- ☐ I want a County Conference. (This is a meeting to discuss your case with your local agency.)
- ☐ This person has agreed to help me with my state hearing (my “authorized representative”)

Name	Telephone Number ()
Address	Fax ()
City, State, Zip	Email

Step 4: ODJFS must receive your request 90 days from the date this notice was mailed to you. You must choose one of the following ways to send this state hearing request to us. You should keep proof of when and how you sent this hearing request to us.

Please only submit your hearing request one time.

Email – Email the ODJFS Bureau of State Hearings at bsh@jfs.ohio.gov. In the subject, put “State Hearing Request”. In the message, put all of the information from the boxes at the top of this page and from Steps 1, 2, and 3; or

Phone – Phone the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or

Fax – Fax both pages of this notice to the ODJFS Bureau of State Hearings at (614) 728-9574; or

Mail – Mail all pages of this notice to ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

Contact your caseworker – It is better to send this request using one of the other methods above. But, you may give this page (completed and signed) to your caseworker. Or, you may phone your caseworker. Mention this notice.

On the Day of the State Hearing: You, or someone else helping you with your case, can explain the reason(s) why you don’t think the decision is right. ODJFS will explain its reasons. Then, an ODJFS hearing officer will make a decision after the hearing.

Ohio Department of Job and Family Services
NOTICE OF APPROVAL OF YOUR APPLICATION FOR ASSISTANCE
(Do not use to approve food assistance benefits)

Name	Assistance Group		
Street Address	Case Number	Program	
City, State, and Zip Code	County	Mailing Date	

We approved your _____ application dated _____

Starting _____ you will get _____

The people affected by this action are _____

The reason for this action is _____

The rules that require this action are _____

Caseworker	Worker I.D.	Telephone Number
------------	-------------	------------------

Your Right to a State Hearing

This notice tells you what we are doing on your case. Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

IF YOU DISAGREE WITH THIS DECISION, ASK FOR A STATE HEARING

Ask for a State Hearing: You can ask for a state hearing, if you disagree with the County Department of Job and Family Services' (CDJFS) action or think the CDJFS may have made a mistake. If you want a hearing, the Ohio Department of Job and Family Services (ODJFS) must receive your request 90 days from the date this notice was mailed to you. If 90th day falls on a holiday or weekend, the deadline will be the next work day.

You can ask your local Legal Aid program for free help with your case. Contact your local Legal Aid office by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at <http://www.ohiolegalservices.org/programs> on the internet.

If someone is helping you with your case, ODJFS will need a signed "authorized representative" notice from you saying it's okay for that person to represent you for the hearing process.

AG Name	Case Number	Mailing Date
---------	-------------	--------------

Step 1: Read, sign, date, and fill in your telephone number. Another person may sign this for you, if they send us your signed “authorized representative” notice.

Sign Here	Date	Telephone Number ()
-----------	------	------------------------------

Step 2: What is your hearing for? (*Check all that apply.*)

- | | | |
|---|--|--|
| <input type="checkbox"/> OWF (cash assistance) | <input type="checkbox"/> Disability Financial Assistance | <input type="checkbox"/> Provision, Retention, Contingency (PRC) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Child Care (Title XX) | <input type="checkbox"/> Child Support (Title IV-D) |
| <input type="checkbox"/> Medicaid Waiver Services | <input type="checkbox"/> Medicaid – Disability Determination | <input type="checkbox"/> Medicaid – Managed Care |
| <input type="checkbox"/> Medicaid – Prior Authorization | | |

Step 3: Fill out the information, as it applies to your situation.

- ☐ I want *to do my hearing by telephone*.
- ☐ I *need* an interpreter at my state hearing.
- ☐ My preferred days/times for a hearing are: _____
(Please note: ODJFS may not be able to give you the preferred date.)
- ☐ I want a County Conference. (This is a meeting to discuss your case with your local agency.)
- ☐ This person has agreed to help me with my state hearing (my “authorized representative”)

Name	Telephone Number ()
Address	Fax ()
City, State, Zip	Email

Step 4: ODJFS must receive your request 90 days from the date this notice was mailed to you. You must choose one of the following ways to send this state hearing request to us. You should keep proof of when and how you sent this hearing request to us.

Please only submit your hearing request one time.

Email – Email the ODJFS Bureau of State Hearings at bsh@jfs.ohio.gov. In the subject, put “State Hearing Request”. In the message, put all of the information from the boxes at the top of this page and from Steps 1, 2, and 3; or

Phone – Phone the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or

Fax – Fax both pages of this notice to the ODJFS Bureau of State Hearings at (614) 728-9574; or

Mail – Mail all pages of this notice to ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

Contact your caseworker – It is better to send this request using one of the other methods above. But, you may give this page (completed and signed) to your caseworker. Or, you may phone your caseworker. Mention this notice.

On the Day of the State Hearing: You, or someone else helping you with your case, can explain the reason(s) why you don’t think the decision is right. ODJFS will explain its reasons. Then, an ODJFS hearing officer will make a decision after the hearing.

Ohio Department of Job and Family Services
EXPLANATION OF STATE HEARING PROCEDURES

What is a State Hearing?

If you think there has been a mistake or delay on your case, you may want to ask for a state hearing. You can ask for a hearing about actions by either the state department of job and family services or the local agency. Local agencies include the County Department of Job and Family Services (CDJFS), the County Child Support Enforcement Agency (CSEA), and agencies under contract with them.

A state hearing is a meeting with you, someone from the local agency, and a hearing officer from the Ohio Department of Job and Family Services (ODJFS). The person from the local agency will explain the action it has taken or wants to take on your case. Then, you will have a chance to tell why you think the action is wrong. The hearing officer will listen to you and to the local agency, and may ask questions to help bring out all the facts. The hearing officer will review the facts presented at the hearing and recommend a decision based on whether or not the rules were correctly applied in your case.

How to Ask for a Hearing

To ask for a hearing, call or write your local agency or write to the Ohio Department of Job and Family Services, Bureau of State Hearings, PO Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your assistance or services, you will receive a state hearing request form. Fill out the request form and mail it to State Hearings. You may also fax your hearing request to State Hearings at (614) 728-9574.

We must receive your hearing request within 90 days of the mailing date of the notice of action. However, if you receive food assistance, you may request a hearing on the amount of your food assistance at any time during your certification period.

If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

How to Request a Telephone Hearing

If you cannot attend the hearing at the scheduled location as a result of not having transportation, child care, medical limitations, etc., you can call 1-866-635-3748 and choose to participate by telephone. If you participate by telephone, the hearing officer assigned to your appeal will call you on the day of your hearing at the scheduled time for your hearing at the telephone number you provide.

Continuing Assistance or Services

If you receive a notice that your assistance or services will be reduced, stopped, or restricted, you must request a state hearing within 15 days of receiving that notice in order to continue receiving your benefits until your hearing decision is issued.

In the food assistance program, your benefits will not continue if you were denied or if the certification period has expired. After the certification period, you must reapply and be found eligible.

If your assistance or services have been changed without written notice, or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings, to inquire if you should receive continuing benefits. Call us, toll free at the following number: 1-866-635-3748, and choose option number one from the automated voice menu.

If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

The continuing assistance provisions described in this section do not apply to the child support program. If you request a hearing about child support services, your hearing request will have no effect on your receipt of services while your hearing is pending.

County Conference

An informal meeting with a person from the local agency may settle the issue without the need for a state hearing.

Often this is the quickest way to solve a problem. At this meeting your case will be reviewed with you. If a mistake has been made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your county worker. If you are not satisfied with the results, you can still have a state hearing.

You do not have to have a county conference to have a state hearing. Asking for a county conference will not delay your state hearing.

When Will the Hearing be Held?

After your request for a hearing is received, the Bureau of State Hearings will send you a scheduling notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice will also tell you what to do if you cannot come to the hearing as scheduled.

Where are Hearings Held?

Hearings are usually held at the local agency. If you are unable to go there, the hearing may be held some other place that is convenient to you and to the other people involved. If you want the hearing held somewhere other than the local agency, be sure to tell us that in your hearing request.

Postponement of the Hearing

If you cannot come to the hearing as scheduled, or if you need more time to prepare, you can ask the hearings section for a postponement. In the food assistance program, postponement is limited to 30 days from the date of the first scheduled hearing. In all other programs, you must have a good reason to postpone the hearing.

If You Do Not Attend the Hearing

The Bureau of State Hearings will send you a dismissal notice if you do not come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing along with any verification. Verifications are documents or papers that prove why you missed your scheduled hearing. Once you have submitted your good cause verification, the hearing authority will decide if the documentation you provide is sufficient. If you do not call within 10 days and show good cause or proof for missing the hearing, it will be dismissed and you will lose the hearing. The local agency can then go ahead with the action it was planning to take.

If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

Before the Hearing

You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local legal aid program to see if you qualify for free help.

If you do not know how to reach your local aid office, call 866-529-6446 (866-LAW-OHIO), toll-free, for the local number or search the Legal Aid directory at <http://www.ohiolegalservices.org/programs>. If you want notice of the hearing sent to your lawyer, you must give the Bureau of State Hearings your lawyer's name and address.

You and your representative have the right to look at your case file and the written rules being applied to your case. If your hearing is about work registration or employment and training, you may also look at your employment and training file. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or receiving copies of case record documents.

The local agency does not have to show you confidential records, such as names of people who have given information against you, records of criminal proceedings, and certain medical records.

Confidential records which you could not look at or question cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

Subpoena

You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want to subpoena.

At the Hearing

You may bring witnesses, friends, relatives, or your lawyer to help you present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions, and bring papers or other evidence to support your case.

The hearing will be recorded by the hearing officer so that the facts are taken down correctly. After the hearing decision is issued, you can get a free copy of the recording by contacting the Bureau of State Hearings.

The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail issued by the hearing authority.

Group Hearings

The Bureau of State Hearings may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involve related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing.

You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

After the Hearing

You should receive a hearing decision within 60 days of your hearing request if the hearing was only about food assistance, and within 90 days for all other programs.

If you disagree with the hearing decision, your written decision will tell you how to ask for an administrative appeal.

Compliance with the Hearing Decision

If the hearing decision orders an increase in your food assistance, you should get the increase about 10 days from the decision date. If the decision orders a decrease in your food assistance, you should get the new, smaller amount the next time you regularly get food assistance.

In all other programs, the agency must take the action ordered by the decision within 15 days of the date the decision is issued, but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

Another Action Requires Another Hearing

If you receive another prior notice that says the local agency wants to change your assistance or services while you are waiting for a hearing or hearing decision, you must ask for another hearing if you disagree with the new action. A separate hearing will be conducted on the new notice.