

**Eligibility- Current Program Profile: General Eligibility Determination Process 12-13-2011**

| Agency   | Program   | Current or Potential Medicaid Linked Service (Y/N) | Who Performs Initial Eligibility Determination Task?(If Multiple "actors" separate role for each by Program) | On-Line  | In-Person  | Redetermination Process Y/N | When Does Redetermination Take Place? (pre-conditions)  | Who Performs Redetermination Task?(If Multiple "actors" separate role for each by Program) | On-Line   | In-Person       |
|----------|---|--|--|--|--|-----------------------------|---|--|---|-----------------|
| Medicaid | Healthy Start Medicaid (children to age 19 and pregnant women)                | Yes  | County Department of Job and Family Services (CDJFS) Caseworker  | Applications and verification can be submitted on-line                 | Consumer option  | Yes                         | 12 months or upon reported change   | County Department of Job and Family Services (CDJFS) Caseworker                            | Redeterminations and verifications can be submitted on-line | Consumer option |
| Medicaid | Covered Families and Children (CFC) (including parents and Ribicoff children) | Yes  | County Department of Job and Family Services (CDJFS) Caseworker  | Applications and verification can be submitted on-line                 | Consumer option  | Yes                         | 12 months or upon reported change   | County Department of Job and Family Services (CDJFS) Caseworker                            | Redeterminations and verifications can be submitted on-line | Consumer option |
| Medicaid | Aged, Blind, Disabled (ABD) Non-LTC (children and adults)                     | Yes  | County Department of Job and Family Services (CDJFS) Caseworker  | Applications and verification can be submitted on-line                 | Consumer option  | Yes                         | 12 months or upon reported change   | County Department of Job and Family Services (CDJFS) Caseworker                            | Redeterminations and verifications can be submitted on-line | Consumer option |
| JFS      | Ohio Works First  | Yes  | County Department of Job and Family Services (CDJFS) Caseworker  | Yes  | Yes - Telephone interviews allowed but if requested, a face to face must be accommodated   | Yes                         | 12-month or upon reported change<br>24 months for child only cases  | County Department of Jobs and Family Services (CDJFS) Caseworker                           | Redeterminaitons - yes                                      | Yes             |
| JFS      | Prevention, Retention and Contingency   | Yes  | County Department of Job and Family Services (CDJFS) Caseworker  | No   | Yes  | As requested by consumer    | As requested by the consumer. Approval and/or denials are based upon county plan  | County Department of Jobs and Family Services (CDJFS) Caseworker                           | No  | Yes             |
| JFS      | Disabilit Financial Assistance  | Yes  | County Department of Job and Family Services (CDJFS) Caseworker  | Yes  | Yes- Telephone interviews allowed but if requested, a face to face must be accomodated)    | Yes                         | 12 months or upon reported change   | County Department of Jobs and Family Services (CDJFS) Caseworker                           | Redeterminations- yes                                       | Yes             |
| JFS      | Food Assistance   | Yes  | County Department of Job and Family Services (CDJFS) Caseworker  | Yes  | Yes- Telephone interviews allowed but if requested, a face to face must be accomodated)    | Yes                         | 24 months if all members are aged or disabled and have no earned income. All others 12 months unless the households circimstances warrant a shorter certification of 4,5 or 6 months. | County Department of Jobs and Family Services (CDJFS) Caseworker                           | Redeterminations- yes                                       | Yes             |
| JFS      | Publically Funded Child Care  | No   | County Department of Job and Family Services(CDJFS) or an agency that contracts with the CDJFS               | Application is available online but cannot be submitted electronically | Not required   | Yes                         | 12 months   | County Department of Jobs and Family Services (CDJFS) Caseworker                           | Same as initial   | Not required    |
| JFS      | Refugee Cash Assistance   | No   | County Department of Job and Family Services (CDJFS) Caseworker  | Applications can be submitted online                                   | Yes (Telephone interviews are allowed but if requested a face to face must be accomodated) | No                          | N/a   | N/a  | N/a   | YesN/a          |
| JFS      | Refugee Medical Assistance  | Yes  | County Department of Job and Family Services (CDJFS) Caseworker  | Applications can be submitted online                                   | Yes (Telephone interviews are allowed but if requested a face to face must be accomodated) | No                          | N/A   | N/A  | N/A   | N/A             |
| JFS      | Refugee Social Services Program   | No   | County Department of Job and Family Services (CDJFS) Caseworker  | Applications can be submitted online                                   | Yes (Telephone interviews are allowed but if requested a face to face must be accomodated) | Yes                         | Every 12 months or upon reported change   | County Department of Jobs and Family Services (CDJFS) Caseworker                           | No  | Yes             |
| JFS      | Child Support   | Yes  | County JFS for Medicaid  | No   | Yes  | No                          | N/A   | N/A  | N/A   | N/A             |

|     |                                    |     |  |  |   |     |  |   |                            |   |
|-----|------------------------------------|-----|--|--|---|-----|--|---|----------------------------|---|
| JFS | WIA                                | No  | Local One Stop as defined by the area WIB            | No   | No federal or state requirement but documentation and signatures required | No  | No redetermination once enrolled Local area may require a new application if enrollment did not occur within a reasonable amount of time and customer is still interested in program participation | If customer was not enrolled within a reasonable amount of time and applicant wants to be enrolled, the process will be the same as for a new application -Local One Stop as defined by WIB | No                         | No federal or state requirement but documentation and signatures required |
| JFS | UC                                 | No  | Ohio Department of Job and Family Services           | Yes  | No  | Yes | Up to 21 days after each issued determination  | Ohio Department of Job and Family Services  | Yes - Online or in writing |   |
| JFS | Title IV-E Foster Care             | Yes | Public Children Services Agencies, IV-E Courts, ODYS | Agency completes the determination in SACWIS for their agency and their local court, if applicable |   | No  | N/A  | N/A   | N/A                        | N/A   |
| JFS | Title IV-E Adoption Assistance     | Yes | Public Children Service Agencies                     | No   | No  | Yes | Every 12 months or upon reported change  | Public Children Services Agencies   | No                         | No  |
| JFS | State Adoption Maintenance Subsidy | Yes | Public Children Service Agencies                     | No   | No  | Yes | Every 12 months or upon reported change  | Public Children Services Agencies   | No                         | No  |
|     | PASSS                              | Yes | Public Children Service Agencies                     | No   | No  | No  | N/A  | N/A   | N/A                        | N/A   |

| Agency | Program   | Current or Potential Medicaid Linked Service (Y/N)   | Who Performs Initial Eligibility Determination Task?(If Multiple "actors" separate role for each by Program)  | On-Line | In-Person  | Redetermination Process Y/N  | When Does Redetermination Take Place?  | Who Performs Redetermination Task?(If Multiple "actors" separate role for each by Program)                    | On-Line | In-Person          |
|--------|---|--|---|---------|--|--|--|---|---------|--------------------|
| ADA    | Family Reunification and Stabilization (aka HB 484)   | Yes, can cover same services that Medicaid does, but Medicaid would be primary payor for a Medicaid client and HB 484 funds for all services | Providers when Public Children Services Agency (PCSA) service recipients referred for alcohol and other drug treatment.   | No      | Most likely done via telephone and/or at a scheduled appointment | No   | N/A  | N/A   | N/A     | N/A                |
| ADA    | Access To Recovery (ATR)  | Yes, but if client is Medicaid, ATR does not cover the Medicaid AoD treatment services.  | Providers, using the following criteria:<br><br>Adolescents<br>1) Is a resident of or is being released to a participating ATR area.<br>2) Between the ages of 12 and 17 at the time of enrollment.<br>3) Has an Axis I DSM-IV substance use disorder diagnosis, abuse or dependence.<br>4) Priority given if family income at or below 200% of the FPL at time of enrollment.<br><br>Criminal Justice-Involved Adults<br>1) Is a resident of or is being released to a participating ATR area.<br>2) Age 18 or older at time of enrollment.<br>3) Has an Axis I DSM-IV substance use disorder diagnosis, abuse or dependence.<br>4) Priority given if family income at or below 200% of the FPL at time of enrollment.<br>5) Criminal justice-involved, living in the community within 5 years of discharge for misdemeanor or felony. | No      | Yes  | No   | N/A  | N/A   | N/A     | N/A                |
| ADA    | Recovery to Work (R2W)  | Yes, but if client is Medicaid, R2W does not cover the Medicaid AoD treatment services.  | Local VRP3 Coordinators using the following criteria:<br>1) Person has been diagnosed with an addiction and/or mental illness that results in a substantial barrier to employment.<br>2) Person meets RSC eligibility criteria for a significant disability.<br>3) Person can benefit from VR services.<br><br>Priority Populations<br>1) Persons addicted to opiates.<br>2) Persons diverted or reentering from a local or state correctional facility.<br>3) Youth or young adults in transition.<br>4) Veterans.<br>5) SPMI individuals.   | No      | Yes  | No   | N/A  | N/A   | N/A     | N/A                |
| AGE    | Ohio's Golden Buckeye Program   | No   | Ohio BMV provides a list of those turning age 60 to ODA. Eligible recipients must have a valid Ohio driver's license or a state of Ohio issued ID. Individuals aged 18-59 may also receive a card if they are permanently disabled.   | No      | Yes  | No   | N/A  | N/A   | N/A     | N/A                |
| AGE    | AoA- Older Americans Act Programs   | No   | Area Agencies on Aging (AAA's) and/or Service Providers<br>This varies by AAA since many receive local levy funds. .  | No      | Yes (or via phone)   | Yes  | Varies (i.e. some are based on a voluntary cost share/sliding fee scale)   | AAAs and/or providers   | No      | Yes (or via phone) |
| AGE    | PACE Program  | Yes-current  | • Non-financial/ functional assessment (level of care) is completed by ODA.<br><br>• Financial (Medicaid) initial intake and annual redeterminations are completed by CDJFS.  | No      | Yes  | • Waiver Eligibility is re-determined at a minimum annually by PACE site.<br><br>• Medicaid Eligibility redeterminations are completed by CDJFS. | • Minimum annually (within 365 calendar days of previous assessment), or as needed by PAA.<br><br>• Medicaid redeterminations are performed annually by CDJFS. | • LOC re-evaluation is performed by the PACE site.<br><br>• Medicaid redeterminations are performed by CDJFS. | No      | Yes                |
| AGE    | ODA Operated Home and Community-Based Waiver Programs<br>• PASSPORT<br>• Assisted Living<br>• Choices | Yes - current  | • Non-financial/ functional assessment (level of care) are performed by PAA.<br><br>• Financial (Medicaid) initial intake and annual redeterminations are completed by CDJFS.   | No      | Yes  | • Waiver Eligibility is re-determined at a minimum annually by PAA.<br><br>• Medicaid Eligibility redeterminations are completed by CDJFS.       | • Minimum annually (within 365 calendar days of previous assessment), or as needed by PAA.<br><br>• Medicaid redeterminations are performed annually by CDJFS. | • LOC re-evaluation is performed by the PAA.<br><br>• Medicaid redeterminations are performed by CDJFS        | No      | Yes                |

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|--------|---|--|--|----------------|--|---------------------------------------|---|--|---|---------------------|
| DD     | Transitions-DD Waiver   | Yes-direct enrollment through OHCW only)           | Carestar (contract case management agency for JFS)<br>Final authorization by ODJFS   | No             | Yes-with applicant and those he/she chooses                  | Yes                                   | Annual and with significant changes in status   | Carestar - administers Program Eligibility Assessment Tool (PEAT) to recommend LOC<br>Final authorization by ODJFS                                 | Use of enterprise data system to submit LOC recommendation to ODJFS | Yes                 |
| DD     | Individual Options Waiver   | Yes-access to MSP services                         | JFS - Medicaid eligibility<br>DODD - LOC and final authorization   | No             | JFS- yes<br>DODD-yes(CB completes face to face assessments ) | JFS-yes<br>DODD-yes                   | JFS- monthly/annual<br>DODD-at least annually or ages of 6 and 16 or significant change of condition  | JFS-annual Medicaid eligibility ; monthly-PL; monthly-MBI<br>DODD-CB administers functional assessments, PLOC and LOC; final authorization by DODD | JFS-no<br>DODD-LOC annually only if no significant changes          | JFS-yes<br>DODD-yes |
| DD     | Level One   | Yes-access to MSP services                         | JFS-Medicaid eligibility<br>DODD-LOC and final authorization   | No             | JFS-yes<br>DODD-yes (CB completes face to face assessments)  | JFS-yes<br>DODD-yes                   | JFS- montly/annually<br>DODD-at least annually or ages of 6 and 16 or significant change of condition | JFS-annual Medicaid eligibility ; monthly-PL; monthly-MBI<br>DODD-CB administers functional assessments, PLOC and LOC; final authorization by DODD | JFS-no<br>DODD-LOC annually only if no significant changes          | JFS-yes<br>DODD-yes |
| ODH    | Bureau for Children with Medical Handicaps Treatment Program (BCMh)           | Yes  | Medical Eligibility – State BCMH nurse<br>Financial Eligibility – State BCMH Resource Payment Specialist                                     | In development | No   | Yes                                   | Annually  | Medical Eligibility – state BCMH nurse<br>Financial Eligibility – State BCMH Resource Payment Specialist   | In development  | No                  |
| ODH    | Breast and Cervical Cancer Project  | Yes  | Regional Enrollment Agency staff determines eligibility.   | No             | Phone and mail   | Yes                                   | Yearly  | Regional Enrollment Agency staff   | No  | By phone and mail   |
| ODH    | Ryan White Part B Medical Case Management                                     | No   | Medical Eligibility – Medical case managers at sub-grantee agencies<br>Financial Eligibility – Medical case managers at sub-grantee agencies | No             | Yes  | Yes                                   | Every 6 months  | Medical Eligibility – Medical case managers at sub-grantee agencies<br>Financial Eligibility – Medical case managers at sub-grantee agencies       | No  | Yes                 |
| ODH    | Ryan White Part B OHDAP (Ohio HIV Drug Assistance Program)                    | Yes (potential)                                    | Medical Eligibility – OHDAP Coordinator<br>Financial Eligibility – OHDAP Coordinator   | In development | No   | Yes                                   | Every 6 months (HRSA requirement)   | Medical Eligibility – OHDAP Coordinator<br>Financial Eligibility – OHDAP Coordinator   | In development  | No                  |
| ODH    | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | No   | Nutrition/Medical Eligibility – Local Health Professional; i.e., Dietitian or Nurse<br>Financial/Other Eligibility – Local Support Staff     | No             | Yes  | Yes                                   | Every six weeks; also six weeks postpartum for WIC mom  | Nutrition/Medical Eligibility – Local Health Professional; i.e., Dietitian or Nurse<br>Financial/Other Eligibility – Local Support Staff           | No  | Yes                 |
| ODH    | Help Me Grow-Early Intervention   | Yes  | Evaluators (therapists, early intervention specialists with a license) at local program level  | No             | Yes  | Yes                                   | No, although proposed to be annual re-determination of eligibility                                    | Evaluators (therapists, early intervention specialists with a license) at local program level (if approved)  | No  | Yes                 |
| ODH    | Help Me Grow-Visiting   | Yes  | Home Visitors at local program level   | No             | Yes  | Yes                                   | No  | N/A  | N/A   | N/A                 |
| ODH    | Maternal Infant and Early Childhood Home Visiting grant program               | Yes  | Home Visitors at local program level   | No             | Yes  | Yes                                   | No  | N/A  | N/A   | N/A                 |
| MH     | Residential State Supplement (RSS)  | Yes (proposed m'aid request                        | State Department of Mental Health  | None           | Level of Care (option of PAA assessor)                       | Yes (for m'aid, not RSS at this time) | N/A   | CDJFS for M'aid  | N/A   | N/A                 |





**Eligibility-Current Program Profile: Income 12-13-2011**

| Agency   | Program   | Income criteria  | Disregards and expenses   | Income verification requirements federal/state   | Can requirements be waived?   | What documents/other supporting information are required  |
|----------|---|--|---|--|---|---|
| Medicaid | Healthy Start Medicaid (children to age 19 and pregnant women)                | Up to 150% FPL or 150-200% FPL without creditable coverage   | <ul style="list-style-type: none"> <li>Federal list of excluded sources of income</li> <li>Earned income disregards</li> <li>\$50 child support disregard</li> <li>Dependent care disregard</li> </ul>  | <p>Earned Income: At least one recent representative pay stub or electronic equivalent or electronic data match through CRIS-e or The Work Number or equivalent or tax returns/self employment documents</p> <p>Unearned Income: Award letters</p> | Yes   | Potentially student status, living arrangement (e.g. custody papers or a statement from third party), verification of some disregards   |
| Medicaid | Covered Families and Children (CFC) (including parents and Ribicoff children) | Up to 90% FPL  | <ul style="list-style-type: none"> <li>Federal list of excluded sources of income</li> <li>Earned income disregards</li> <li>\$50 child support disregard</li> <li>Dependent care disregard</li> </ul>  | <p>Earned Income: At least one recent representative pay stub or electronic equivalent or electronic data match through CRIS-e or The Work Number or equivalent or tax returns/self employment documents</p> <p>Unearned Income: Award letters</p> | Yes   | Potentially student status, living arrangement (e.g. custody papers or a statement from third party), verification of some disregards   |
| Medicaid | Aged, Blind, Disabled (ABD) Non-LTC (children and adults)                     | Up to 64% FPL or spenddown to this limit or Up to 250% FPL for Medicaid Buy-In for Workers with Disabilities (MBIWD)   | <ul style="list-style-type: none"> <li>Federal list of excluded sources of income</li> <li>Earned income disregards including Blind Work Expenses and Impairment Related Work Expenses</li> <li>Earned income disregard for MBIWD up to \$20,000 annually</li> </ul>              | <p>Earned Income: At least one recent representative pay stub or electronic equivalent or electronic data match through CRIS-e or The Work Number or equivalent or tax returns/self employment documents</p> <p>Unearned Income: Award letters</p> | Yes   | <p>Potentially verification of some disregards and student status</p> <p>Verification of any medical expense incurred to meet spenddown</p> <p>Verification of employment for MBIWD</p>   |
| JFS      | Ohio Works First  | Approximately 50% of FPL for initial application and not in receipt of OWF in last 4 months, countable income must be less than payment standard               | After passing initial eligibility (gross income) test, \$250 plus 1/2 of the remaining earned income - Child care earned income deduction   | Recent pay stub or electronic equivalent or electronic data match through CRIS-E or tax returns/self employment documentation (usually last 30 days)   | Yes, in a domestic violence situation                                 | <ul style="list-style-type: none"> <li>* Statement from third party</li> <li>* Paystubs</li> <li>* Tax records</li> <li>* Award letters</li> </ul>  |
| JFS      | Prevention, Retention and Contingency   | County determined 200% under 200% FPL  | County department of job and family services option   | County department of job and family services option  | Income verification requirements are determined by county in PRC plan | <ul style="list-style-type: none"> <li>* SSN</li> <li>* Proof of U.S. citizenship</li> <li>* Residency card (non-citizens)</li> </ul>   |
| JFS      | Disability Financial Assistance   | Gross monthly earned income less earned income disregards and applicable child care deductions from the DFA payment standard for the size of the family group. | <ul style="list-style-type: none"> <li>* First \$75 of earnings for each AG member (initial eligibility)/ \$250 plus 1/2 of remaining earned income (to maintain eligibility)</li> <li>* Child care earned income deduction</li> <li>* Resources cannot exceed \$1,000</li> </ul> | A least one recent pay stub or electronic equivalent or electronic data match through CRIS-E or tax returns/self employment documentation  | No  | <ul style="list-style-type: none"> <li>* Statement from third party</li> <li>* Paystubs</li> <li>* Tax records</li> <li>* Proof of value of stocks/bonds/ CDs/ life insurance/ trusts and annuities</li> <li>* Award letters</li> <li>* Bank statements</li> </ul>      |
| JFS      | Food Assistance   | 130% FPL Unless a member is aged/disabled in which case net income must be less than 100% FPL  | <ul style="list-style-type: none"> <li>* Standard deduction</li> <li>* Earned income deduction</li> <li>* Excess medical</li> <li>* Dependent care</li> <li>* Excess shelter</li> <li>* Utility allowances</li> <li>* Homeless shelter * Child support</li> </ul>                 | Income must be verified (Paystubs, employer statement, award letter) The following must be verified to receive the deductions: - medical expenses - dependent - child support, utility expenses, homeless  |   | <ul style="list-style-type: none"> <li>* Letter from employer</li> <li>* Court support order</li> <li>* Award letter</li> <li>* If self employed, copy of last income tax statement</li> <li>* If self employed, books or bookkeeper's name and phone number</li> </ul> |

|     |                              |  |   |  |  |  |
|-----|------------------------------|--|---|--|--|--|
| JFS | Publically Funded Child Care | 125% FPL – initial<br>200% FPL – redetermination and reinstatement   | Child support/alimony paid<br>Documented expenses of self-employment<br>EITC<br>Garnishments<br>Federal work study<br>Income to SSI recipient<br>Earnings of a minor child who is a full time student<br>Federal exclusions<br>Exclusions as in food assistance | Pay stubs/verification from employer or benefit agency   | No   | Third party verifications, if needed   |
| JFS | Refugee Cash Assistance      | Approximately 50% of FPL, countable income must be less than payment standard<br>Assistance received as part of the reception and placement grant is excluded  | \$250 plus 1/2 of remaining income - child care earned income deduction   | At least one recent pay stub or electronic equivalent or electronic data match through CRIS-E or tax returns/self employment documentation.  | No   | Statement from third party<br>- Pay stubs<br>-Tax records<br>-Award letters  |
| JFS | Refugee Medical Assistance   | 100% FPL based solely on the application date  | Same as Covered Families and Children (CFC) Medicaid and does not include any cash assistance payments, in-kind services or shelter provided by a sponsor or local resettlement agency  | Same as Covered Families and Children Medicaid   | Same as Covered Families and Children Medicaid | Same as Covered Families and Children Medicaid   |
| JFS | Refugee Social Services      | N/A  | N/A   | N/A  | N/A  | N/A  |
| JFS | Child Support                | Only used to calculate child support order. Not an eligibility factor  | Only used to calculate child support order. Not an eligibility factor   | Only used to calculate child support order. Not an eligibility factor  | N/A  | Only used to calculate child support order. Not an eligibility factor  |
| JFS | WIA Adult                    | If Local WIB is in "limited funds status", priority of service must be given to low income individuals. Low income includes: 1)cash public assistance recipients, 2)Food Stamps recipients or was determined eligible for food stamps w/in last 6 months, 3)foster child, 4)homeless, 5)family income is below the higher of 100% of poverty or 70% of llsil, based on family size, 6)disabled applicant's income is below the higher of 100% of poverty or 70% of llsil, based on family size<br><br>If the local area is not in limited funds, there is no state or federal income requirement for the WIA adult program | None  | If low income applies, only one of the 6 categories need to be documented<br><br>If Category 5 or 6, paycheck stubs, statement of earnings from employer, self-attestation if little or no income) | No   | If low income applies, and using category that does NOT involve income,<br><br>Category 1 – verification from CDJFS of cash public assistance recipient or award letter<br>Category 2 – Verification from CDJFS of food stamp recipient or eligibility to recv food stamps within last 6 months, or award letter<br>Category 3 – Verification from supporting agency<br>Category 4 – Self-attestation, statement from shelter or institution |
| JFS | WIA-Dislocated worker        | N/A  | N/A   | N/A  | N/A  | Must verify 1 of 4 categories:<br>1– Laid off (or recv notice of upcoming layoff), UI claimant or exhaustee, AND unlikely to return to previous occupation or industry<br>2 – Laid off (or will be within 180 days) due to plant closure or substantial layoff<br>3 – was self-employed but is no longer due to natural disaster or economic conditions<br>4 – is a displaced homemaker  |

|               |   |   |   |   |  |   |
|---------------|---|---|---|---|--|---|
| JFS           | WIA Youth   | 95% of youth participants* must meet one of the Low income categories: 1)cash public assistance recipients, 2)Food Stamps recipients or was determined eligible for food stamps w/in last 6 months, 3)foster child, 4)homeless, 5)family income is below the higher of 100% of poverty or 70% of IIsil, based on family size, 6)disabled applicant's income is below the higher of 100% of poverty or 70% of IIsil, based on family size<br>5% of youth participants* may not be low income<br>*Must also have a barrier to employment (see "other criteria") | No  | Only one of the 6 low income categories need to be documented<br>If Category 5 or 6, paycheck stubs, statement of earnings from employer, self-attestation if little or no income)<br>If using category that does NOT involve actual income,<br>Category 1 – verification from CDJFS of cash public assistance recipient or award letter<br>Category 2 – Verification from CDJFS of food stamp recipient or eligibility to recv food stamps within last 6 months, or award letter<br>Category 3 – Verification from supporting agency<br>Category 4 – Self-attestation, statement from shelter or institution |  | *One barrier must be documented for WIA low income youth<br>• Basic skills deficient<br>• Pregnant/parenting<br>• Foster Child<br>• Homeless/Runaway<br>• High School Dropout<br>• Offender<br>• Requires additional assistance to complete an educational program or get a job (this is defined by the local WIB)<br>OR<br>*One barrier must be documented for WIA non-low income youth<br>• Dropout<br>• Basic skills deficient<br>• One or more grade levels below based on age<br>• Pregnant or parenting<br>• Disabled<br>• Homeless or runaway<br>• Offender<br>• Faces serious barriers to employment (this is defined by the local WIB) |
| JFS           | UC  | 27 ½ % of statewide average weekly wage- adjusted annually  | Non-covered employment                                  | Wage Record, ICON, or ACS response  | NO   | Employment history, SSN, and Alien Registration verifications   |
| JFS           | Title IV-E Foster Care                              | 185% Need Std.<br>100% Need Std.<br>Based on ADC eligibility from July 16, 1996.<br>Excludes persons in receipt of SSI and their income in assistance group.<br>Adoption Assistance and Foster Care Maintenance payments are also not included as income.   | \$90 Disregard for certain income (earned and unearned) | Pay stubs, CRIS-E, employer statements, bank statements, Social Security Admin. statements, www.theworknumber.com income received in the removal month.   | NO   | Pay stubs, tax records, proof of stocks, bonds, CDs, Life insurance, trusts, cash on hand.  |
| JFS           | Title IV-E Adoption Assistance                      | None  | None  | None  | N/A  | N/A   |
| JFS           | State Adoption Maintenance Subsidy                  | 120% Guidelines   | None  | IRS tax form, social security, worker's compensation or other pension benefits documentation  | No   | None  |
| JFS           | PASSS   | Family must provide statement indicating why cost of service is not within the economic resources of the family   | None  | JFS 01681 "Applicant Financial Statement," IRS 1040   | An agency may waive the 5% copayment required for services if the child's adoptive family meets the 200% of federal poverty guidelines | Form JFS 01681"Applicant Financial Statement" real estate, adoption subsidy, child support, public assistance, assets, liabilities and insurance information  |
| <b>Agency</b> | <b>Program</b>                                      | <b>Income criteria</b>  | <b>Disregards and expenses</b>                          | <b>Income verification requirements federal/state</b>   | <b>Can requirements be waived?</b>   | <b>What documents/other supporting information are required</b>   |
| ADA           | SAPT Block Grant                                    | Not defined.  | Not defined   | Not defined   | Not defined  | N/A   |
| ADA           | Family Reunification and Stabilization (aka HB 484) | Defined by child welfare system.  | Defined by child welfare system                         | Defined by child welfare system   | No   | Defined by child welfare system   |
| ADA           | Access To Recovery (ATR)                            | Adolescents and Criminal Justice-Involved Adults:<br><br>Priority given if family income at or below 200% FPL at time of enrollment.  | No  | State defined and federally approved through the ATR grant process  |  |   |
| ADA           | Recovery to Work (R2W)                              | N/A   | N/A   | N/A   | N/A  | N/A   |



|               |   |  |  |   |   |   |
|---------------|---|--|--|---|---|---|
| <b>AGE</b>    | Federal:(Administered locally by AAAs)<br><ul style="list-style-type: none"> <li>• AoA Older Americans Act Programs</li> <li>• Title III B Supportive Services</li> <li>• Title III C Nutrition Services</li> <li>• Title III D Disease Prevention and Health Promotion</li> <li>• Title III E national Family Caregiver Support Program</li> </ul> | None, however voluntary contributions are solicited (\$7-8 M annually).  | None   | N/A   | N/A   |   |
| <b>AGE</b>    | State:(Administered locally by AAAs)<br><ul style="list-style-type: none"> <li>• GRF - Senior Community Services.</li> </ul>  | None   | None   | N/A   | N/A   |   |
| <b>AGE</b>    | State: (Administered locally by AAAs)<br><ul style="list-style-type: none"> <li>• GRF - Alzheimer's Respite.</li> </ul>   | None   | None   | N/A   | N/A   |   |
| <b>Agency</b> | <b>Program</b>  | <b>Income criteria</b>   | <b>Disregards and expenses</b>   | <b>Income verification requirements federal/state</b>   | <b>Can requirements be waived?</b>  | <b>What documents/other supporting information are required</b>   |
| <b>AGE</b>    | Federal: USDA - Senior Farmers Market Nutrition Program. Administered locally by AAAs.  | Maximum gross household income of 185% of annual poverty income guidelines   | Household income includes not only all wages and salaries, but such items as unemployment insurance, disability payments, retirement checks, regular rental receipts, as well as any personal business, investment, or other kinds of income received routinely. The residents of the household do not have to be related to the head of the household for their earnings to be considered part of the household's income.   | For documentation of income eligibility per §249.6(3), the State agency accepts a signed statement by the applicant on the SFMNP application.   | No, however the Feds offer the following options for documentation of income eligibility per §249.6(3). State agency may accept:<br>1.notice of eligibility or its equivalent for participation in or certification for other programs<br>2.pay stub or other statement of earnings<br>3.W-2, tax return, or other tax forms<br>4.signed statement of applicant |   |
| <b>AGE</b>    | ODA Operated State-Funded PASSPORT and Assisted Living programs   | PAA makes the decision to enroll on state-funded PASSPORT or Assisted Living using the criteria in the Medicaid Eligibility Manual rule, 5101:1-39-23 Medicaid: Income Computations for Determining Eligibility Using the Special Income Level.<br>1) Must pass Special Income Level Standard @ \$2,022.<br>2) Subtract gross income minus Special Income Maintenance Needs Allowance (\$674 - Assisted Living) (\$1,315 – PASSPORT)<br>3) Subtract all allowable deductions<br>4) May have a liability. | PAA makes the decision to enroll on state-funded PASSPORT or Assisted Living using the criteria in the Medicaid Eligibility Manual rule, 5101: 1-39-18 and 5101: 1-39-26 and subtract medical insurance premiums, remedial/ recurring medical expenses, un-paid past medical expenses, and Medicaid cost of care (monthly cost of waiver services).<br><br>Note - Court ordered alimony, child support, garnishments, or liens are not exempt/ an allowable deduction from patient liability calculations. | PAAs make the decision to enroll on state-funded PASSPORT or Assisted Living using the criteria in the Medicaid Eligibility Manual rule/ income verification requirements in accordance with rule 5101: 1-39-08 Medicaid: Income.<br><br>Note - Court ordered alimony, child support, garnishments, or liens are not exempt/ an allowable deduction from patient liability calculations | No  | PAAs make the decision to enroll on state-funded PASSPORT or Assisted Living using the criteria in the Medicaid Eligibility Manual rule/ income verification requirements in accordance with rule 5101: 1-39-08 Medicaid: Income.<br><br>Income verification.<br>Award letter.<br>Pension award letter.<br>Applicant's statement.<br>Bank statements, although the amount may only reflect a net amount, not the gross. |
| <b>AGE</b>    | ODA Operated Home and Community-Based Waiver Programs<br><ul style="list-style-type: none"> <li>• PASSPORT</li> <li>• Assisted Living</li> <li>• Choices</li> </ul> ODA Operated State-Funded PASSPORT and Assisted Living programs (eligibility is presumed)   | CDJFS staff make financial eligibility decisions, using the Medicaid Eligibility Manual rule, 5101:1-39-23 Medicaid: Income Computations for Determining Eligibility Using the Special Income Level<br>1) Must pass Special Income Level Standard @ \$2,022.<br>2) Subtract gross income minus Special Income Maintenance Needs Allowance (\$674 - Assisted Living) (\$1,315 – PASSPORT,) (Choices, and PACE)<br>3) Subtract all allowable deductions<br>4) May have a liability.                        | CDJFS staff make financial eligibility decisions, in accordance with the Medicaid Eligibility Manual rule , 5101: 1-39-18 and 5101: 1-39-26.<br><br>Note - Court ordered alimony, child support, garnishments, or liens are not exempt/ an allowable deduction from patient liability calculations.  | CDJFS staff make financial eligibility decisions in accordance with rule 5101: 1-39-08 Medicaid: Income.<br><br>Note - Court ordered alimony, child support, garnishments, or liens are not exempt/ an allowable deduction from patient liability calculations  | No  | CDJFS staff make financial eligibility decisions in accordance with rule 5101: 1-39-08 Medicaid: Income<br>Income verification.<br><br>Award letter.<br>Pension award letter.<br>Applicant's statement.<br>Bank statements, although the amount may only reflect a net amount, not the gross.   |

| AGE         | PACE Program   | CDJFS staff make financial eligibility decisions, using the Medicaid Eligibility Manual rule, 5101:1-39-23 Medicaid: Income Computations for Determining Eligibility Using the Special Income Level<br>1) Must pass Special Income Level Standard @ \$2,022.<br>2) Subtract gross income minus Special Income Maintenance Needs Allowance (\$1,315 –PACE)<br>3) Subtract all allowable deductions<br>4) May have a liability. | CDJFS staff make financial eligibility decisions, in accordance with the Medicaid Eligibility Manual rule, 5101: 1-39-18 and 5101: 1-39-26.<br><br>Note - Court ordered alimony, child support, garnishments, or liens are not exempt/ an allowable deduction from patient liability calculations. | CDJFS staff make financial eligibility decisions in accordance with rule 5101: 1-39-08 Medicaid: Income.<br><br>Note - Court ordered alimony, child support, garnishments, or liens are not exempt/ an allowable deduction from patient liability calculations | No  | CDJFS staff make financial eligibility decisions in accordance with rule 5101: 1-39-08 Medicaid: Income verification.<br><br>Award letter.<br>Pension award letter.<br>Applicant's statement.<br>Bank statements, although the amount may only reflect a net amount, not the gross. |
|-------------|--|---|--|--|---|---|
| Agency      | Program  | Income criteria   | Disregards and expenses  | Income verification requirements federal/state   | Can requirements be waived?   | What documents/other supporting information are required  |
| DD          | Individual Options   | 300% SSI federal benefit rate<br><br>64% FPL individual income \$589  | Yes-lists of excluded resources/assets/income<br><br>For children disregards, parents income after first month   | Yes  | Yes-5101:1-39-26, Medicaid resource exemption<br><br>5101:1-39-27.1 Medicaid trusts                                   | ODJFS 02399<br>ODJFS 07200  |
| DD          | ICFMR  | Yes-access to MSP services  | JFS-Medicaid eligibility (Base)<br><br>JFS - Medicaid eligibility (LTC)<br><br>Working on transitioning LOC from JFS to DODD   | Applications and verification can be submitted on-line<br>Applications and verification can be submitted on-line<br><br>No   | Consumer option<br><br>Consumer option<br><br>Only for Adverse determinations   | Yes<br><br>Yes<br><br>Yes   |
| DD          | Level One  | 300% SSI federal benefit rate<br><br>64% FPL individual income \$589  | Yes-lists of excluded resources/assets/income<br><br>For children disregards, parents income after first month   | Yes  | Yes-5101:1-39-26, Medicaid resource exemption<br><br>5101:1-39-27.1 Medicaid trusts                                   | ODJFS 02399<br>ODJFS 07200  |
| DOH         | Bureau for Children with Medical Handicaps Treatment Program (BCMH)                  | 185 % FPL   | Child care expenses, insurance premiums, severity credit, cost share (roughly similar to MA-D spenddown)   | State OAC 3701-43-15   | BCMH has a "waiver" rule (OAC 3701-43-22), but precludes waiving statutorily mandated requirements                    | Paystubs, tax forms, employer statements  |
| DOH         | Bureau of Child and Family Health Services: Child and Family Health Services Program | Subgrantees assure that a Sliding Fee Scale is used for clients with incomes between 101-250% of the Federal poverty level; clients may not be denied services or be subjected to variation in the quality of services provided because of inability to pay;  | N/A  | State CFHS standards/RFP   | No  | Documentation is mandatory. Prefer income documentation such as paystub, employment record. A signed self-report can be an acceptable form of income verification   |
| DOH         | Breast and Cervical Cancer Project   | 200% FPL, no health insurance, women ages 40-64   | N/A  | N/A  | N/A   | None  |
| DOH         | Ryan White Part B Medical Case Management  | 300% FPL for emergency financial assistance   | N/A  | Required per HRSA and included in ORC (section number changing -at JCARR   | Ryan White Part B programs "waiver" that allows the director of ODH to increase requirements depending on the funding | Proof of Ohio residency, paystubs, labs/physician verification form to prove HIV status   |
| DOH         | Ryan White Part B OHDAP (Ohio HIV Drug Assistance Program)                           | 300% FPL  | N/A  | Required per HRSA and included in ORC (section number changing -at JCARR   | Ryan White Part B programs "waiver" that allows the director of ODH to increase requirements depending on the funding | Application, proof of Ohio residency, paystubs, tax transcripts, lab/physician verification form to prove HIV status  |
| DOH         | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)        | 185% FPL  | 34 income exclusions listed in 7CFR246.7(d)(2)(iv)   | Federa; 7CFR246.7(d)(2)(iv)  | No-exceptions for homeless and zero income noted in 7CFR246.79(d)(2)(v)C  | Proof of Medicaid, TANF, or Food Stamps; paystubs; award letters; employer statements   |
| Agency      | Program  | Income criteria   | Disregards and expenses  | Income verification requirements federal/state   | Can requirements be waived?   | What documents/other supporting information are required  |
| DOH         | Help Me Grow Early Intervention  | No financial eligibility required   | N/A  | N/A  | N/A   | N/A   |
| DOH         | Help Me Grow Home Visiting   | 200% FPL minimum unless child is CAPTA or in a military family  |  | Do not currently verify income; do take WIC, Medicaid as evidence of income level  |   |   |
| DOH         | Regional Infant Hearing Program  | No financial eligibility required   | N/A  | N/A  | N/A   | N/A   |
| DOH         | Maternal Infant & Early Childhood Home Visiting grant program                        | Depends on evidence-based home visiting model selected & implemented. Currently 2: Healthy Families America and Nurse-Family Partnership are allowed for selection  | Depends on evidence  | Based home visiting model selected and implemented   | Depends on evidence   | Based home visiting model selected and implemented  |
| MH          | Residential State Supplement (RSS)   | Medicaid financial eligibility standard   | Same as Medicaid   | Same as Medicaid   | Yes   | Same as Medicaid  |
| RSC         | Division of Disability Determination   | Substantial Gainful Activity (SGA) non blind 1,000.00<br><br>SGA blind \$1,640.00   | Income and resources evaluation completed by SSA   | Completed by SSA   | SSA jurisdiction  | SSA determination   |
| Development | Home Energy Assistance Program (HEAP)  | 200% FPL  | Yes, lists of excluded income and allowable deductions from income   | yes verification completed by State Office or local HEAP provider  | No  | Income documentation, utility bills or fuel receipts; disconnect notice required for crisis assistance  |
| Development | Home Weatherization Assistance Program (HWAP)  | 200% FPL  | same as HEAP   | yes, verification completed by local HWAP provider   | No  | Income documentation  |

|                    |   |          |              |   |     |                      |
|--------------------|---|----------|--------------|---|-----|----------------------|
| <b>Development</b> | Community Service Block Grant (CSBG) Programs     | 125% FPL | N/A          | yes, depending on program verification completed by local Community Action Agency | Yes | Depends on program   |
| <b>Development</b> | Electric Percentage of Income Payment Plan (PIPP) | 150% FPL | same as HEAP | same as HEAP  | No  | Income documentation |

**Eligibility- Current Program Profile: Assets 12-13-2011**

| Agency   | Program   | Assets Criteria  | Disregards and expenses   | Assets verification requirements federal/state   | Can requirements be waived? | What documents/other supporting information are required   |
|----------|---|--|---|--|-----------------------------|--|
| Medicaid | Healthy Start Medicaid (children to age 19 and pregnant women)                | No asset limit   | N/A   | N/A  | N/A                         |  |
| Medicaid | Covered Families and Children (CFC) (including parents and Ribicoff children) | No asset limit   | N/A   | N/A  | N/A                         |  |
| Medicaid | Aged, Blind, Disabled (ABD) Non-LTC (children and adults)                     | Individual \$1,500<br>Couple \$2,250 or<br>Medicaid Buy-in for Workers with Disabilities (MBIWD) \$10,580 annual increase indexed to inflation   | Home the individual lives in, one vehicle, certain trusts, some life insurance policies, irrevocable funeral contracts, one burial plot, most personal property                           | Bank statements, broker statements, tax returns, auditor valuations for real property, life insurance policies, annuity statements, IRA and RISA statements                | Yes                         | Any documentation that verifies value or ownership chain for any property/assets the individual owns   |
| JFS      | Ohio Works First  | None   | N/A   | N/A  | N/A                         | N/A  |
| JFS      | Prevention, Retention and Contingency   | County Department of Job and Family Services option  | County Department of Job and Family Services option   | County Department of Job and Family Services option  | No                          | County Department of Job and Family Services option  |
| JFS      | Disability Financial Assistance   | Resource: Personal property, liquid assets, and real property<br>-The income, and resources of the following are excluded from the family group:<br>(a) OWF participants;<br>(b) SSI recipients;<br>(c) Individuals for whom federal, state or local foster care maintenance payments are made; and<br>(d) Individuals for whom federal, state or local adoption assistance payments are made. | Fair market value minus liens or encumbrances   | Yes  | No                          | Statement from third party<br>- Pay stubs<br>-Tax records<br>-Proof of value of Stocks/Bonds/CDs/Life insurance/Trusts and Annuities<br>-Award letters<br>-Bank statements |
| JFS      | Food Assistance   | Only for households who have an intentional program violation or sanction or if aged/disabled are over 200% FPL<br><br>\$2000 for assistance groups without an aged/disabled member<br>\$3250 for assistance groups with an aged/disabled member   | None  | Only if questionable   | No                          | a written statement of cash on hand<br>-account statement<br>-trust fund statement   |
| JFS      | Publically Funded Child Care  | N/A  | N/A   | N/A  | N/A                         | N/A  |
| JFS      | Refugee Cash Assistance   | Follows OWF - no resource limit Excluded resources:<br>- Resources remaining in the individual's country of origin<br>- Resources and income of a sponsor  | N/A   | N/A  | N/A                         | N/A  |
| JFS      | Refugee Medical Assistance  | Resources are exempt   | N/A   | N/A  | N/A                         | N/A  |
| JFS      | Refugee Social Services Program   | None   | N/A   | N/A  | N/A                         | N/A  |
| JFS      | Child Support   | N/A  | N/A   | N/A  | N/A                         | N/A  |
| JFS      | WIA   | None   | N/A   | N/A  | N/A                         | N/A  |
| JFS      | UC  | None   | N/A   | N/A  | N/A                         | N/A  |
| JFS      | Title IV-E Foster Care  | Resource: Personal property, liquid assets, and real property<br>-The income, and resources of the following are excluded from the family group:<br>SSI recipients;<br>Individuals for whom federal, state or local foster care maintenance payments are made; and<br>Individuals for whom federal, state or local adoption assistance payments are made                                       | Exempt is the primary residence, life insurance not owned by the person, trust that is unavailable, \$1500 for automobile, first burial plot, irrevocable agreement for funeral expenses. | Statement from third party<br>- Pay stubs<br>-Tax records<br>-Proof of value of Stocks/Bonds/CDs/Life insurance/Trusts and Annuities<br>-Award letters<br>-Bank statements | No                          | Statement from third party<br>- Pay stubs<br>-Tax records<br>-Proof of value of Stocks/Bonds/CDs/Life insurance/Trusts and Annuities<br>-Award letters<br>-Bank statements |
| JFS      | Title IV-E Adoption Assistance  | None   | N/A   | N/A  | N/A                         | N/A  |
| JFS      | State Adoption Maintenance Subsidy  | None   | N/A   | N/A  | N/A                         | N/A  |
| JFS      | PASSS   | Form JFS 01681, real estate, adoption subsidy, child support, public assistance, assets, liabilities and insurance information   | All income not required to be reported to IRS is exempt (adoption assistance, child support, ect. )   | Form JFS 01681, real estate, other assets, liabilities, insurance and pension information  | No                          | Documentation of stocks, bonds, savings  |

| Agency | Program  | Assets Criteria   | Disregards and expenses  | Assets verification requirements federal/state | Can requirements be waived?                                    | What documents/other supporting information are required |
|--------|--|---|--|--|--|--|
| ADA    | SAPT Block Grant   | Not defined   | N/A  | N/A  | N/A  |  |
| ADA    | Family Reunification and Stabilization (aka HB484)   |   |  |  |  |  |
| ADA    | Access to Recovery (ATR)   | None  | N/A  | N/A  | N/A  |  |
| ADA    | Recovery to Work (R2W)   | N/A   | N/A  | N/A  | N/A  |  |
| AGE    | Federal: HHS/AoA - Older Americans Act Programs, Title III B, Supportive Services, Title III C Nutrition Services, Title III D Disease Prevention and Health Promotion, Title III E national Family Caregiver Support Program. Administered locally by AAAs.   | N/A   | N/A  | N/A  | N/A  | N/A  |
| AGE    | State: GRF - Senior Community Services. Administered locally by AAAs.<br>State: GRF - Alzheimer's Respite. Administered locally by AAAs.<br>Federal: DOL - Older Americans Act Programs, Title V Senior Community Service Employment Program<br>Federal: USDA - Senior Farmers Market Nutrition Program. Administered locally by AAAs. | N/A   | N/A  | N/A  | N/A  | N/A  |
| AGE    | Federal: AoA - Older Americans Act Programs, Title III B, Supportive Services, Title III C Nutrition Services, Title III D Disease Prevention and Health Promotion, Title III E national Family Caregiver Support Program. Administered locally by AAAs.   | Age 60 or older. AAAs shall set specific goals to ensure that services are provided to older individuals (aged sixty and over) with greatest economic need and greatest social need, with special emphasis on low-income minority individuals in at least the proportion of the priority population within the respective service provider's geographic boundaries.   | N/A  | N/A  | N/A  | N/A  |
| AGE    | State: GRF - Senior Community Services. Administered locally by AAAs.  | 60 years of age or older. AAAs shall set specific goals to ensure that services are provided to older individuals (aged sixty and over) with greatest economic need and greatest social need, with special emphasis on low-income minority individuals in at least the proportion of the priority population within the respective service provider's geographic boundaries.  | N/A  | N/A  | N/A  | N/A  |
| AGE    | State: GRF - Alzheimer's Respite. Administered locally by AAAs.  | Family caregivers of people of any age with Alzheimer's disease or related dementia. AAAs shall set specific goals to ensure that services are provided to older individuals (aged sixty and over) with greatest economic need and greatest social need, with special emphasis on low-income minority individuals in at least the proportion of the priority population within the respective service provider's geographic boundaries.   | N/A  | N/A  | N/A  | N/A  |
| AGE    | Federal: DOL - Older Americans Act Programs, Title V Senior Community Service Employment Program.  | 55 or older, unemployed, and have a total family income of less than 125 percent of federal poverty level are eligible to participate in the program.<br><br>SCSEP grants priority enrollment first to veterans and their qualified spouses, then to individuals who are 65 and older, or:<br><ul style="list-style-type: none"> <li>• Have a disability,</li> <li>• Have limited English proficiency,</li> <li>• Have low literacy skills,</li> <li>• Live in a rural area, Have low employment prospects,</li> <li>• Are unable to find employment through the Workforce Investment Act (WIA) system, or</li> <li>• Are homeless or at risk of homelessness.</li> </ul> | Federal requirements include:<br>Official records that establish that the regulatory definition has been met are required<br><br>For some conditions, detailed case notes in addition to the standard requirements for all case notes; or signed self-attestation is allowable | No   | Annual data validation   |  |
| AGE    | Federal: USDA - Senior Farmers Market Nutrition Program. Administered locally by AAAs  | Age 60 or older; reside in a service area that participates in the program.   | Federal  | No   | Annually per SFMNP application process and is for that PY only |  |



| Agency | Program   | Assets Criteria   | Disregards and expenses  | Assets verification requirements federal/state   | Can requirements be waived?   | What documents/other supporting information are required   |
|--------|---|---|--|--|---|--|
| AGE    | ODA Operated Home and Community-Based Waiver Programs<br>• PASSPORT<br>• Assisted Living<br>• Choices                             | CDJFS make the financial eligibility decision, using the Medicaid Eligibility Manual<br>• Individuals - \$1,500<br>• Spousal cases – Contingent on a resource assessment  | CDJFS staff make financial eligibility decisions, using the Medicaid Eligibility Manual  | CDJFS staff to financial eligibility decisions, using the Medicaid Eligibility manual  | No  | CDJFS staff make financial eligibility decisions, using the Medicaid Eligibility Manual  |
| AGE    | PACE Program  | CDJFS staff make financial eligibility decisions, using the Medicaid Eligibility Manual<br>• Individuals - \$1,500<br>• Spousal cases – Contingent on a resource assessment   | CDJFS staff make financial eligibility decisions, using the Medicaid Eligibility Manual  | CDJFS staff to financial eligibility decisions, using the Medicaid Eligibility manual  | No  | CDJFS staff make financial eligibility decisions, using the Medicaid Eligibility Manual  |
| AGE    | ODA Operated State-Funded PASSPORT and Assisted Living programs   | PAAs make the decision to enroll on state-funded PASSPORT or Assisted Living using the criteria in the Medicaid Eligibility Manual<br>• Individuals - \$1,500<br>• Spousal cases – Contingent on a resource assessment  | PAAs make the decision to enroll on state-funded PASSPORT or Assisted Living using the criteria in the Medicaid Eligibility Manual | PAAs make the decision to enroll on state-funded PASSPORT or Assisted Living using the criteria in the Medicaid Eligibility Manual | No  | PAAs make the decision to enroll on state-funded PASSPORT or Assisted Living using the criteria in the Medicaid Eligibility Manual |
| AGE    | Federal: AoA - Older Americans Act Programs, Title III E national Family Caregiver Support Program. Administered locally by AAAs. | 1. There are no eligibility requirements for caregivers who receive any of the following core support services: information, assistance and counseling.<br>2. All of the following categories of individuals are eligible for respite and supplemental services:<br>a. Caregivers who are caring for an individual who is 60 years old or older and frail per the definition of “frail or functionally impaired older person” in this policy; or<br>b. Family caregivers of a person with Alzheimer’ disease or a related disorder with neurological and organic brain dysfunction may be served regardless of the age of the person with dementia; or<br>c. Grandparents and other relative caregivers providing care to children (under 18 years of age) may receive services at 55 years of age or older; or<br>d. Grandparent or relative caregivers age 55 years and older (not including natural or adoptive parents) providing care for adult children with a disability, who are between 19 and 59 years of age, can now be served under the NFCSPP according to the priority in Procedure B.3.d. below; or<br>e. Older caregivers who are parents providing care to their adult children with disabilities can be served in the NFCSPP if the adult children are 60 years of age or older. |  |  |   |  |
| DD     | Transitions -DD Waiver  |   |  |  |   |  |
| DD     | Individual Options  | Assets include all income and resources of the individual and of the individual's spouse.<br><br>(a) For a single individual the resource limit is one thousand five hundred dollars.<br><br>(b) for a couple whether both are eligible or one is ineligible, the resource limit is two thousand two hundred fifty dollars.<br><br>(c) A child living with a parent is considered to be an individual and has a resource limit of one thousand five hundred dollars   | Yes<br><br>5101:1-39-18 Medicaid: income exemptions and disregards   | Yes  | Yes<br><br>5101:1-39-26 Medicaid resource exemption<br><br>5101:1-39-27.1 Medicaid trusts |  |
| DD     | Level One   | Assets include all income and resources of the individual and of the individual's spouse.<br><br>(a) For a single individual the resource limit is one thousand five hundred dollars.<br><br>(b) for a couple whether both are eligible or one is ineligible, the resource limit is two thousand two hundred fifty dollars<br><br>(c) A child living with a parent is considered to be an individual and has a resource limit of one thousand five hundred dollars  | Yes<br><br>5101:1-39-18 Medicaid: income exemptions and disregards   | Yes  | Yes<br><br>5101:1-39-26 Medicaid resource exemption<br><br>5101:1-39-27.1 Medicaid trusts |  |



| Agency | Program   | Assets Criteria   | Disregards and expenses | Assets verification requirements federal/state | Can requirements be waived?   | What documents/other supporting information are required |
|--------|---|-------------------|-------------------------|--|---|--|
| ODH    | Bureau for Children with Medical Handicaps Treatment Program (BCMTH)                    | N/A               | N/A                     | N/A  | N/A   | N/A  |
| ODH    | Bureau of Child and Family Health Services:<br>Child and Family Health Services Program | N/A               | N/A                     | N/A  | N/A   | N/A  |
| ODH    | Breast and Cervical Cancer Project  | N/A               | N/A                     | N/A  | N/A   | N/A  |
| ODH    | Ryan White Part B Medical Case Management   | N/A               | N/A                     | N/A  | Ryan White Part B programs include a "waiver" that allows the director of ODH to increase requirements depending on funding | N/A  |
| ODH    | Ryan White Part B OHDAP (Ohio HIV Drug Assistance Program)                              | N/A               | N/A                     | N/A  | Ryan White Part B programs include a "waiver" that allows the director of ODH to increase requirements depending on funding | N/A  |
| ODH    | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)           | N/A               | N/A                     | N/A  | N/A   | N/A  |
| ODH    | Help Me Grow Early Intervention   | N/A               | N/A                     | N/A  | N/A   | N/A  |
| ODH    | Help Me Grow Home Visiting  | N/A               | N/A                     | N/A  | N/A   | N/A  |
| ODH    | Regional Infant Hearing Program   | N/A               | N/A                     | N/A  | N/A   | N/A  |
| ODH    | Maternal Infant & Early Childhood Home Visiting grant program                           | N/A               | N/A                     | N/A  | N/A   | N/A  |
| MH     | Residential State Supplement (RSS)  | Same as Medicaid  | Same as Medicaid        | Same as Medicaid                               | Yes   | Same as Medicaid   |
| RSC    | Division of Disability Determination  | SSA determination | SSA determination       | SSA determination                              | SSA determination   | SSA determination  |

**Eligibility-Current Program Profile: Programatic/Other Criteria 12-13-2011**

| Agency   | Program   | Other programmatic criteria   | Other programmatic criteria verification requirements, federal/state  | Can requirements be waived ?   | What documents/other supporting information are required   |
|----------|---|---|---|--|--|
| Medicaid | Healthy Start Medicaid (children to age 19 and pregnant women)                | 1. Citizenship or qualified alien status<br>2. State residence<br>3. Under 19 or pregnant<br>4. If 150-200% FPL no other creditable coverage  | 1. Preferably data match, manual if data match fails<br>2. Self declaration<br>3. Birth certificate or other documentation of age; medical statement to prove pregnancy<br>4. Self declaration  | 1-3- Can not be waived<br>4 - Can be waived                            | If there is third party liability (TPL), identifying information   |
| Medicaid | Covered Families and Children (CFC) (including parents and Ribicoff children) | 1. Citizenship or qualified alien status<br>2. State residence<br>3. Child and/or parent (caretaker/guardian) residing with child   | 1. Preferably data match, manual if data match fails<br>2. Self declaration<br>3. Proof of age and relationship   | No   | If shared-custody parents dispute which parent can be covered with the child, custody agreements or other documentation  |
| Medicaid | Aged, Blind, Disabled (ABD) Non LTC (children and adults)                     | 1. Citizenship or qualified alien status<br>2. State residence<br>3. Disability/Blind Determination or at least age 65  | 1. Preferably data match, manual if data match fails<br>2. Self declaration<br>3. SSA award letter or JFS Disability Determination Unit (DDU) determination; proof of age   | No   | For DDU determination, doctor records  |
| JFS      | Ohio Works First  | Citizenship or qualified alien status<br>-Residency<br>-Parent, caretaker relative, legal guardian or legal custodian with a minor child or in third trimester of pregnancy<br>-(LEAP) Minor parent or pregnant minor under age 19  | Yes- Federal and State  | No   | SSN<br>-Proof of U.S. Citizen (if citizen)<br>-Residency card (if non-citizen)   |
| JFS      | Prevention, Retention and Contingency   | Citizenship or qualified alien status<br>-Adults with a minor child<br>-pregnant individual with no other children; or<br>-non-custodial parent   | Yes- State and County   | No   | SSN<br>-Proof of U.S. Citizenship<br>-Residency card (if non-citizen)  |
| JFS      | Disability Financial Assistance   | Disabled individuals<br>-Individuals at least 60 years old and in receipt of DFA in June 2003<br>- The DFA "family group" is defined as the assistance group (as set forth in paragraph (C) of this rule), and any persons related to any member of the assistance group by blood, adoption (i.e., parents and their children), or marriage who are living in the same home as the assistance group.  | Yes- State  | No   | Medical documentation<br>-Data match<br>-Birth certificate<br>-SSN   |
| JFS      | Food Assistance   | Citizenship/alien status if not citizen<br>-Resident of county of application<br>-Social Security Number<br>-Expenses (i.e. child support, rent, utilities)   | Yes - Federal   | No   | INS verification if not citizen<br>- lease,<br>-Social Security Card or proof of application for SSN or SSA award letter<br>-court order, utility bills<br>-third party statement<br>-collateral contact |
| JFS      | Publically Funded Child Care  | Citizenship or qualified alien status for children<br>Resident of Ohio<br>Need child care to work or attend training/education activity   | Birth certificate<br>Mortgage/rent payment verification<br>Employer/training program/school verification  | No   | N/A  |
| JFS      | Refugee Cash Assistance   | Potentially eligible for first eight months, beginning with entry date if not eligible for Ohio Works First or SSI AND:<br>o Paroled as a refugee or asylee under section 212(d)(5) of the Immigration and Nationality Act (INA)<br>o Admitted as a refugee under section 207 of the INA<br>o Granted asylum under section 208 of the INA<br>o A Cuban or Haitian entrant as defined in 45 CFR 401<br>o An Amerasian admitted pursuant to section 584 of Public Law 100-202, as amended by Public Law 100-461<br>o An Office of Refugee Resettlement (ORR) certified victim of a severe form of human trafficking<br>o A family member of a victim of a severe form of human trafficking<br>o An alien child issued an interim assistance letter from the ORR<br>o An Afghan or Iraqi alien admitted in accordance with Public Laws 110-161 and 110-181<br>Mortgage/rent payment verification   | Status documentation must be verified on Systematic Alien Verification for Entitlements   | No   | Proof of alien status  |
| JFS      | Refugee Medical Assistance  | Potentially eligible for first eight months, beginning with entry date if not eligible for Ohio Works First or SSI AND:<br>o Paroled as a refugee or asylee under section 212(d)(5) of the Immigration and Nationality Act (INA)<br>o Admitted as a refugee under section 207 of the INA<br>o Granted asylum under section 208 of the INA<br>o A Cuban or Haitian entrant as defined in 45 CFR 401<br>o An Amerasian admitted pursuant to section 584 of Public Law 100-202, as amended by Public Law 100-461<br>o An Office of Refugee Resettlement (ORR) certified victim of a severe form of human trafficking<br>o A family member of a victim of a severe form of human trafficking<br>o An alien child issued an interim assistance letter from the ORR<br>o An Afghan or Iraqi alien admitted in accordance with Public Laws 110-161 and 110-181<br>Mortgage/rent payment verification   | Status documentation must be verified on Systematic Alien Verification for Entitlements   | NO   | Proof of alien status  |
| JFS      | Refugee Social Services Program   | Potentially eligible for first five years beginning with entry date if resides in eligible county AND:<br>o Paroled as a refugee or asylee under section 212(d)(5) of the Immigration and Nationality Act (INA)<br>o Admitted as a refugee under section 207 of the INA<br>o Granted asylum under section 208 of the INA<br>o A Cuban or Haitian entrant as defined in 45 CFR 401<br>o An Amerasian admitted pursuant to section 584 of Public Law 100-202, as amended by Public Law 100-461<br>o An Office of Refugee Resettlement (ORR) certified victim of a severe form of human trafficking<br>o A family member of a victim of a severe form of human trafficking<br>o An alien child issued an interim assistance letter from the ORR<br>o An Afghan or Iraqi alien admitted in accordance with Public Laws 110-161 and 110-181<br>o A lawful permanent resident who previously held one of the statuses described above<br>Required to participate if employable, receiving Refugee Cash Assistance and residing in eligible county | Status documentation must be verified on Systematic Alien Verification for Entitlements   | NO   | Proof of alien status  |
| JFS      | Child Support   | Active TANF or a resident of an Ohio County and no other Ohio county has jurisdiction or requesting services from the Ohio county of jurisdiction   | Custodian of minor child for whom child support services are requested  | Birth certificate, marriage or divorce documents, custody orders, ect. | No   |
| JFS      | WIA-General   | Authorized to work in the US; Properly registered for Selective Service   | WIA is not an entitlement program. Once basic eligibility is determined for Adult, Dislocated Worker or youth, the eligible applicant must also be "suitable" for program services, as determined by the WIB. Documentation for suitability is determined by each local WIB | no   | 1) Birth certificate immigration documentation, self attestation<br>2) Selective service card, verification from Selective Service website   |
| JFS      | WIA-Adult   | Age-18 or older   | No  | No   | Drivers license, State ID, Birth Certificate, CRiSe printout   |
| JFS      | WIA-Youth   | Age 14-21   | No  | NO   | Drivers license, State ID, Birth Certificate, CRiSe printout   |
| JFS      | WIA Dislocated Worker   | Age 18 or older   | No  | No   | Drivers license, State ID, Birth Certificate, CRiSe printout   |

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| JFS | UC  | Citizenship, Verified Alien Status, Wages reported for OH within Base Period   | Federal   | NO   | SSN, Residency card (non-citizen), DD-214 (Ex-military), SF8/SF50 (Federal Civilian)   |
| JFS | Title IV-E Foster Care  | Citizenship/Qualified Alien; Best interest and reasonable efforts finding. Child of a minor parent who is eligible; must be placed in a licensed setting   | Proof of U.S. Citizen (in citizen) ; Residency card (if non-citizen) ; Court Order/court transcript ; birth record; provider license  | No   | Birth certificate, CRIS-E, Alien verification documents, social security card.   |
| JFS | Title IV-E Adoption Assistance  | Prior to final decree of adoption: Approved home study, child adopted is a special needs child, child matched with adoptive parent, child meets age requirement, judicial determination that child cannot be returned home, reasonable, but unsuccessful efforts made to place child without adoption assistance.<br>Child meets one of the following categories: AFDC relatedness, eligibility for SSI benefits, child's minor parent was in foster care and received Title IV-E foster care maintenance payment, child in custody of a public children services or private child placing agency or tribe for 60 consecutive months, child is a sibling of child placed in same home who is eligible or child was in receipt of adoption assistance in prior finalized adoption   | Judicial determination/court order<br>JFS 01448 "Title IV-E Adoption Assistance Non-AFDC relatedness eligibility determination  | No   | Verification of SSI eligibility<br>Termination of parental rights<br>Permanent surrender   |
| JFS | State Adoption Maintenance Subsidy  | The child resides in Ohio<br>The child has been adopted by someone other than a step parent<br>The child as a physical or developmental handicap or mental or emotional condition<br>The child is under the age of 18 or between 18 and 21 and mentally or physically handicapped<br>Other sources of assistance are inadequate or unavailable to meet the child's needs   | Adoption decree<br>Verification of income<br>Assessment or evaluation from qualified professional documenting child's special needs<br>Listing of community resources that have been contacted<br>Copy of family's health insurance policy that outlines services covered | An agency may waive the 5% copayment required for services if the child's adoptive family meets 200% of federal poverty guidelines | Completed "Credentials for Providers of PASSS funded therapeutic services and memorandum of understanding form<br>Copy of child's treatment plan for continued eligibility<br>Application for additional post adoption special services subsidy, if additional funds requested |
| JFS | PASSS   | The child resides in Ohio<br>The child has been adopted by someone other than a step parent<br>The child as a physical or developmental handicap or mental or emotional condition<br>The child is under the age of 18 or between 18 and 21 and mentally or physically handicapped<br>Other sources of assistance are inadequate or unavailable to meet the child's needs   | Adoption decree<br>Verification of income<br>Assessment or evaluation from qualified professional documenting child's special needs<br>Listing of community resources that have been contacted<br>Copy of family's health insurance policy that outlines services covered | An agency may waive the 5% copayment required for services if the child's adoptive family meets 200% of federal poverty guidelines | Completed "Credentials for Providers of PASSS funded therapeutic services and memorandum of understanding form<br>Copy of child's treatment plan for continued eligibility<br>Application for additional post adoption special services subsidy, if additional funds requested |
| ADA | SAPT Block Grant  | N/A  |   | N/A  | N/A  |
| ADA | Access to Recovery (ATR)  | N/A  |   | N/A  | N/A  |
| ADA | Recovery to Work (R2W)  | N/A  | N/A   | N/A  | N/A  |
| AGE | ODA Operated State-Funded PASSPORT and Assisted Living programs                                       | <b>Eligibility Criteria for State-Funded PASSPORT Program</b><br>1. individual has not reached the CMS authorized limit of participants for the current year for statewide enrollment;<br>2. The individual must be age sixty (60) or over when enrolled;<br>3. The individual must meet the criteria of the Medicaid financial eligibility requirements;<br>4. The individual must be determined to meet the criteria for an intermediate or skilled level of care and in the absence of PASSPORT would require nursing facility services;<br>5. The individual's health related needs can be met safely in a home setting as determined by the PAA;<br>6. The individual must need services that are not readily available through another source at the level required to allow the individual to live in the community;<br>7. The individual's PASSPORT services plan costs for twelve months does not exceed the cost limit;<br>8. The individual's physician approves that the services are appropriate to meet the individual's needs;<br>9. The individual agrees to participate in State-funded PASSPORT program;<br>10. The individual is not a resident of a hospital, nursing facility, or a Keys Amendment facility;<br>11. The individual must not be on hospice at the time of enrollment into state-funded PASSPORT;<br>12. The individual must require the provision of at least one waiver service on a monthly basis as documented in the consumer's approved care plan.<br><b>Eligibility Criteria for State-Funded ASSISTED LIVING Program</b><br>1. The individual must be determined to meet the criteria for an intermediate or skilled level of care;<br>2. The individual's skilled nursing needs do not exceed the allowable limits outlined in the residential care facility rule OAC 3701-17-59.<br>3. At the time of enrollment, the individual must reside in a residential care facility that has been certified by the ODA;<br>4. The individual must meet criteria of the Medicaid financial eligibility requirements;<br>5. The individual's service plan does not exceed the cost cap in effect for the program.<br>6. The individual must have the ability to make room and board payments at the current supplemental security income (SSI) federal benefit level minus the personal needs allowance.<br>7. The individual is age twenty-one or older at the time of enrollment.<br>8. The assisted living HCBS waiver has not reached the Centers for Medicare and Medicaid services (CMS) authorized limit of participants for the current year.<br>9. The individual's health related needs can be safely met in a residential care setting as determined by the PAA.<br>10. An individual who has been enrolled in the State-funded assisted living program may subsequently be enrolled in hospice; however, an individual who is first enrolled in hospice and is not currently enrolled in an HCBS waiver is not subsequently eligible for State-Funded or Medicaid-Funded assisted living HCBS enrollment. |   | No   | See programmatic/other criteria  |
| AGE | ODA Operated Home and Community-Based Waiver Programs<br>• PASSPORT<br>• Assisted Living<br>• Choices | <b>Eligibility Criteria for PASSPORT Waiver Program</b><br>1. individual has not reached the CMS authorized limit of participants for the current year for statewide enrollment;<br>2. The individual must be age sixty (60) or over when enrolled;<br>3. The individual must meet and be approved for the Medicaid financial eligibility requirements;<br>4. The individual must be determined to meet the criteria for an intermediate or skilled level of care and in the absence of PASSPORT would require nursing facility services;<br>5. The individual's health related needs can be met safely in a home setting as determined by the PAA;<br>6. The individual must need services that are not readily available through another source at the level required to allow the individual to live in the community;<br>7. The individual's PASSPORT services plan costs for twelve months does not exceed the cost limit;<br>8. The individual's physician approves that the services are appropriate to meet the individual's needs;<br>9. The individual agrees to participate in State-funded PASSPORT program;<br>10. The individual is not a resident of a hospital, nursing facility, or a Keys Amendment facility;<br>11. The individual must not be on hospice at the time of enrollment into state-funded PASSPORT;<br>12. The individual must require the provision of at least one waiver service on a monthly basis as documented in the consumer's approved care plan.<br><b>Eligibility Criteria for ASSISTED LIVING Waiver Program</b><br>1. The individual must be determined to meet the criteria for an intermediate or skilled level of care;<br>2. The individual's skilled nursing needs do not exceed the allowable limits outlined in the residential care facility rule OAC 3701-17-59.<br>3. At the time of enrollment, the individual must reside in a residential care facility that has been certified by the ODA;<br>4. The individual must meet and be approved for the Medicaid financial eligibility requirements;<br>5. The individual's service plan does not exceed the cost cap in effect for the program.<br>6. The individual must have the ability to make room and board payments at the current supplemental security income (SSI) federal benefit level minus the personal needs allowance.<br>7. The individual is age twenty-one or older at the time of enrollment.<br>8. The assisted living HCBS waiver has not reached the Centers for Medicare and Medicaid services (CMS) authorized limit of participants for the current year.<br>9. The individual's health related needs can be safely met in a residential care setting as determined by the PAA.<br>10. An individual who has been enrolled in the State-funded assisted living program may subsequently be enrolled in hospice; however, an individual who is first enrolled in hospice and is not currently enrolled in an HCBS waiver is not subsequently eligible for State-Funded or Medicaid-Funded assisted living HCBS enrollment. | State Federal   | No   | See programmatic/other criteria  |

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| <p style="text-align: center;"><b>AGE</b></p> | <p>ODA Operated Home and Community-Based Waiver Programs</p> <ul style="list-style-type: none"> <li>• PASSPORT</li> <li>• Assisted Living</li> <li>• Choices</li> </ul> | <p><b>Eligibility Criteria for CHOICES Waiver Program</b></p> <p>Before an individual can be eligible for enrollment in Choices, all of the following criteria must be met:</p> <ol style="list-style-type: none"> <li>1. Choices has not reached the Center for Medicaid and Medicare services (CMS) authorized limit of participants for the current year;</li> <li>2. The individual must be age sixty (60) or over when enrolled;</li> <li>3. The individual must meet and be approved for the Medicaid financial eligibility requirements as determined by the CDJFS;</li> <li>4. The individual must be determined to meet the criteria for an intermediate or skilled level of care;</li> <li>5. The individual's health related needs can be safely met in a home setting as determined by the PAA;</li> <li>6. The individual must need services that are not readily available through another source at the level required to allow the individual to live in the community;</li> <li>7. The cost of the twelve-month service plan does not exceed the cost cap;</li> <li>8. The individual's physician approves that the services are appropriate to meet the individual's needs;</li> <li>9. At the time of enrollment, and while enrolled on Choices, the individual may not be enrolled in another home and community based Medicaid waiver, residential state supplement (RSS), or program of all inclusive care for the elderly (PACE );</li> <li>10. At the time of enrollment, the individual must be a current PASSPORT HCBS Medicaid waiver program participant;</li> <li>11. While enrolled on Choices, the individual must reside in the appropriate PAA, and in an appropriate setting;</li> <li>12. The consumer or the consumer's authorized representative must be willing and capable of directing provider activities.</li> </ol> |  |  |  |
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| Agency | Program               | Other programmatic criteria  | Other programmatic criteria verification requirements, federal/state   | Can requirements be waived ?              | What documents/other supporting information are required |
|--------|-----------------------|--|--|---|--|
| AGE    | PACE Program          | <p>Eligibility Criteria for PACE Program</p> <ul style="list-style-type: none"> <li>• Age 55 or older;</li> <li>• Private pay, or in receipt of Medicare or Medicaid;</li> <li>• Must be able to remain safely in the community;</li> <li>• Be willing to receive all of their care from a PACE provider; and</li> <li>• Resides in one of the two PACE sites (AAA-1/ Cincinnati area); or (AAA 10-A/ Cleveland area)</li> </ul>   | Federal  | No  | See programmatic/other criteria                          |
| DD     | Transitions-DD Waiver | <p>No age requirement</p> <p>Not open to new enrollment. Enrollment possible only for the following:</p> <ol style="list-style-type: none"> <li>1. Individuals enrolled on the Ohio Home Care Waiver as of Nov 1, 2001 who were determined to have an ICF/MR LOC</li> <li>2. Ohio Home Care Waiver consumers whose intermediate or skilled level of care is reevaluated to be an ICF-MR level of care</li> <li>3. Also, on a time-limited basis and within a reserved capacity that is being established for the waiver, individuals determined by ODJFS to be eligible for the HOME Choice Demonstration Program, and who meet the eligibility criteria for the Transitions DD Waiver. Priority given to those whose nursing needs exceed state plan services</li> </ol> <p>Must have ICF/MR Level of Care:</p> <ol style="list-style-type: none"> <li>1. Meet the minimum criteria for a protective level of care;</li> <li>2. Have developmental delays or a diagnosis of mental retardation or another condition other than mental illness; and</li> <li>3. The condition manifested prior to age 22</li> <li>4. Condition is expected to continue indefinitely</li> <li>5. Individual has substantial functional limitations in at least three major life areas as defined in 5101:3-3-07</li> <li>6. Would benefit from services and supports designed to promote skill acquisition or slow regression</li> <li>7. Individual/guardian or parent of minor agrees to participate in individualized plan</li> </ol> <p>For individuals birth through five years:</p> <ol style="list-style-type: none"> <li>1) A least three developmental delays in the following areas: a) adaptive behavior b) physical development or maturation, fine and gross motor skills, growth, c) cognition d) communication e) social or emotional development and f) sensory development; and</li> <li>2) Will benefit from services to promote acquisition of skills or regression in areas of delay; and</li> <li>3) The parent/legal guardian agrees to the individual's active participation in an individualized plan of services and supports</li> </ol> | <p>Ohio Home Care Waiver-Program Eligibility Assessment Tool (PEAT) by Carestar</p> <p>Tools for determination of ICF/MR Level of Care:</p> <ol style="list-style-type: none"> <li>1. PEAT</li> <li>2. Physician/psychologist verification</li> </ol> <p>Tools for determination birth through five years</p> <ol style="list-style-type: none"> <li>1. Review assessments by one or more qualified professions using generally accepted diagnostic instruments and document outcome on PEAT</li> <li>2. PEAT</li> </ol> | No programatic requirements may be waived |  |
| DD     | Individual Options    | <p>No age requirement</p> <p>Must have ICF/MR Level of Care:</p> <ol style="list-style-type: none"> <li>1. Meet the minimum criteria for a protective level of care;</li> <li>2. Have developmental delays or a diagnosis of mental retardation or another condition other than mental illness; and</li> <li>3. The condition manifested prior to age 22</li> <li>4. Condition is expected to continue indefinitely</li> <li>5. Individual has substantial functional limitations in at least three major life areas as defined in 5101:3-3-07</li> <li>6. Would benefit from services and supports designed to promote skill acquisition or slow regression</li> <li>7. Individual/guardian or parent of minor agrees to participate in individualized plan</li> </ol> <p>For individuals birth through five years:</p> <ol style="list-style-type: none"> <li>1) A least three developmental delays in the following areas: a) adaptive behavior b) physical development or maturation, fine and gross motor skills, growth, c) cognition d) communication e) social or emotional development and f) sensory development; and</li> <li>2) Will benefit from services to promote acquisition of skills or regression in areas of delay; and</li> <li>3) The parent/legal guardian agrees to the individual's active participation in an individualized plan of services and supports</li> </ol>   | <p>Freedom of Choice</p> <p>Protective LOC</p> <p>LOC</p> <p>Functional assessment (per age group)</p> <p>Attachment D</p> <p>Attachment E</p> <p>Attachment F</p> <p>Attachment G</p> <p>Medical evaluation</p> <p>Psych evaluation</p> <p>Freedom of Choice</p> <p>Protective LOC</p> <p>LOC-documentation of delays</p>   | No  |  |
| DD     | Level One             | <p>No age requirement</p> <p>Must have ICF/MR Level of Care:</p> <ol style="list-style-type: none"> <li>1. Meet the minimum criteria for a protective level of care;</li> <li>2. Have developmental delays or diagnosis of mental retardation or another condition other than mental illness; and</li> <li>3. The condition manifested prior to age 22</li> <li>4. Condition is expected to continue indefinitely</li> <li>5. Individual has substantial functional limitations in at least three major life areas as defined in 5101:3-3-07</li> <li>6. Would benefit from services and supports designed to promote skill acquisition or slow regression</li> <li>7. Individual/guardian or parent of minor agrees to participate in individualized plan</li> </ol> <p>For individuals birth through five years:</p> <ol style="list-style-type: none"> <li>1) A least three developmental delays in the following areas: a) adaptive behavior b) physical development or maturation, fine and gross motor skills, growth, c) cognition d) communication e) social or emotional development and f) sensory development; and</li> <li>2) Will benefit from services to promote acquisition of skills or regression in areas of delay; and</li> <li>3) The parent/legal guardian agrees to the individual's active participation in an individualized plan of services and supports</li> </ol>   | <p>Freedom of Choice</p> <p>Protective LOC</p> <p>LOC</p> <p>Functional assessment (per age group)</p> <p>Attachment D</p> <p>Attachment E</p> <p>Attachment F</p> <p>Attachment G</p> <p>Medical evaluation</p> <p>Psych evaluation</p> <p>Freedom of Choice</p> <p>Protective LOC</p> <p>LOC-documentation of delays</p>   |   |  |



| Agency | Program  | Other programmatic criteria   | Other programmatic criteria verification requirements, federal/state   | Can requirements be waived ?  | What documents/other supporting information are required  |
|--------|--|---|--|---|---|
| ODH    | Bureau for Children with Medical Handicaps Treatment Program (BCMh)                  | Medical eligibility, Financial eligibility, Residency, Age  | State<br>OAC 3701-43-15  | BCMh has a "waiver" rule (OAC 3701-43-22), but precludes waiving statutorily mandated requirements                          | Medical application form submitted by managing physician, income submitted by family  |
| ODH    | Bureau of Child and Family Health Services: Child and Family Health Services Program | Subgrantees assure that funds from this grant which are used for direct health care services are only for those who are underinsured or uninsured;  | State CFHS Standards   |   | Varies by subgrantee  |
| ODH    | Breast and Cervical Cancer Project   | N/A   | N/A  | N/A   | N/A   |
| ODH    | Ryan White Part B Medical Case Management  | Medical eligibility, residency, financial eligibility for emergency financial assistance  | Required per HRSA and included in OAC (section number changing—at JCARR)   | Ryan White Part B programs include a "waiver" that allows the Director of ODH to increase requirements depending on funding | Proof of Ohio residency, paystubs, labs/physician verification form to prove HIV status   |
| ODH    | Ryan White Part B OHDAP (Ohio HIV Drug Assistance Program)                           | Medical eligibility, residency, financial eligibility   | Required per HRSA and included in OAC (section number changing—at JCARR)   | Ryan White Part B programs include a "waiver" that allows the Director of ODH to increase requirements depending on funding | Medical application form, labs and/or physician verification, income proofs including pay stubs and tax transcript, proof of Ohio residency, proof of no other insurance/Medicaid/Medicare Part D                                       |
| ODH    | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)        | Nutrition/Medical Risk; Categorical eligibility as a pregnant, postpartum, or breastfeeding woman, infant birth to age one; child age one up to five; Physical presence; Ohio residence; and Identification<br>Must offer Voter Registration  | Federal - 7CFR246.7 Certification and Eligibility; 7CFR246.10 Food Package Prescription; 7CFR246.11 Nutrition Education Requirements<br>Voter Act of 1993  | No  | WIC Program Application or Combined Programs Application; WIC Categorical Health History form; Nutrition Care Plan; Welcome to WIC letter; Voter Registration form  |
| ODH    | Help Me Grow Early Intervention  | Developmental disability, as defined<br>Developmental delay, as defined   | OAC 3701-8-03  | Yes, through the use of informed clinical opinion to make a child eligible  | Evaluation & Assessment Report indicating a need for EI services  |
| ODH    | Help Me Grow Home Visiting   | Newborns & infants and expectant first time parents who meet income criteria and whose child is under six months of age   | OAC 3701-8-05  | No  | None  |
| ODH    | Regional Infant Hearing Program  | Childhood Hearing Loss  |  | No  | Audiological evaluation and diagnosis; enrollment in Part C Early Intervention  |
| ODH    | Maternal Infant & Early Childhood Home Visiting grant program                        | Depends on evidence-based home visiting model selected & implemented. Currently 2: Healthy Families America and Nurse-Family Partnership are allowed for selection (example: NFP requires mom be no later than 28 weeks pregnant)   | Depends on evidence  | Based home visiting model   | Depends on evidence   |
| MH     | Residential State Supplement (RSS)   | 1. Age 18 and over<br>2. Eligible for, pending or receiving M'aid<br>3. Eligible for or receiving SS,SSI, SSDI<br>4. Leaving a nursing facility<br>5. Protective level of care or greater<br>6. Moving to eligible home (ODMH-licensed facility or ODH- licensed residential care facility) | 1. Social Security number and birth date documented in CRIS-E<br>2. Social Security benefit documented in CRIS-E<br>3. NF Discharge date<br>4. Written LOC determination from PAA<br>5. Written confirmation of home from NF/referral source | Yes   | 1. Application submitted by NF, MH Center, family<br>2. Form 3697 (PIMS-ODA data system) or MDS showing functional limitations, diagnosis, medications, needed community supports.<br>3. Name and contact information for home operator |
| RSC    | Division of Disability Determination (DDD)   | SSA determination   | SSA establishes criteria   | SSA jurisdiction  | SSA decision  |