



HANDBOOK

Ohio County Commissioners

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Phone: 614-221-5627 • Fax: 614-221-6986 • www.ccao.org

CHAPTER 44

COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

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44.01 INTRODUCTION (ORC CHAPTERS 329, 5101, 5107, 5108, 5111, 5115)

In Ohio, counties partner with the state to administer a whole host of human service programs. The county department of job and family services' (CDJFS) is one of the county agencies that is central to this relationship with the state.

Each county has a CDJFS for which the county commissioners appoint the director. This department can administer a number of programs for human services, and how each county's department looks depends on which programs the CDJFS provides. A CDJFS almost always administers public assistance programs, such as Temporary Assistance for Needy Children (TANF), Medicaid, and Food Assistance (formerly known as Food Stamps). These programs are detailed below.

In addition, the county must provide for the delivery of other human service programs including children service programs, child support, and workforce development. In some counties these programs are administered by the CDJFS while in other counties these programs are administered by other agencies. Please see Chapter 43, *County Human Service Agencies* for details about how commissioners may organize for the delivery of these programs, how general funding works, personnel regulations, and indirect cost recovery.

Commissioners should strive to keep on top of what's happening at their CDJFS. Commissioners can arrange visits to the department, have regular meetings with the

CDJFS director, remain up-to-date about where the county money is flowing, talk to community residents, and know who the CDJFS is contracting with to deliver services and how the department monitors those contracts.

44.02 COUNTY FAMILY SERVICES PLANNING COMMITTEE (ORC 329.06)

County commissioners are required to establish a county family services planning committee. The committee's membership must include a representative of the CDJFS, an employee of the CDJFS in the classified civil service and a representative of the public. County commissioners also must appoint members to ensure that the committee's membership is "broadly representative of the groups of individuals and the public and private entities that have an interest in the family services provided in the county." The law specifies a list of suggested entities, but all those in that list are permissive, including the Public Children Service Agency (PCSA) and the Child Support Enforcement Agency (CSEA). The following groups and entities may be represented on the committee:

1. Consumers of family services;
2. The public children services agency;
3. The child support enforcement agency;
4. The county family and children first council;
5. Public and private colleges and universities;
6. Public entities that provide family services, including boards of health, boards of education, the county board of developmental disabilities, and the board of alcohol, drug addiction, and mental health services that serves the county;
7. Private nonprofit and for-profit entities that provide family services in the county or that advocate for consumers of family services in the county, including entities that provide services to or advocate for victims of domestic violence;
8. Labor organizations;
9. Any other group or entity that has an interest in the family services provided in the county, including groups or entities that represent any of the county's business, urban, and rural sectors.

The only membership requirement is to make sure that appointments are made in a manner that reflects the ethnic and racial composition of the county.

If a committee existed in a county on October 1, 1997, and the county commissioners determine that the committee is capable of fulfilling the responsibilities of a county

family services planning committee, the commissioners may designate the committee as the county's family services planning committee.

The purpose of the planning committee is to serve as an advisory body to the county commissioners with respect to family services provided in the county. The committee is tasked with advising the commissioners concerning at least the following four human service programs: Ohio Works First (OWF), Prevention, Retention and Contingency (PRC), publicly funded child care, and Title XX services.

The committee also is charged with conducting an annual review of the county department's implementation of OWF and PRC. The committee also must examine all of the following:

1. Return of assistance groups to participation in OWF and PRC after ceasing to participate.
2. Teen pregnancy rates among the programs' participants.
3. The other types of assistance the programs' participants receive, including Medicaid, publicly funded child care, Food Assistance, and energy assistance.
4. Other issues the committee considers appropriate.

The committee then must make recommendations to the commissioners based upon their findings in the annual review.

The committee's final requirement is to hold a public hearing on the proposed county profiles that identify how Title XX funds will be used in the county.

44.03 PRIMARY DUTIES OF THE CDJFS IF NOT COMBINED (ORC 329.04)

TANF PROGRAMS (ORC Chapters 5107. and 5108.)

In 1997, the Ohio General Assembly enacted the new federal Temporary Assistance for Needy Families (TANF) program. In Ohio, TANF consists of the following three creative programs: Ohio Works First (OWF); Prevention, Retention, and Contingency (PRC); and child care. All of these programs are designed to help people into permanent employment.

OWF is one TANF priority, and provides time-limited cash-assistance to needy families with children and furnishes parents with work training and other supportive services they need to get and stay employed. The CDJFS is responsible for determining financial eligibility to receive benefits under OWF. Those eligible families receive time-limited cash assistance for up to 36 months pursuant to a self-sufficiency contract the recipient must enter into with the CDJFS. The maximum amount a family of three may receive is \$434 per month. During this time, the CDJFS provides support to adult participants to

become job-ready and find employment. After 36 months, families are ineligible to receive further cash payments unless the CDJFS approves an extension for very limited allowable purposes.

Under OWF, participants must meet certain work requirements to be eligible for the program. One example is the job search and readiness program under which OWF participants are trained in strategies and skills in obtaining employment and engage in self-directed, job search activities. Another example is the subsidized employment program. In this program, private and government employers receive payments from CDJFS for a portion of the costs of salaries, wages, and benefits those employers pay to OWF participants. The work experience program is yet another way OWF participants can meet work requirements. In this program, OWF participants are assigned to private or government entities to gain work experience through a variety of ways, including unpaid internships, refurbishing publicly assisted housing, or volunteering at the head start agency.

The PRC program is the second cornerstone TANF program. Prevention services help prevent a person's reliance on or divert a person from going on cash assistance and guide that person toward self-sufficiency by helping the person through a present crisis. Retention services allow an employed individual to maintain employment and achieve self-sufficiency. Contingency services meet an emergency need that threatens the health and well being of a person in need. TANF dollars often are used through PRC for such things as shelter expense, help with utilities, work clothing, transportation expenses to and from work, and job supportive services.

Prior to 2009, each county was required to administer the PRC program. Unfortunately, due to severe budget constraints, the General Assembly allowed counties to suspend the program in the state fiscal year 2010-2011 biennial budget. If a county chooses to keep this program active, the county may develop policies governing it, including financial eligibility requirements for access to the program and the types and scope of services the county may provide. Counties must review their PRC plans at least every two years. Counties must either provide the public and local government entities at least 30 days to submit comments on the PRC plan, or have the county family services planning committee review it when the two-year evaluation of the plan is completed. (See the "Family Services Planning Committee" below.) To view county PRC plans, please go to <http://jfs.ohio.gov/owf/prc/>.

While OWF and PRC are vital county TANF programs, a growing expense within the TANF budget is child care. This program is the final major piece of the TANF program. This program's goal is assist eligible working parents to work by providing quality child care services. The CDJFS administers the child care program in Ohio, enrolling over 95,000 children in the program annually. In addition to helping parents pay for child care, the CDJFS also is required to certify the safety and operation of what are referred to as Type B child care facilities. Type B child care providers are those who care for one to six children in the provider's personal residence.

In 2008, then-Governor Ted Strickland signed Executive Order 2008-02S authorizing the state to bargain collectively with family home child care independent contractor providers. The order applied to all Type A and certified Type B providers. The state executed a process in which unions were given the opportunity to sign up 30% of the eligible providers. A majority of those voting designated the American Federation of State, County, and Municipal Employees (AFSCME) as their representative.

The executive order expired at the end of Governor Strickland's term and was not reissued by Governor Kasich. While providers who did not elect to enter into collective bargaining while it was in effect may not do so today, those who did enter into an agreement while the Order was in effect will remain in their contract for six years, when the agreement expires. So, there will be organized child care providers in the state until 2016.

AFSCME now represents all independent child care home providers operating in the state, until 2016, regarding "reimbursement rates, benefits and other terms." The Order also requires that the parties work together to obtain legislative or rule changes or appropriations required to implement an agreement. The Order prohibits providers from striking.

FOOD ASSISTANCE PROGRAM (ORC 329.042, 5101.54, 5101.541, 5101.544)

The U.S. Department of Agriculture is the federal agency in charge of the Food Assistance program, which is designated to provide low-income families with assistance to meet their nutritional needs. Ohio has delegated eligibility determination for this program to counties. Over one million people receive Food Assistance in Ohio.

To qualify for Food Assistance, a household must complete an application, be interviewed, and meet nationwide eligibility standards of limited income and resources. A person may qualify for benefits if that person's household's gross monthly income is at or under 130% of the federal poverty guidelines. In 2011 for a family of four, 130% equals about \$2,420 a month. Some households may qualify if they have income over the limit if someone in the household is elderly or disabled.

If the household's income is under the limit, or if the limit does not apply, the CDJFS reviews household expenses to determine the monthly benefit amount. These expenses include rent or mortgage costs, gas, electric, water, sewer, phone, medical expenses, and payments for child support and child care. In determining whether a household qualifies, the CDJFS also look at the number of people in your household who purchase and prepare food together. In special situations, resources such as cash, savings, and stocks also are considered when determining whether a person is eligible.

The program is not designed to provide the entire nutritional budget. Adjustments in allotments are made once a year and other changes may be made between those times.

MEDICAID (ORC Chapter 5111)

Medicaid provides health coverage to a number of different groups of people who meet the financial requirements, such as pregnant women, adults, and disabled. The CDJFS is responsible for determining financial eligibility for the over 2.5 million¹, or 1 in 5, Ohioans who receive health care coverage through the Medicaid program. A CDJFS spends a very large portion of its staff time and effort on Medicaid case management and determining eligibility.

Eligibility for most Medicaid programs is based on a person's or family's income as compared to the Federal Poverty guidelines. The following are 2011 per year federal poverty levels (FPL):

1. \$10,890 for a one-person household.
2. \$14,710 for a two-person household.
3. \$18,530 for a three-person household.
4. \$22,350 for a four-person household.
5. \$25,170 for a five-person household.
6. \$29,990 for a six-person household.
7. \$33,810 for a seven-person household.
8. \$37,630 for an eight-person household.
9. An additional \$3,820 for each additional person.

Children up to 19 years of age whose families' incomes are up to 200% of the FPL are covered through the State Children's Health Insurance Program. Youth aging out of foster care up to age 21 are Medicaid-eligible without income restrictions. Pregnant women earning up to 200% of the FPL are eligible for Medicaid. Working individuals with disabilities earning up to 250% of the FPL also are eligible. Parents earning up to 90% of the FPL are Medicaid-eligible. Low-income Medicare beneficiaries earning up to 200% of the FPL also can receive help from Medicaid with all or part of their Medicare cost-sharing expense, including Medicare Part A and B premiums, co-insurance, and deductibles. Medicare Part A covers inpatient hospital expenses and Part B includes outpatient healthcare costs.

Ohioans age 65 and older and people with disabilities of any age also may qualify for Medicaid health coverage under the Aged, Blind, and Disabled (ABD) program. To be eligible for Medicaid as an ABD consumer in 2011, an individual's gross countable monthly income must

¹ 2.5 million Ohioans received health care coverage from Ohio Medicaid between July 2010 and May 2011.

be less than \$589. The person also must have resources, such as cash, saving, and stocks, of \$1,500 or less. Couples applying for Medicaid must have a gross monthly income of \$1,011 or less and resources of \$2,250 or less. In some cases, consumers applying for ABD Medicaid meet eligibility requirements, except their incomes are too high. These individuals can participate in the Medicaid Spenddown program. A spenddown is like a monthly deductible determined by the county caseworker. To qualify for coverage in a given month, consumers must submit proof of medical expenses that equal the spenddown amount. They also can choose to pay their spenddown directly to the county office. Once the spenddown is reached, the consumer is eligible for Medicaid for the rest of the month.

A CDJFS also is required to provide or arrange and pay for transportation of Medicaid recipients to medical appointments. Urban counties often use a combination of bus tokens, taxis, and ambulette services. Rural counties more often rely on contracts with private individuals to provide transportation in their personal automobile.

Ohio's Medicaid budget totals about \$13 billion, at least 60% of which is funded by the federal government. Generally counties do not pay for Medicaid program costs, but pay a small amount through the "mandated share" formula. See Section 44.05 of this Chapter entitled "County Share of Public Assistance" for more details. Half of the people Medicaid serves are children, and almost 500,000 of those children are under the age of five. Medicaid pays for 70% of nursing home care in Ohio (ABD) and serves 152,000 senior citizens by providing an array of health care services. The ABD category accounts for nearly 75% of total Medicaid expenditures, while families and children account for 25%. However, the population makeup of Medicaid recipients is just the reverse, with 27% in the ABD category and 73% in the low-income families and children category. Medicaid costs per participant per month for low-income families and children are about \$150, while equivalent Medicaid costs for ABD recipients is \$1,239 per person per month.

TITLE XX OF THE SOCIAL SECURITY ACT AND OTHER FLEXIBLE FUNDING (ORC 5101.46)

A county department has a wide range of social services it may provide with Title XX dollars. These services may be provided either directly by the CDJFS or may be purchased by the department on a contract basis with other public or private agencies in the county.

Title XX funds have great flexibility in the ways in which they can be used to meet county needs. For instance, unlike TANF funds, Title XX dollars can be used to help individuals who do not have children. The scope and nature of services a CDJFS can provide with these funds is defined in the local county social services plan and the state plan the federal Department of Health and Human Services publishes biennially. Some programs and services available include adoption services, adult services, day care services, family planning services, foster care, group homes, homemakers, housing, information and referral, and protective services. Every two years, the CDJFS must make a county social service plan to address how this funding is used.

DISABILITY ASSISTANCE (ORC Chapter 5115)

Ohio's Financial Assistance and Medical Assistance programs are designed to assist with an individual's financial and medical needs if the individual is not eligible to receive benefits through other federal and state funded programs. Both the financial and medical components to this program have been curtailed due to state budget constraints. The ODJFS Director can open or close enrollment in the programs depending upon funds availability.

In addition to ineligibility for other federal and state funded programs, an individual must be considered unemployable due to a mental or physical disability, and be under 18 or over 60. Benefits are not time limited as long as recipients continue to meet eligibility requirements. A person must be projected to be disabled and unable to work for at least nine months in order to qualify for disability assistance.

Unfortunately, the SFY 2010-2011 budget bill eliminated the Disability Medical Assistance Program. It also capped the Disability Financial Assistance Program.

ADULT PROTECTIVE SERVICES (ORC 5101.61 to 5101.72)

A CDJFS is responsible for providing an array of services for adults age 60 and older who are at risk of abuse, neglect, or exploitation. These services include receiving all verbal or written allegations of abuse, neglect, or exploitation for adults and completing all intake activities. With these intake activities comes completing a report that must be included in the adult's case file and contain specified information, such as the date and time the allegation was received; the name, address, and relationship of the reporter to the alleged adult victim; the name, address, and age of the adult; and the nature and extent of the alleged abuse, neglect, or exploitation.

Additionally, the CDJFS must make cross referrals to other agencies, such as the county board of developmental disabilities (DD), long-term care ombudsperson, or local PCSA if the agency is not combined with the CDJFS.

The CDJFS is responsible for investigating all reports of abuse, neglect, or exploitation for adults and must evaluate the need for adult protective services (APS). In this investigation, the department must attempt a face-to-face visit and assess the risk or vulnerability to the adult.

Unfortunately, with all of these responsibilities, the state has a history of leaving the counties to pay entirely for adult protective services. In the SFY 08-09 budget bill, the General Assembly re-established the APS line item and appropriated \$500,000 each year of the biennium. However, \$400,000 of the \$500,000 was taken from an ODJFS line item (GRF 600-523) that counties utilize to pay for such services as APS. The General Assembly has continued funding at these levels, minus standard 10% across-the-board cuts as seen in almost all ODJFS General Revenue Fund Line items.

Additionally, the line item is tied to a county maintenance of effort requirement. Thus, as before, counties still must use Title XX dollars to fund APS.

44.04 OTHER CDJFS DUTIES

TRANSPORTATION (ORC 307.985 and 329.041)

In each county in which there is a county transit board, county transit system, or regional transit authority, the CDJFS must meet not less than once each calendar quarter with transit representatives of the board, system, or authority. The CDJFS and transportation entity must discuss the transportation needs of the county's OWF participants, review existing efforts, and develop new options to meet those needs, and measure the accomplishments of those efforts.

Additionally, each board of county commissioners must develop a written transportation work plan that establishes policies regarding the transportation needs of low income residents in the county seeking or trying to retain employment. The commissioners must consult with all of the following entities when making this plan:

1. CDJFS.
2. Regional transit authority, if one exists.
3. Community action agency that serves the county.
4. Representatives of private non-profit and government entities that work with issues related to economic development, employment, and persons with physical disabilities.
5. Other individuals the commissioners designate.

EXTENDED HOURS OF OPERATION (ORC 329.023)

Each CDJFS must have hours of operation outside the department's normal hours of operation. During those hours, the CDJFS will accept applications from employed individuals for human service programs the CDJFS administers and assist employed program recipients and participants with matters related to the programs.

DUTY TO SERVE AS A VOTER REGISTRATION AGENCY (ORC 329.051)

A CDJFS must make voter registration applications available to participants in all of the following programs: disability financial assistance, disability medical assistance, Medicaid, OWF, and PRC.

44.05 COUNTY SHARE OF PUBLIC ASSISTANCE (ORC 5101.16, 5101.161, 5101.163)

A board of county commissioners must pay a percentage of the costs of certain human service programs, including Food Assistance, Medicaid administrative costs, and TANF maintenance of effort.

Generally, the county is responsible for percentages as follows:

1. 10% of non-federal share of food assistance administration;
2. 10% of non-federal share of Medicaid administration;
3. 25% of administration of disability assistance;
4. 25% of the program cost of disability assistance.

For counties with a per capita tax duplicate less than the per capita tax duplicate of the state as a whole, and with a percentage of families with annual incomes less than \$3,000 that is greater than the percentage of such families in the state, the calculation of the mandated share is adjusted downward by a formula set forth in ORC 5101.16(D).

The amount that commissioners must pay for a state fiscal year cannot exceed 105% of the county's share for such costs for the immediately preceding state fiscal year. In 1991, counties were successful in getting this percentage lowered from 120% to 110%, and in 2011 counties were successful in having it lowered again by 5%. This cap protects counties from big deviations to the county general fund for public assistance.

However, ODJFS may increase a county's share of public assistance costs, commonly referred to as the county "mandated share", if the United States Secretary of Health and Human Services requires an increase in the state's maintenance of effort for the TANF block grant because of the actions or inactions of one or more county human services agencies that cause failure to meet a federal TANF requirement. ODJFS may increase a county's "mandated share" of public assistance costs only to the amount the county's human services agencies are responsible for the increase in the state's maintenance of effort. The increase may cause a county's "mandated share" to exceed the 105% limit.

TANF Maintenance of Effort

Like the state, counties are responsible to make expenditures at a "maintenance of effort" level in the TANF program. The maintenance of effort is equal to the county's expenditures on the amounts spent on the Aid to Dependent Children (ADC) program, that program's administration, and the Job Opportunities and Basic Skills Training (JOBS) programs for federal fiscal year 1994 – just as the state must maintain the amount it spent on these programs for the same time period. The state and counties

are mandated to contribute 75% or 80% of the FFY 1994 figure, depending on current statewide performance in the program.

Mandated Share – Calendar Year to State Fiscal Year

To coincide with the terms of the subgrant agreements with the state, the mandated share is assessed on a state fiscal year (July – June) basis rather than a calendar year basis. Since commissioners cannot appropriate money past the end of the calendar year, the process works as follows:

By May 15th of each year, ODJFS certifies to each board of commissioners the mandated share for the following state fiscal year, which consists of the county's actual share of food assistance, Medicaid and disability assistance for the previous fiscal year, plus the TANF maintenance of effort.

Each January, the board of commissioners may appropriate the amount certified by ODJFS the previous May plus 2.5% to cover maximum growth exposure. Each June, the commissioners may reduce the appropriation of the mandated share for the second half of the calendar year, if the extra 2.5% is not necessary. As mentioned above, there is a 105% limit to increases which applies to the total, not including any federal requirements for the state to increase its TANF maintenance of effort due to failure to comply with federal law.

44.06 CDJFS ALLOCATIONS

A CDJFS relies on its allocations of state and federal dollars to determine how much the CDJFS may spend on each program. The following is a breakdown of the make up of the major allocations a CDJFS receives:

1. Food Assistance and Medicaid: 50% federal dollars and 50% state dollars.
2. TANF: 100% federal dollars.
3. Child Care Administrative: 100% federal dollars.
4. Title XX: 100% federal dollars.
5. Child, Family, and Adult Community and Protective Services: Varying combination of state and federal dollars.

In the SFY 2008-2009 budget, the Governor and General Assembly spent down a surplus of TANF that the state had been carrying. Consequently, going into the SFY 2010-2011 budget, many of the earmarks and programs that received TANF funding in the previous budget could no longer be funded because the surplus was gone. One of the portions of TANF that disappeared was the counties' TANF to Title XX transfer. Federal law allows a certain percentage of TANF to be transferred into Title XX dollars.

As explained under the Title XX section above, these dollars are more flexible than TANF, so counties can better utilize them. With no TANF to Title XX transfer monies, counties requested that the legislature create a new line item with state general revenue funds. The General Assembly created this new line (600-533) that can be used to replace the lost transfer dollars as well as other child protective and safety net services, such as Medicaid and Food Assistance.

These silos of money can create headaches for a CDJFS in many respects. Not only does a CDJFS have to spend administrative time and money tracking each of these silos, the rigidity of each funding stream means one program may run out of dollars while another program's funding is underspent. The one option a CDJFS has is the ability to roll their child care administrative dollars into TANF.

For more details about allocations, other county human service agency funding, and how CDJFS allocations relate to that funding, please see Chapter 43 of the *Handbook, County Human Service Agencies*.