

**ATHENS COUNTY DEPARTMENT OF
JOB & FAMILY SERVICES**

TITLE XX SOCIAL SERVICES PLAN

Revised: July 14, 2017

INTRODUCTION

The following represents the Athens County Department of Job & Family Services Plan for providing federally and state funded Title XX services to eligible recipients residing within Athens County. The revised plan shall remain in effect until September 30, 2019. The Athens County Department of Job & Family Services may modify the plan if so warranted.

The Title XX Plan outlines what specific services will be offered and to who services will be directed. There are now three (3) categories of Title XX service eligibility: those being A. Services without regard to income, B. Services for free and C. Services for a fee. Please refer to the ODHS 1821 Title XX/Athens County Profile, which lists all available Title XX services including which category (ies) each service will be made available.

Title XX Goals: Federal legislation has established five primary goals for the provision of Title XX services. Services offered must be directed at achieving one or more of the following goals:

- I Self-support: Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency.
- II Self-sufficiency: Achieving or maintaining self-sufficiency including reduction or prevention of dependency.
- IIIA Preventing neglect, abuse, or exploitation: Preventing or remedying neglect, abuse, or exploitation of children or adults unable to protect their own interests. Preserving, rehabilitating, or reuniting families.
- IIIB Preserving families: Preserving, rehabilitating, or reuniting families.
- IV Community Based Care: Preventing or reducing inappropriate institutional care by providing for community based care, home based care, or other forms of less intensive care.
- V Institutional care: Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

METHODS OF SERVICE DELIVERY

Direct Services: Direct services are services provided by staff of the Athens County Department of Job & Family Services.

Purchased Services: Purchased services are those services provided through written contracts

between ACDJFS and private nonprofit agencies, private proprietary agencies, individual vendors and/or other public agencies.

Title XX Rates: Amended Substitute House Bill 231, Section 318.28 provided for the elimination of statewide maximum Title XX unit rates. Rates are now subject to negotiation between ACDJFS and providers under contract to provide services. Such rates will be specified with the Title XX purchase of service contract.

Individuals to be served: Refer to Comprehensive Social Services Plan:

Eligibility Based Upon Income Maintenance Status or Age:

Recipients of TANF: Individuals who are money payment recipients of Temporary Assistance for Needy Families are eligible for Title XX social services based on their income maintenance status. (Free Services)

Recipients of DA: Individuals who are money payment recipients of Disability Assistance are eligible for Title XX social services based on their income maintenance status. (Free Services)

Recipients of SSI: Individuals who are money payment recipients of Supplemental Security Income are eligible for Title XX social services based on their income maintenance status. (Free Services)

Recipients of Medicaid: Individuals who are recipients of Medicaid, but do not receive a money payment under TANF or SSI, are eligible for Title XX social services. (Free Services)

Recipients under the age of 18: Individuals under the age of 18 shall be determined eligible for Title XX services upon determination of their age. (Free Services)

Recipients aged 60 and over: Individuals 60 years of age or older shall be determined eligible for Title XX services upon determination of their age. (Free Services)

Income Eligible:

To be eligible for **free** Title XX services, the total countable income of all members of the assistance group must be equal to or less than the 200% Federal Poverty Level based upon family size. Assistance groups whose income exceeds 200% of the Federal Poverty Level based upon family size are not eligible for Title XX services. The following sources of income are excluded when determining Title XX income eligibility; Public Assistance benefits, Disability benefits, Unemployment Compensation, Child Support and Survivors benefits.

2017 Federal Poverty Guidelines	
FAMILY SIZE	200% POVERTY LEVEL
1	\$2010
2	\$2,707
3	\$3,404
4	\$4,100
5	\$4,797
6	\$5494
**	For each additional person add \$697

* Figures are per month

Services Without Regard To Income:

A service without regard to income is limited to: **Persons in need of Adult Protective Services (code 723), Persons needing Information and Referral Services (code 701) and persons receiving Congregate Meal Services (code 728).**

Note: Information & Referral, Adult Protective Services and Congregate Meal Services does not require the completion of a Title XX Application/Service Plan. Individuals in receipt of Public Assistance Benefits (OWF, FA, DFA, MED) do not need to complete a Title XX application as the ODJFS 7200 will serve as their application for Title XX services.

Determination of Title XX eligibility:

A Title XX Application/Service Plan (see attached ACDJFS 1000) must be completed for all Title XX applicants **with the exceptions noted above.** A copy of the ACDJFS 1000 shall be maintained within the applicant's case record.

Redetermination of Title XX eligibility:

An annual redetermination of eligibility is required to assure the continued eligibility of each consumer receiving Title XX services. A redetermination consists of a complete review of all eligibility criteria related to the primary consumers category of eligibility.

Frequency of Redetermination:

A redetermination of eligibility must be made annually (every 12 months).

Promptly, not to exceed 30 days, after information is obtained about changes which have occurred in the consumers circumstances that may result in a change in eligibility.

APPROVAL NOTICE FOR TITLE XX SERVICES:

When ACDJFS or the provider agency approves an application for Title XX social services, the assistance group shall be provided prompt written notice of the decision. A "NOTICE OF APPROVAL OF YOUR APPLICATION FOR ASSISTANCE" (**ODJFS 4074**) shall be used pursuant to 5101:6-2-02 paragraph A, of the Ohio Administrative Code.


NOTICE OF DENIAL OF AN APPLICATION FOR SERVICES:

When ACDJFS or the provider agency denies an application for Title XX social services, the assistance group shall be provided prompt written notice of the decision. A "NOTICE OF DENIAL OF YOUR APPLICATION FOR ASSISTANCE" (**ODJFS 7334**) shall be used pursuant to 5101:6-2-3 of the Ohio Administrative Code.

PRIOR NOTICE OF ADVERSE ACTION:

When ACDJFS or the provider agency intends to withhold, reduce, suspend, or terminate Title XX social services, the assistance group shall be provided prior written notice of the action. The notice shall be mailed or personally delivered no less than fifteen calendar days prior to the processing of the proposed action. *PRIOR NOTICE OF A RIGHT TO A STATE HEARING (**ODJFS 4065**) shall be used pursuant to 5101:6-2-04 of the Ohio Administrative Code.

Title XX Plan submitted by:



Scott Zielinski, Executive Director
Athens County Department of Job & Family Services

Date: 7-20-17

TITLE XX APPLICATION/SERVICE PLAN

Provider Name:	
Case manager:	Telephone # ()

Customer Name:		Soc. Sec. #	
Primary Consumer: (if different than above)			
Address:		City:	
Telephone # ()	Township:	Zip Code:	
Date of Birth:	# Persons in Household	Male:	Female:
Household Income (Source/Amount):			
<input type="checkbox"/> Public Assistance (TANF, GA-D, SSI etc.)	Source _____	\$ _____	
<input type="checkbox"/> Employment Related	Source _____	\$ _____	
<input type="checkbox"/> Other (Please Specify)	Source _____	\$ _____	
	Source _____	\$ _____	
Documentation/Declaration: _____		Date verified: _____	

AUTHORIZED SERVICES

Service Name	Title XX Code	Dates of Service		Fee Amount
		Begin	End	
		-		
		-		
		-		

Services: <input type="checkbox"/> free services <input type="checkbox"/> services for a fee <input type="checkbox"/> without regard to income (check one)

Describe Goal(s): i.e., self-support, self-sufficiency, preserving families, protective etc.

Consumer Signature:	Date:
Case Manager Signature:	Date: