



Ohio Administrative Code

Rule 5101:9-6-05 Income maintenance (IM) allocations.

Effective: June 14, 2021

(A) The Ohio department of job and family services (ODJFS) issues two separate IM allocations to the county department of job and family services (CDJFS) to meet federal matching fund requirements:

(1) An allocation for administrative expenditures incurred in the administration of supplemental nutrition assistance program (SNAP); and

(2) An allocation for administrative expenditures incurred in the administration of the medical assistance (MA) program and the state children's health insurance program (SCHIP) issued on behalf of the Ohio department of medicaid.

(B) The funding for each IM allocation consists of one hundred per cent state funds, and is in addition to the county mandated share required by section 5101.16 of the Revised Code and detailed in rule 5101:9-6-31 of the Administrative Code. Federal funds are passed through to the CDJFS as follows:

(1) Federal SNAP administration funding is passed through to the CDJFS at the current federal financial participation (FFP) rate.

(2) Federal MA administrative expenses are passed through to the CDJFS at the current FFP rate as follows:

(a) Federal MA administrative expenses passed through at the current FFP rate include activities which precede the eligibility determination and activities subsequent to the eligibility determination such as:

(i) Outreach and marketing, including general public outreach and beneficiary education and outreach, explanations of eligibility policies, program and benefits, plan choice counseling, and plan



enrollment.

- (ii) Policy development and research, including items related to eligibility determination standards and methodologies.
 - (iii) Training on eligibility rules, other staff development, and training for end users within the system who are not making eligibility determinations.
 - (iv) Community-based application assistance such as assisting with application completion and navigation, etc.
 - (v) Program integrity, including audits and investigations, and any other quality assurance activities.
 - (vi) Formal appeals of eligibility decisions, including accepting and processing appeals and hearings, and decision if rendered by the state.
 - (vii) Customer service, including call center activities and out-stationed eligibility worker activities related to beneficiary education, benefits, plan choice, enrollment and civil rights complaints; and
 - (viii) Postage, including mailing of any medicaid related documents for any reason.
- (b) Federal MA administration expenses passed through at the current FFP rate include activities within and related to support for the eligibility determination information technology system, Ohio benefits (OB), such as:
- (i) Intake including activities related to receipt of the application or data related applications.
 - (ii) Acceptance including manual and automated edits and verification of data.
 - (iii) Eligibility determination including activities related to assisting the automated eligibility determination system in the evaluation of the edited, verified data to make an eligibility determination.



(iv) Outputs including the issuance of the eligibility notice to the beneficiary, file updates and all activities related to notification to partners of the decision. Mailing of notices are eligible at the fifty per cent rate.

(v) On-going case maintenance including receipt of data related to the ongoing eligibility and maintenance of a beneficiary's eligibility, such as annual renewals, address changes, income changes, household composition changes, etc. and the related steps as described in paragraphs (B)(2)(b)(i) to (B)(2)(b)(iv) of this rule.

(vi) Customer service including call center activities related to the receipt of data required for an initial eligibility determination and the on-going eligibility and maintenance of a beneficiary's eligibility, but not verification activities as defined in paragraph (B)(2)(b)(ii) of this rule. Activities of call center staff are eligible at the seventy-five percent rate only for activities related to eligibility determination or on-going case maintenance.

(vii) System maintenance and routine system updates including routine system maintenance, security updates and other routine maintenance activities related to the eligibility determination system: and

(viii) System training for the operation of the eligibility system, including workers processing claims or determining eligibility.

(3) Federal SCHIP funding is passed through to the CDJFS at the current federal medical assistance percentages (FMAP).

(C) ODJFS will communicate the funding and liquidation periods for these allocations through the county finance information system (CFIS). The CDJFS shall expend funds by the end of the funding period and disburse and report expenditures no later than the end of the liquidation period.

(D) ODJFS uses the following methodology to distribute available IM funds for all allocations. ODJFS allocates:



- (1) Thirty per cent of the statewide allocations based on each county's population less than one hundred per cent of the federal poverty level utilizing the most recent calendar year (CY) data from the U.S. bureau of census.
- (2) Thirty per cent of the statewide allocations based on each county's population less than two hundred per cent of the federal poverty level utilizing the most recently available CY data from the U.S. bureau of census.
- (3) Thirty per cent of the statewide allocations based on each county's "adjusted recipients." The number of adjusted recipients is equal to the total of the categories of non-public assistance SNAP recipients, disability financial assistance (DFA) recipients and disability medical assistance (DMA) recipients, adult medicaid recipients, healthy start recipients, SCHIP recipients, TANF-related medicaid recipients, and TANF recipients.
- (4) Five per cent of the statewide allocations based upon the county's average unemployment rate as compared statewide in the same category, utilizing the most recently available report month.
- (5) Five per cent of the statewide allocations based upon the county's poverty rate. A county's poverty rate is identified as the percentage of the county's population living at or below the federal poverty level.
- (E) Upon completion of the steps in paragraph (D) of this rule, the ODJFS utilizes a 0.30 per cent adjusting factor to increase or decrease the funding based upon the county difference to the statewide average per capita income.
- (F) ODJFS caps the formula-calculated allocation amounts at a four per cent increase and decrease from the previous SFY. If a decrease or increase in the statewide amount results in counties' allocations fluctuating more than four per cent, ODJFS will not apply the formula, but will decrease or increase each county's previous state fiscal year (SFY) allocation by the percentage of change to the statewide amount.
- (G) The CDJFS may code the following expenditures against this funding.



(1) Nonfederal share of SNAP administration as contained in division 5101:4 of the Administrative Code may be coded to the IM allocation for the total SNAP expenditures less the current FFP rate including excess SNAP employment and training expenditures as detailed in rule 5101:9-6-09.3 of the Administrative Code;

(2) Nonfederal share of MA may be coded against the IM allocation for the total MA expenditures less the current FFP rate. The nonfederal share activities include:

(a) Federal MA administrative expense activities which precede the eligibility determination and activities subsequent to the eligibility determination such as:

(i) Outreach and marketing, including general public outreach and beneficiary education and outreach, explanations of eligibility policies, program and benefits, plan choice counseling, and plan enrollment.

(ii) Policy development and research, including items related to eligibility determination standards and methodologies.

(iii) Training on eligibility rules, other staff development, and training for end users within the system who are not making eligibility determinations.

(iv) Community-based application assistance such as assisting with application completion and navigation, etc.

(v) Program integrity, including audits and investigations, and any other quality assurance activities.

(vi) Formal appeals of eligibility decisions, including accepting and processing appeals and hearings, and decision if rendered by the state.

(vii) Customer service, including call center activities and out-stationed eligibility worker activities related to beneficiary education, benefits, plan choice, enrollment and civil rights complaints; and



(viii) Postage, including mailing of any medicaid related documents for any reason.

(b) Federal MA administrative expense activities which precede the eligibility determination and activities subsequent to the eligibility determination such as:

(i) Intake including activities related to receipt of the application or data related applications.

(ii) Acceptance including manual and automated edits and verification of data.

(iii) Eligibility determination including activities related to assisting the automated eligibility determination system in the evaluation of the edited, verified data.

(iv) Outputs including the issuance of the eligibility notice to the beneficiary, file updates and all activities related to notification to partners of the decision. Mailing of notices are eligible at the fifty per cent rate.

(v) On-going case maintenance including receipt of data related to the ongoing eligibility and maintenance of a beneficiary's eligibility, such as annual renewals, address changes, income changes, household composition changes, etc. and the related steps as described in paragraphs (B)(2)(b)(i) to (B)(2)(b)(iv) of this rule.

(vi) Customer service including call center activities related to the receipt of data required for an initial eligibility determination and the on-going eligibility and maintenance of a beneficiary's eligibility, but not verification activities as defined in paragraph (B)(2)(b)(ii) of this rule. Activities of call center staff are eligible at the seventy-five per cent rate only for activities related to eligibility determination or on-going case maintenance.

(vii) System maintenance and routine system updates including routine system maintenance, security updates and other routine maintenance activities related to the eligibility determination system; and

(viii) System training for the operation of the eligibility system, including workers processing claims or determining eligibility.



- (c) Non-emergency transportation (NET) administration as contained in rule 5160-15-13 of the Administrative Code;
 - (d) Managed health care program (MHCP) as contained in rule 5160-26-01 of the Administrative Code;
 - (e) Supplemental security income (SSI) administration as contained in rule 5101:1-1-01 of the Administrative Code; and
 - (f) Pregnancy related services and transportation (PRST) administration as contained in rules 5160-21-04 and 5160-15-13 of the Administrative Code;
 - (g) Healthchek administration as contained in rule 5160-1-14 of the Administrative Code;
 - (h) Mental health and developmental disabilities administration.
- (3) Nonfederal share of SCHIP may be coded against the IM allocation based on the current FMAP.
- (4) In the event that a CDJFS's IM allocations are exhausted prior to the end of the SFY, the CDJFS shall be required to provide local nonfederal funds to be used as MA, SCHIP and FA match.
- (H) A CDJFS may request to move funding between the IM SNAP allocation and the IM MA allocation. The CDJFS shall use the budget request function in CFIS to request the transfer of funding no later than the last day of the liquidation period.
- (I) The CDJFS may provide all or a portion of its IM allocations to the child support enforcement agency (CSEA) for use in meeting matching fund requirements for the Title IV-D program or to reimburse the county for administrative expenditures incurred in the administration of the child support program.
- (1) If the amount includes any portion of the IM MA allocation, a CDJFS shall use the budget request function as outlined in paragraph (H) of this rule to request a transfer of the IM MA amount



to the IM DFA/FA allocation.

(2) The CDJFS will submit draw requests and report the transferred amount as expenditures using codes established in CFIS for this purpose.

(3) The CSEA will report receipt of the transferred amount using codes established in CFIS for this purpose.

(J) A CDJFS and CSEA shall report expenditures as described in rule 5101:9-7-29 of the Administrative Code.

(K) The definitions, requirements, and responsibilities contained in rule 5101:9-6-50 of the Administrative Code are applicable to this rule.