

EMPLOYMENT & FAMILY SERVICES

SERVICE DELIVERY PROTOCOL

Transitional Assistance

Policy-PS-022A
Effective Date: 12-30-08

PURPOSE & SCOPE

To establish a policy and procedure for EFS Specialist to determine eligibility for OWF cash benefits once the initial 36-months of OWF eligibility have been exhausted, the client has been completed the 24-month waiting period, and the applicant has not reached the 60-month federal limit on the receipt of TANF cash benefits. This protocol applies to all individuals applying or reapplying for OWF cash benefits that have received 36 months of OWF cash benefits, have completed the 24-month waiting period, and have not reached the 60-month Federal TANF limit.

POLICY

- I. Transitional Assistance (commonly known as the “Good Cause extension”) is available to individuals once 36 months of OWF cash benefits have been received, 24 calendar months have passed since the initial 36 month span ended and the 60-month Federal limit on the receipt of TNAF cash benefits has not been reached.
- II. Eligibility for Transitional Assistance (TA) is contingent on the individual meeting at least one the following conditions:
 - A. Parent caring for a physically disabled or mentally ill family member, or caring for a family member who is suffering from a chronic, debilitating medical condition.
 - B. Parent who is physically disabled, mentally ill, or has a chronic, debilitating medical condition.
- III. Transitional Assistance is given for 24 months unless there is a break in eligibility for at least one day (for reasons other than an OWF sanction).
- IV. Individuals receiving Transitional Assistance must be in compliance with all terms of the OWF Self-sufficiency Contract/Plan.

ELIGIBILITY

- I. **Parent caring for a physically disabled or mentally ill family member or a family member that has a chronic, debilitating medical condition.**
 - A. Criteria
 1. Applicant/re-applicant meets all OWF eligibility requirements.
 2. Applicant/re-applicant is providing necessary care for a mentally ill or physically disabled family member (child, spouse, sibling, parent, step-parent, or step-child, grandparent, or great-grandparent) residing in the same residence, and other safe and

- appropriate arrangements for the care of the disabled or mentally ill individual are unavailable.
3. The disabled family member must be diagnosed with a physical disability, mental illness, or chronic, debilitating medical condition by a licensed medical practitioner in the six months immediately preceding the application date.
 - a.) Must be verified in writing and
 - b.) "Basic Medical Form" (ODHS 7302) must be completed and the disability documented or
 - c.) The "Mental Functional Capacity Assessment Form" (ODHS 7308) documenting the mental illness, if appropriate.
 - d.) A physician's statement may be substituted for the "Basic Medical Form" and/or "Mental Functional Capacity Assessment Form" when:
 - i.) The applicant/re-applicant is caring for a disabled adult.
 - ii.) The applicant/re-applicant is caring for a disabled child.
 4. The medical documentation may be 1-2 months out of date when:
 - a.) Disability-related income for the disabled individual has been established. (SSI, SSD, and Worker's Comp. for example) or
 - b.) CMS for the disabled individual is approved and current.
 5. A medical statement completed by a licensed medical practitioner in the six months immediately preceding the date of application is required and must state that care is required for the disabled family member.
 6. In the case of a school-aged child where his/her disability prohibits the child from attending school, the need for in-home schooling must be verified on the student's Individualized Education Plan (IEP) as the least restrictive educational setting for the school aged child. All other criteria in I(A) of this protocol must be met.
 7. Any other adult in the assistance group (A/G) must be unable to work or provide care for the disabled individual according to criteria in paragraph IV A - parent has a physical disability, mental illness, or long-term medical crisis.
 8. Supportive services and community resources must be explored and determined to be currently unavailable to be eligible for Transitional Assistance.
 - a.) The applicant/re-applicant may be required to continue to explore supportive services and community resources as part of the Self-sufficiency Plan.
 - b.) Failure to explore other supportive services and community resources as part of the Self-sufficiency Plan may result in a sanction.
 9. Applicant/re-applicant may reapply and receive additional spans of eligibility as long as criteria continue to be met and verified.
 10. Applicant/re-applicant must comply with all provisions of the Self-sufficiency Contract/Plan. Failure to do so, without good cause, may result in a sanction.

- B. Spans
 - 1. Applicant/re-applicant is eligible for benefits beginning with the date of application.
 - 2. An Applicant may be eligible for Transitional Assistance until they have received 60-months of TANF benefits or has a one day break in OWF eligibility for at least one day for reasons other than an OWF sanction, whichever comes first.
- C. Child Safety Review Requirement
 - 1. A referral to the Child Safety Review program is required for applicants approved for STTA in this category.
 - 2. Referrals are made at the time the application is approved.
 - 3. Referrals are made by attaching the Self-sufficiency Plan to the Child Safety Review referral form and giving them to the Team Coordinator's Secretary.

II. Parent is physically disabled, mentally ill, or has a chronic, debilitating medical condition

- A. Criteria
 - 1. Applicant/re-applicant must meet all OWF eligibility criteria.
 - 2. The applicant/re-applicant must be diagnosed as being physically disabled, mentally ill, or having a long-term, debilitating medical crisis by a licensed medical practitioner in the six months immediately preceding the application date.
 - a.) Must be verified in writing and
 - b.) "Basic Medical Form" (ODHS 7302) must be completed and the disability or medical crisis documented or
 - c.) "Mental Functional Capacity Assessment Form" (ODHS7308) documenting the illness is required.
 - 3. The medical documentation may be 1-2 months out of date when:
 - a.) Disability-related income for the disabled individual has been established (SSI, SSD, Worker's Comp. as examples) or
 - b.) CMS for the disabled individual is approved and current.
 - 4. Supportive services and community resources must be explored and determined to be currently unavailable to be eligible for Transitional Assistance.
 - a.) The applicant/re-applicant may be required to continue to explore supportive services and community resources as part of the Self-sufficiency Plan.
 - b.) Failure to explore other supportive services and community resources as part of the Self-sufficiency Plan may result in a sanction.
 - 5. Applicant/re-applicant must comply with all provisions of the Self-sufficiency Contract/Plan. Failure to do so, without good cause, may result in a sanction.
- B. Spans
 - 1. Applicant/re-applicant is eligible for benefits beginning with the date of application.
 - 2. An Applicant may be eligible for Transitional Assistance until they have received 60-months of TANF benefits or has a one day

break in OWF eligibility for at least one day for reasons other than an OWF sanction, whichever comes first.

- C. Child Safety Review Requirement
 - 1. A referral to the Child Safety Review Program is required for applicants approved for STTA in this category.
 - 2. Referrals are made at the time the application is approved.
 - 3. Referrals are made by attaching the Self-sufficiency Plan to the Child Safety Review referral form and giving them to the Team Coordinator's Secretary.

PROCEDURE

- I. Applicant/re-applicant returns a completed, signed, and dated "Request for OWF Extended Benefits" form, public assistance application (ODHS 7200 (Appl.)), and a "Sharing of Information" form to their EFS Specialist.
 - A. Applications/Re-applications are accepted no earlier than the first day of the last month of the 24-month waiting period.
 - B. Application processing begins immediately upon receipt of a signed application/re-application.
- II. The EFS Specialist reviews the applicant/re-applicant's request form to determine under which category of eligibility the individual is applying.
 - A. The EFS Specialist provides the applicant with the necessary medical forms to be completed and explains the TA application procedure.
- III. The EFS Specialist reviews all required verifications and all case documentation.
- IV. EFS Specialist determines eligibility for Transitional Assistance
 - A. Eligibility criteria are met;
 - 1. EFS Specialist reviews the case information with a Team Leader.
 - a.) Team Leader must approve all Transitional Assistance.
 - b.) Coordinator is the final authority if the EFS Specialist and Team Leader disagree on the approval of benefits.
 - 2. EFS Specialist sends an appointment letter, manually, to the applicant/re-applicant for the purpose of signing the Self-sufficiency Contract and developing a new Self-sufficiency Plan.
 - 3. EFS Specialist completes a new Self-sufficiency Contract/Plan with the applicant/re-applicant. Applicant/re-applicant signs both forms.
 - 4. EFS Specialist runs the AEORE driver in the CRIS-E system.
 - a.) EFS Specialist enters the span of eligibility on the TLGC screen.
 - b.) EFS Specialist enters the appropriate approval code on the TLGC screen.
 - c.) EFS Specialist authorizes the case on the AEWAA screen.
 - i.) CRIS-E sends an approval notice.
 - ii.) Benefits will be issued through the CRIS-E system.
 - 5. EFS Specialist determines eligibility for all other public assistance programs.
 - 6. EFS Specialist completes the bottom section of the "OWF Extended Benefits Request" form.
 - 7. EFS Specialist updates CLRC with all pertinent case information.

- a.) Date the “OWF Extended Benefits Request” form was received.
 - b.) Any verifications received.
 - c.) Summary of approval by the Team Leader/Coordinator
 - d.) Reason for the approval of the request.
 - e.) Any state hearing compliance information.
- B. Eligibility criteria are not met
- 1. EFS Specialist reviews the case information with a Team Leader
 - a.) Team Leader must agree with all Transitional Assistance denials.
 - b.) Coordinator is the final authority if the EFS Specialist and Team Leader disagree on the denial of benefits.
 - 2. EFS Specialist runs the AEORE driver in the CRIS-E system.
 - a.) EFS Specialist does not complete the TLGC screen.
 - b.) EFS Specialist authorizes the case on the AEWAA screen using the appropriate denial code. CRIS-E will send the denial notice.
 - 3. EFS Specialist reviews the remaining post time limit options with the applicant/re-applicant.
 - a.) If applicant/re-applicant is interested and meets basic program eligibility criteria, the EFS Specialist makes all appropriate referrals.
 - i.) EFS Specialist calls the appropriate provider(s).
 - ii.) EFS Specialist completes a referral through the Provider Gateway system.
 - b.) If applicant/re-applicant is not interested, the assessment is complete.
 - 4. EFS Specialist determines eligibility for all other public assistance programs.
 - 5. EFS Specialist completes the bottom section of the “OWF Extended Benefits Request” form.
 - 6. EFS Specialist updates CLRC with all pertinent case information.
 - a.) Date the “OWF Extended Benefits Request” form was received.
 - b.) Any verifications received.
 - c.) Summary of denial by the Team Leader/Coordinator
 - d.) Reason for the denial of the request.
 - e.) Other post time limit option discussions
 - f.) Any state hearing compliance information.

FOLLOW-UP and MONITORING

- I. The Ohio Department of Jobs and Family Services (ODJFS) will:
 - A. Monitor Cuyahoga County’s adherence to state policy regarding caseload extension limits.
 - 1. Notification will be sent when the county reaches the 15% of the allowable number of assistance groups receiving Long-term Transitional Assistance.
 - 2. Notification will be sent when the county reaches the 18% of the allowable number of assistance groups receiving Long-term Transitional Assistance.

3. Notification will be sent when the county reaches the 20% of the allowable number of assistance groups receiving Short-term Transitional Assistance and Transitional Assistance.
 - B. Provide reports regularly to the county to assist in the monitoring of performance.
- II. The Regulatory Compliance Unit will:
 - A. Regularly monitor the CRIS-E system to determine the number of allowable assistance groups approved for Transitional Assistance.
 - B. Provide feedback to Senior Management regarding performance.
 - C. Review random cases to determine adherence to this policy/protocol.
- III. Participant Services Team Leaders/Coordinators will:
 - A. Ensure that all staff are compliant with this policy/protocol.
 - B. Ensure that all applications for Transitional Assistance are approved or denied within standard case processing guidelines.
 - C. Review all cases requesting Transitional Assistance.
 - D. Provide reports of performance for individual Neighborhood Family Service Centers.