

# FACSYS Glossary

ODJFS 05802 (Rev. 5/2001)

Event	Element	Value	Name	Short Name	Definition
276	900	10	Asian	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
276	900	11	Black/African American	Black	A person having origins in any of the black racial groups of Africa.
276	900	12	Hawaiian/Pacific Islander	Hawaii/PI	A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Island
276	900	13	White	White	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
276	900	14	Unable to Determine	Unable Det	The value "Unable to Determine" may only be used when a child is very young or is severely disabled and no person is available to identify the child's race; when an adult or child (if age appropriate) refuses to identify his or her race; or when a parent, relative or guardian refuses to identify the child's race.
276	900	80	All Races	All Races	This value is used only for documenting that all races are acceptable to a RESOURCE. This value is NEVER to be used to describe an individual client.
276	256		ETHNICITY	Ethnicity	Describes the self-declared cultural affiliation of an individual.
276	256	01	Hispanic	Hispanic	A self-declared cultural affiliation of a Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin regardless of race.
276	256	02	Non Hispanic	Non Hispanic	A self declared cultural affiliation of other than Hispanic or Latino origin.
302			CHILD OAPL REDETERMINATION		Identifies the review of an OAPL child after the child has been listed with OAPL for twelve (12) months and is still available for adoption.
304			CHILD REQUEST FOR FAMILIES		Used to identify the factors to be used in the match process when an agency is searching for potential families for a child.
304	704		INCLUDE AGE?	Inc Age?	Is the child's age to be considered a factor?
304	704	01	Yes	Yes	Consider the child's age when searching for a potential available adoptive family.
304	704	02	No	No	Do not consider the child's age when searching for a potential available adoptive family.

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Event	Element	Value	Name	Short Name	Definition
304	706		INCLUDE SEX?	Inc Sex?	Is the child's sex to be considered a factor?
304	706	01	Yes	Yes	Consider the child's sex when searching for a potential available adoptive family.
304	706	02	No	No	Do not consider the child's sex when searching for a potential available adoptive family.
304	708		INCLUDE RACE?	Inc Race?	Is the child's race to be considered a factor?
304	708	01	Yes	Yes	Consider the child's race when searching for a potential available adoptive family.
304	708	02	No	No	Do not consider the child's race when searching for a potential available adoptive family.
304	710		INCLUDE HANDICAP ASSESS?	Inc Hand?	Is the child's handicap assessment value to be considered a factor?
304	710	01	Yes	Yes	Consider the child's handicap assessment when searching for a potential available adoptive family.
304	710	02	No	No	Do not consider the child's handicap assessment when searching for a potential available adoptive family.
304	712		INCLUDE PRIOR RESTRICTION?	Inc Rstrct	Are previously restricted families to be considered a factor?
304	712	01	Yes	Yes	Prevents any restricted family(ies) to be listed on the match list regardless if they meet the appropriate criteria.
304	712	02	No	No	Allows the possibility for previously restricted family(ies) to appear on the match list.
306			RESTRICT FAMILY MATCH		To show which families have been previously referred and rejected as a possible placement resource for a specific child.
306	714		REASON	Reason	The reason why the agency does not want a previously matched family to appear on future match lists as potential adoptive placement for the child.
306	714	01	Rejected after Presented or Visited	Rejected	Agency determines that the family is not appropriate for this particular child after they have received information on the family or visited the home.
306	714	02	Family Constellation	Fam Const	Specific family and specific child and/or sibling group are not compatible as perceived by the agency, child or adoptive parents.

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306	714	03	Geographic	Geographic	Agency determines that the specific geographical area of this specific child/sibling group is inappropriate.
306	714	04	Cultural Differences	Cultural	Agency determines that the family's cultural background would not be appropriate for this child/sibling group.
306	714	05	Age	Age	Agency determines the family to be too old or too young for this specific child/sibling group.
306	714	06	Behavioral Problems of Child	Behavior	Agency determines the family that behavioral problems of specific child/sibling group are unmanageable.
306	714	07	Emotional Problems of Child	Emotion	Agency determines family that emotional problems of specific child/sibling group are unmanageable.
306	714	08	Other Agency Not Cooperating	Agency Not	The other agency is not providing the information needed to make a placement decision.
306	798		RESTRICT ID NUMBER	Restrict #	The unique identifier of the family to be restricted (maximum of 13 positions).
328			SOURCES OF SUPPORT	Svces Supp	Describes the sources of support that are received for the care of the child.
328	328		SOURCES OF SUPPORT	Svces Supp	
328	328	01	Title IV-A (OWF)	OWF	Child is receiving current OWF (ADC) benefits.
328	328	02	Title IV-D (Child Support)	Child Supp	Child is receiving child support benefits.
328	328	03	Title XIX Medicaid (Covered Families an	Medicaid	Child is a medicaid recipient (through CRIS-E).
328	328	04	Title XVI (SSI)	SSI	The child is currently receiving SSI benefits.
328	328	05	Other Social Security (SSA)	Oth SS	The child is currently receiving other social security benefits.
328	328	06	Department of Veterans Affairs (VA) Ben	VA Ben	The child is currently receiving VA benefits.
328	328	07	Railroad Retirement Board (RRS) Survivc	RR Ben	The child is currently receiving RRS benefits.
328	328	08	Black Lung Benefits	Bl Lung	The child is currently receiving Black Lung benefits.

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Event	Element	Value	Name	Short Name	Definition
328	328	09	State Adoption Maintenance Subsidy (SA)	SAMS	The child is a current SAMS recipient.
328	328	10	Title IV-E Waiver County payments	IV-E Waiv	The child is Title IV-E eligible and in the custody of a IV-E waiver county (Ashtabula, Belmont, Clark, Crawford, Fairfield, Franklin, Greene, Hamilton, Lorain, Medina, Muskingum, Portage, Richland, Stark).
328	328	11	State Funds	State	Support for the child's placement in foster care is made by State funds.
328	328	12	County Funds	County	Support for the child's placement in foster care is made by County funds.
328	328	13	Other	Other	Support for the child's foster care costs is from a source other than specified above.
328	270		EFFECTIVE DATE	(blank)	
330			FCM APPLICATION COMPLETED		The Agency has completed and signed the application for Title IV-E Foster Care Maintenance (FCM) on the ODJFS 01450 Title IV-E FCM Application/Redetermination form.
332			ADC RELATEDNESS		A criteria of program eligibility. The child must have ADC relatedness during the removal month or the preceding six months.
332	040		STATUS	ADC	The agency's determination of the child's ADC relatedness based on an examination of the removal home as defined in OAC Chapter 5101:2-47.
332	040	01	Receiving ADC at Time of Removal	Rec ADC	The child was included in an ADC grant in the removal home during the removal month or any of the preceding six months.
332	040	02	Would Have Been Eligible	Would Elig	As a result of the completion of the ODJFS 01452 and case documentation, the agency has proven that the child would have been included on an ADC grant in the removal home, if the parents or caretakers had applied.
332	040	03	Not Eligible	Not elig	The conditions of the removal home do not meet the ADC relatedness criteria.
332	040	88	Not Known	Not Known	The ADC relatedness of the child has not been determined.
334			FCM INITIAL DETERMINATION		This initial determination of a child's eligibility which should occur when the child first enters substitute care.

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Event	Element	Value	Name	Short Name	Definition
334	028		GRADE LEVEL	Grade Lev	A criteria for financial reimbursability. The current grade level of the child. If the child is not currently enrolled in school, the Value 99 - Not Applicable, should be used first.
334	028	01	First	First	The child is in first grade.
334	028	02	Second	Second	The child is in second grade.
334	028	03	Third	Third	The child is in third grade.
334	028	04	Fourth	Fourth	The child is in fourth grade.
334	028	05	Fifth	Fifth	The child is in fifth grade.
334	028	06	Sixth	Sixth	The child is in sixth grade.
334	028	07	Seventh	Seventh	The child is in seventh grade.
334	028	08	Eighth	Eighth	The child is in eighth grade.
334	028	09	Ninth	Ninth	The child is in ninth grade.
334	028	10	Tenth	Tenth	The child is in tenth grade.
334	028	11	Eleventh	Eleventh	The child is in eleventh grade.
334	028	12	Twelfth	Twelfth	The child is in twelfth grade.
334	028	88	Not Known	Not Known	The grade level of the child is not known.
334	028	99	Not Applicable	N/A	The child is not currently enrolled in school.
334	030		CURRENT DEPRIVATION	Curr Depr	A criteria of financial reimbursability. The agency must determine if the child is currently deprived of the support or care of one or both of his/her legal parents as a result of death, continued absence, incapacity or unemployment of the principal wage earner.
334	030	01	Death	Death	The death of either parent permanently deprives the child of parental support or care.

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Event	Element	Value	Name	Short Name	Definition
334	030	02	Incapacity	Incapacity	One or both of the parents in the removal home currently has a physical or mental defect, illness or impairment.
334	030	03	Absence	Absence	One or both of the parents in the removal home is currently absent.
334	030	04	Unemployment	Unemplmt	The principal wage earner in the removal home is currently unemployed.
334	030	88	Not Known	Not Known	The current deprivation status of the removal home is not known. This value will be counted as not financially reimbursable.
334	030	99	None	None	The parents in the removal home do not meet any of the deprivation categories defined above.
334	032		NEED CONDITION MET	Nd Con Met	An element of financial reimbursability. The child must be financially needy according to the ADC definition. The income available to the child must be less than the cost of supporting the child's substitute care placement. The child must also have less than one thousand dollars in non-exempt funds.
334	032	01	Yes	Yes	The child's income does not exceed the cost of care in the current payment month.
334	032	02	No	No	The child's income exceeds the cost of care for the current payment month.
334	032	88	Not Known	Not Known	The earned and unearned income sources of the child are currently not known.
334	034		CURRENT ADC/SSI BENEFITS	ADC/SSI	The receipt of ADC or SSI benefits disqualifies the child from financial reimbursability for the current payment month.
334	034	01	ADC	ADC	The child is currently a money payment recipient within an ADC grant.
334	034	02	SSI	SSI	SSI benefits are currently being made on a child's behalf.
334	034	03	No	No	No payments for ADC or SSI are currently being made on the child's behalf.
334	036		FCM STATUS	FCM Status	The status of the child in terms of his/her eligibility for financial assistance for board and care and for the agency to receive reimbursement for administration and training costs relative to the child.

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Event	Element	Value	Name	Short Name	Definition
334	036	01	Program Eligible Only	Pro Elg On	A one-time eligibility requirement that continues throughout the child's current substitute care episode. To meet this requirement, the agency must document that they have legal custody of the child (court custody orders must contain a best interest statement), and that the child meets the requirements of ADC relatedness. This value also indicates that the child's situation does not meet the on-going requirements of financial reimbursability for the current month.
334	036	02	Eligible and Reimbursable	Elig/Reimb	An ongoing eligibility requirement that the child has met the requirements of program eligibility and meets the requirements of financial reimbursability for the current payment month.
334	036	03	Ineligible	Inelig	The child is not program eligible.
334	036	99	Insufficient Information	Insuf Info	The agency is still gathering the documentation required to determine the child's eligibility status.
336			FCM PROGRAM ELIGIBILITY ESTAB		A one-time eligibility requirement that continues throughout the child's current substitute care episode.
336	038		EFFECTIVE DATE	Eff Date	The date (perhaps retroactive) that the program eligibility requirements (legal responsibility and ADC relatedness) have been met as reflected by documentation in the child's case record.
338			FCM/AA PAYMENT AUTHORIZATIOI		The agency establishes or subsequently changes the total monthly or per diem payment amount to a family foster setting (family foster home, pre-finalized adoptive home) or adoptive parents.
338	120		EFFECTIVE DATE	Eff Date	The effective date of the payment amount specified above. For FCM children, this date (perhaps retroactive) should reflect the most recent foster care rate for the child after the child became financially reimbursable. For AA children, this date should reflect the date that the AA agreement establishing a payment rate was signed.
338	122		PER DIEM MAINTENANCE AMOUNT	Diem Maint	The per diem maintenance payment that has been contracted to be provided to the family foster home provider.
338	124		DIFFICULTY OF CARE PER DIEM	DCare Diem	The per diem amount that has been contracted to be provided to the family foster home provider for special or exceptional needs costs.
338	126		MONTHLY MAINTENANCE AMOUNT	Mon Maint	The total monthly maintenance payment amount that has been contracted to be provided to the family foster home provider or the adoptive parents.

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Event	Element	Value	Name	Short Name	Definition
338	128		DIFFICULTY OF CARE MONTHLY	DC Monthly	The total monthly amount that has been contracted to be provided to the family foster home provider for special or exceptional needs costs.
338	130		DIFFICULTY OF CARE	Dif Care	A category of children requiring specialized care defined for supplemental payments to family foster home providers.
338	130	01	Special Needs	Spec Needs	Children who have moderate emotional or behavioral management problems.
338	130	02	Exceptional Needs	Excep Needs	Children who present more severe emotional or behavioral management problems than those children with special needs.
338	130	03	Intensive Needs	Intensive	Children who have multiple and severe psychiatric, emotional, and behavioral management problems.
338	130	99	None	None	The child does not qualify for special needs or exceptional needs supplemental payments.
340			FCM REDETERMINATION		Redetermination of the financially reimbursable criteria for Title IV-E Foster Care Maintenance. This process should occur whenever there is a substantial change in the child's circumstances, but no less frequently than every six months for all program eligible children.
340	028		GRADE LEVEL	Grade Lev	A criteria for financial reimbursability. The current grade level of the child. If the child is not currently enrolled in school, the Value 99 - Not Applicable, should be used.
340	028	01	First	First	The child is in first grade.
340	028	02	Second	Second	The child is in second grade.
340	028	03	Third	Third	The child is in third grade.
340	028	04	Fourth	Fourth	The child is in fourth grade.
340	028	05	Fifth	Fifth	The child is in fifth grade.
340	028	06	Sixth	Sixth	The child is in sixth grade.
340	028	07	Seventh	Seventh	The child is in seventh grade.
340	028	08	Eighth	Eighth	The child is in eighth grade.

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Event	Element	Value	Name	Short Name	Definition
340	028	09	Ninth	Ninth	The child is in ninth grade.
340	028	10	Tenth	Tenth	The child is in tenth grade.
340	028	11	Eleventh	Eleventh	The child is in eleventh grade.
340	028	12	Twelfth	Twelfth	The child is in twelfth grade.
340	028	88	Not Known	Not Known	The grade level of the child is not known.
340	028	99	Not Applicable	N/A	The child is not currently enrolled in school.
340	030		CURRENT DEPRIVATION	Curr Depr	A criteria of financial reimbursability. The agency must determine if the child is currently deprived of the support or care of one or both of his/her legal parents as a result of death, continued absence, incapacity or unemployment of the principal wage earner.
340	030	01	Death	Death	One or both of the parents in the removal home is deceased.
340	030	02	Incapacity	Incapacity	One or both of the parents in the removal home currently has a physical or mental defect, illness or impairment (as defined in CWM Appendix 1, Section
340	030	03	Absence	Absence	One or both of the parents in the removal home is currently absent.
340	030	04	Unemployment	Unemplmt	The principal wage earner in the removal home is currently unemployed.
340	030	88	Not Known	Not Known	The current deprivation status of the removal home is not known. This value will be counted as not financially reimbursable.
340	030	99	None	None	The parents in the removal home do not meet any of the deprivation categories defined above.
340	032		NEED CONDITION MET	ND Con Met	An element of financial reimbursability. The child must be financially needy according to the ADC definition. The income available to the child must be less than the cost of supporting the child's substitute care placement. The child must also have less than one thousand dollars in non-exempt funds.
340	032	01	Yes	Yes	The child's income does not exceed the cost of care in the current payment month.
340	032	02	No	No	The child's income exceeds the cost of care for the current payment month.

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Event	Element	Value	Name	Short Name	Definition
340	032	88	Not Known	Not Known	The earned and unearned income sources of the child are currently not known. This value will be counted as not financially reimbursable.
340	034		CURRENT ADC/SSI BENEFITS	ADC/SSI	The receipt of ADC or SSI benefits disqualifies the child from financial reimbursability for the current payment month.
340	034	01	ADC	ADC	The child is currently a money payment recipient within an ADC grant.
340	034	02	SSI	SSI	SSI benefits are currently being made on a child's behalf.
340	034	03	No	No	No payments for ADC or SSI are currently being made on the child's behalf.
340	096		FCM STATUS	FCM Status	The current financial reimbursability of Title IV-E program eligible children.
340	096	01	Program Eligible Only	Pro Elg On	A one-time eligibility requirement that continues throughout the child's current substitute care episode. To meet this requirement, the agency must document that they have legal custody of the child (court custody orders must contain a best interest statement), and that the child's situation does not meet the on-going requirements of financial reimbursability for the current payment month.
340	096	02	Eligible and Reimbursable	Elig/Reimb	An ongoing eligibility requirement that the child has met the requirements of program eligibility and meets the requirements of financial reimbursability for the current payment month.
342			FCM/AA PAYMENT AUTHORIZATION		As a result of a redetermination an agency determines that a child is no longer financially reimbursable for FCM or AA payments or the most recent AA payments or the most recent AA agreement does not authorize maintenance payments.
344			TERMINATION OF FCM PROGRAM E		The child loses Title IV-E FCM program eligibility.
344	048		REASON	Term FCM	The reason the child has lost Title IV-E FCM program eligibility.
344	048	01	Custody Terminated	Cust Term	Child is no longer in the custody of the agency.
344	048	02	Child Over 18 and Not in School	18 no Sch	Child no longer meets the age requirement for FCM program eligibility.
344	048	03	Child Over 19	Child > 19	Child over 19 and no longer meets FCM requirements.

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Event	Element	Value	Name	Short Name	Definition
344	048	04	Death of Child	Death Chld	Child is deceased.
344	048	05	Adoption Finalized	Chld Adpt	An order of the court issued pursuant to section 3107.14 of the Revised Code creating the legal relationship of parent and child between the petitioner and the adopted person.
344	048	88	Other	Other	Any other reason that Title IV-E FCM Eligibility is lost.
346			FCM FACILITY AUTHORIZATION		The placement of a child into a 1925 facility.
346	102		EFFECTIVE DATE	Eff Date	The date the child was placed in the 1925 facility.
346	104		FACILITY IDENTIFIER	Facil ID	The 5-digit number used in the 1925 System to identify the Facility in which the child is placed.
348			HMO ENROLLMENT		The agency has enrolled the child in an HMO.
348	046		HMO NAME	HMO Name	The name of the HMO designated to be the medical care provider.
348	046	01	CareSource/DAHP: Franklin	HMO 01	The HMO designated to be the medical care provider.
348	046	02	CareSource/DAHP: Cuyahoga	HMO 02	The HMO designated to be the medical care provider.
348	046	03	Health Power HMO: Franklin	HMO 03	CLOSED. The HMO designated to be the medical care provider.
348	046	04	DayMed HMP, Inc/Health Choices: Frank	HMO 04	CLOSED. The HMO designated to be the medical care provider.
348	046	05	UHC of Ohio/Medplan: Franklin	HMO 05	CLOSED. The HMO designated to be the medical care provider.
348	046	06	DayMed HMP Inc/Health Choices: Summ	HMO 06	CLOSED. The HMO designated to be the medical care provider.
348	046	07	DayMed HMP, Inc/Health Choices: Cuyal	HMO 07	CLOSED. The HMO designated to be the medical care provider.
348	046	08	Health Power HMO: Montgomery	HMO 08	CLOSED. The HMO designated to be the medical care provider.
348	046	09	Renaissance HMO: Summit	HMO 03	The HMO designated to be the medical care provider.
348	046	10	Family Health Plan: Lucas	HMO 10	The HMO designated to be the medical care provider.

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Event	Element	Value	Name	Short Name	Definition
348	046	11	Renaissance HMO: Cuyahoga	HMO 11	The HMO designated to be the medical care provider.
348	046	12	Genesis Health Plan: Mahoning	HMO 12	CLOSED. The HMO designated to be the medical care provider.
348	046	13	Genesis Health Plan: Cuyahoga	HMO 13	CLOSED. The HMO designated to be the medical care provider.
348	046	14	Genesis Health Plan: Summit	HMO 14	CLOSED. The HMO designated to be the medical care provider.
348	046	15	DayMed HMP, Inc/HealthChoices (THC)	HMO 15	CLOSED. The HMO designated to be the medical care provider.
348	046	16	Magnacare Health Plan: Hamilton	HMO 16	CLOSED. The HMO designated to be the medical care provider.
348	046	17	HealthAmerica Pennsylvania Inc: Mahoni	HMO 17	CLOSED. The HMO designated to be the medical care provider.
348	046	18	HealthAmerica Pennsylvainia Inc: Summi	HMO 18	CLOSED. The HMO designated to be the medical care provider.
348	046	19	Lincoln National Health Plan: Hamilton	HMO 19	CLOSED. The HMO designated to be the medical care provider.
348	046	20	University Health Plan: Hamilton	HMO 20	CLOSED. The HMO designated to be the medical care provider.
348	046	21	HMO HealthOhio: Marion	HMO 21	CLOSED. The HMO designated to be the medical care provider.
348	046	22	HMO HealthOhio (MMO): Butler	HMO 22	CLOSED. The HMO designated to be the medical care provider.
348	046	23	Personal Physician Care: Cuyahoga	HMO 23	CLOSED. The HMO designated to be the medical care provider.
348	046	24	Total Health Care Plan: Cuyahoga	HMO 24	CLOSED. The HMO designated to be the medical care provider.
348	046	25	HMO Health Ohio: Pickaway	HMO 25	CLOSED. The HMO designated to be the medical care provider.
348	046	26	HMO Health Ohio: Montgomery	HMO 26	CLOSED. The HMO designated to be the medical care provider.
348	046	27	HMO Health Ohio: Miami	HMO 27	CLOSED. The HMO designated to be the medical care provider.
348	046	28	Personal Physician Care: Mahoning	HMO 28	CLOSED. The HMO designated to be the medical care provider.
348	046	30	CareSource/DAHP: Montgomery	HMO 30	The HMO designated to be the medical care provider.

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Event	Element	Value	Name	Short Name	Definition
348	046	31	Total Health Care Plan: Franklin	HMO 31	CLOSED. The HMO designated to be the medical care provider.
348	046	32	Total Health Care Plan: Hamilton	HMO 32	CLOSED. The HMO designated to be the medical care provider.
348	046	33	Total Health Care Plan; Mahoning	HMO 33	CLOSED. The HMO designated to be the medical care provider.
348	046	34	Total Health Care Plan: Summit	HMO 34	CLOSED. The HMO designated to be the medical care provider.
348	046	35	Health Power HMO: Hamilton	HMO 35	CLOSED. The HMO designated to be the medical care provider.
348	046	36	UHC of Ohio/Medplan: Stark	HMO 36	CLOSED. The HMO designated to be the medical care provider.
348	046	37	UHC of Ohio/Medplan: Clark	HMO 37	CLOSED. The HMO designated to be the medical care provider.
348	046	38	Magnacare Health Plan	HMO 38	CLOSED. The HMO designated to be the medical care provider.
348	046	39	UHC of Ohio/Medplan: Trumbull	HMO 39	CLOSED. The HMO designated to be the medical care provider.
348	046	40	Humana Health Plan of Ohio: Pickaway	HMO 40	CLOSED. The HMO designated to be the medical care provider.
348	046	41	Humana Health Plan of Ohio: Clermont	HMO 41	CLOSED. The HMO designated to be the medical care provider.
348	046	42	UHC of Ohio/Medplan: Stark	HMO 42	CLOSED. The HMO designated to be the medical care provider.
348	046	43	Choice Care/Special Health	HMO 43	CLOSED. The HMO designated to be the medical care provider.
348	046	44	Choice Care/Special Health: Hamilton	HMO 44	The HMO designated to be the medical care provider.
348	046	45	Family Health Plan: Wood	HMO 45	CLOSED. The HMO designated to be the medical care provider.
348	046	46	Physician Health Plan: Madison	HMO 46	CLOSED. The HMO designated to be the medical care provider.
348	046	48	DayMed HMP, Inc/Health Choices (THC)	HMO 48	The HMO designated to be the medical care provider.
348	046	49	DayMed HMP, Inc/Health Choices (THC)	HMO 49	CLOSED. The HMO designated to be the medical care provider.
348	046	50	Personal Physician Care: Summit	HMO 50	CLOSED. The HMO designated to be the medical care provider.

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Event	Element	Value	Name	Short Name	Definition
348	046	51	HMO HealthOhio (MMO): Hamilton	HMO 51	CLOSED. The HMO designated to be the medical care provider.
348	046	52	Paramount Health Care: Lucas	HMO 52	The HMO designated to be the medical care provider.
348	046	53	DayMed HMP Inc/Health Choices: Hamil	HMO 53	CLOSED. The HMO designated to be the medical care provider.
348	046	54	Personal Physician Care: Franklin	HMO 54	CLOSED. The HMO designated to be the medical care provider.
348	046	55	Personal Physician Care: Lorain	HMO 55	CLOSED. The HMO designated to be the medical care provider.
348	046	56	SuperMed HMO: Summit	HMO 56	CLOSED. The HMO designated to be the medical care provider.
348	046	57	SuperMed HMO (MMO): Trumbull	HMO 57	CLOSED. The HMO designated to be the medical care provider.
348	046	58	superMed HMO (MMO): Stark	HMO 58	CLOSED. The HMO designated to be the medical care provider.
348	046	59	SuperMed HMO: Lorain	HMO 59	CLOSED. The HMO designated to be the medical care provider.
348	046	60	SuperMed HMO: Cuyahoga	HMO 60	The HMO designated to be the medical care provider.
348	046	61	UHC of Ohio/Medplan: Marion	HMO 61	CLOSED. The HMO designated to be the medical care provider.
348	046	62	UHC of Ohio/Medplan: Hamilton	HMO 62	CLOSED. The HMO designated to be the medical care provider.
348	046	63	UHC of Ohio/Medplan: Greene	HMO 63	CLOSED. The HMO designated to be the medical care provider.
348	046	64	UHC of Ohio/Medplan: Montgomery	HMO 64	CLOSED. The HMO designated to be the medical care provider.
348	046	65	UHC of Ohio/Medplan: Cuyahoga	HMO 65	CLOSED. The HMO designated to be the medical care provider.
348	046	66	DayMed HMP Inc/Health Choices (THC)	HMO 66	CLOSED. The HMO designated to be the medical care provider.
348	046	67	QualChoice Health Plan: Cuyahoga	HMO 67	The HMO designated to be the medical care provider.
348	046	68	Health Power HMO: Butler	HMO 68	CLOSED. The HMO designated to be the medical care provider.
348	046	70	CareSource/DAHP: Hamilton	HMO 70	The HMO designated to be the medical care provider.

# FAC SIS Glossary

Event	Element	Value	Name	Short Name	Definition
348	046	71	HMO HealthOhio (MICO): Wood	HMO 71	CLOSED. The HMO designated to be the medical care provider.
348	046	72	HMO HealthOhio: Lucas	HMO 72	The HMO designated to be the medical care provider.
348	046	73	HMO Health Ohio: Franklin	HMO 73	CLOSED. The HMO designated to be the medical care provider.
348	046	74	SummaCare: Summit	HMO 74	The HMO designated to be the medical care provider.
348	046	75	Personal Physician Care: Lucas	HMO 75	CLOSED. The HMO designated to be the medical care provider.
348	046	80	UHC of Ohio Inc (ABC): Cuyahoga	HMO 80	CLOSED. The HMO designated to be the medical care provider.
348	046	81	UHC of Ohio Inc (ABC): Cuyahoga	HMO 81	CLOSED. The HMO designated to be the medical care provider.
348	046	82	UHC of Ohio Inc (ABC): Cuyahoga	HMO 82	CLOSED. The HMO designated to be the medical care provider.
348	046	83	UHC of Ohio Inc (ABC): Cuyahoga	HMO 83	CLOSED. The HMO designated to be the medical care provider.
348	046	84	UHC of Ohio Inc (ABC): Cuyahoga	HMO 84	CLOSED. The HMO designated to be the medical care provider.
348	046	85	UHC of Ohio Inc (ABC): Cuyahoga	HMO 85	CLOSED. The HMO designated to be the medical care provider.
348	046	86	UHC of Ohio Inc (ABC): Cuyahoga	HMO 86	CLOSED. The HMO designated to be the medical care provider.
348	046	87	UHC of Ohio Inc (ABC): Cuyahoga	HMO 87	CLOSED. The HMO designated to be the medical care provider.
348	046	88	InHealth Inc (ABC): Franklin	HMO 88	CLOSED. The HMO designated to be the medical care provider.
348	046	89	InHealth Inc (ABC): Franklin	HMO 89	CLOSED. The HMO designated to be the medical care provider.
348	046	90	InHealth Inc (ABC): Franklin	HMO 90	CLOSED. The HMO designated to be the medical care provider.
348	046	91	InHealth Inc (ABC): Franklin	HMO 91	CLOSED. The HMO designated to be the medical care provider.
348	046	92	InHealth Inc (ABC): Franklin	HMO 92	CLOSED. The HMO designated to be the medical care provider.
348	046	93	InHealth Inc (ABC): Franklin	HMO 93	CLOSED. The HMO designated to be the medical care provider.

# FAC SIS Glossary

Event	Element	Value	Name	Short Name	Definition
348	046	94	InHealth Inc (ABC): Franklin	HMO 94	CLOSED. The HMO designated to be the medical care provider.
348	046	95	InHealth Inc (ABC): Franklin	HMO 95	CLOSED. The HMO designated to be the medical care provider.
348	046	98	Dayton Area Health Plan GA/DA: Montg	HMO 98	CLOSED. The HMO designated to be the medical care provider.
348	046	99	HMO HealthOhio (ABC): Hamilton	HMO 99	CLOSED. The HMO designated to be the medical care provider.
348	046	A0	HMO HealthOhio (ABC): Hamilton	HMO A0	CLOSED. The HMO designated to be the medical care provider.
348	046	A1	HMO HealthOhio (ABC): Hamilton	HMO A1	CLOSED. The HMO designated to be the medical care provider.
348	046	A2	HMO HealthOhio (ABC): Hamilton	HMO A2	CLOSED. The HMO designated to be the medical care provider.
348	046	A3	HMO HealthOhio (ABC): Hamilton	HMO A3	CLOSED. The HMO designated to be the medical care provider.
348	046	A4	HMO HealthOhio (ABC): Hamilton	HMO A4	CLOSED. The HMO designated to be the medical care provider.
348	046	A5	HMO HealthOhio (ABC): Hamilton	HMO A5	CLOSED. The HMO designated to be the medical care provider.
348	046	A6	HMO HealthOhio (ABC): Hamilton	HMO A6	CLOSED. The HMO designated to be the medical care provider.
348	046	A7	Butler Health Plan: Butler	HMO A7	CLOSED. The HMO designated to be the medical care provider.
348	046	A8	HealthAmerica Pennsylvania Inc: Cuyaho	HMO A8	CLOSED. The HMO designated to be the medical care provider.
348	046	A9	Health Power HMO: Mahoning	HMO A9	CLOSED. The HMO designated to be the medical care provider.
348	046	B0	Health Power HMO: Cuyahoga	HMO B0	CLOSED. The HMO designated to be the medical care provider.
348	046	B1	SuperMed HMO (MMO): Mahoning	HMO B1	CLOSED. The HMO designated to be the medical care provider.
348	046	B2	Total Health Care Plan: Butler	HMO B2	CLOSED. The HMO designated to be the medical care provider.
348	046	B3	UHC of Ohio/Medplan: summit	HMO B3	CLOSED. The HMO designated to be the medical care provider.
348	046	B4	UHC of Ohio/Medplan: Mahoning	HMO B4	CLOSED. The HMO designated to be the medical care provider.

# FAC SIS Glossary

Event	Element	Value	Name	Short Name	Definition
348	046	B5	Columbus Health Plan (ABC) A (DAHP):	HMO B5	CLOSED. The HMO designated to be the medical care provider.
348	046	B6	Columbus Health Plan (ABC) B (DAHP):	HMO B6	CLOSED. The HMO designated to be the medical care provider.
348	046	B7	Columbus Health Plan (ABC) C (DAHP):	HMO B7	CLOSED. The HMO designated to be the medical care provider.
348	046	B8	Columbus Health Plan (ABC) D (DAHP):	HMO B8	CLOSED. The HMO designated to be the medical care provider.
348	046	B9	Columbus Health Plan (ABC) E (DAHP):	HMO B9	CLOSED. The HMO designated to be the medical care provider.
348	046	C0	Columbus Health Plan (ABC) F (DAHP):	HMO C0	CLOSED. The HMO designated to be the medical care provider.
348	046	C1	Columbus Health Plan (ABC) G (DAHP):	HMO C1	CLOSED. The HMO designated to be the medical care provider.
348	046	C2	Columbus Health Plan (ABC) H (DAHP):	HMO C2	CLOSED. The HMO designated to be the medical care provider.
348	046	C3	Cuyahoga Health Plan (ABC) H (DAHP):	HMO C3	CLOSED. The HMO designated to be the medical care provider.
348	046	C4	Cuyahoga Health Plan (ABC) G (DAHP):	HMO C4	CLOSED. The HMO designated to be the medical care provider.
348	046	C5	Cuyahoga Health Plan (ABC) F (DAHP):	HMO C5	CLOSED. The HMO designated to be the medical care provider.
348	046	C6	Cuyahoga Health Plan (ABC) E (DAHP):	HMO C6	CLOSED. The HMO designated to be the medical care provider.
348	046	C7	Cuyahoga Health Plan (ABC) D (DAHP):	HMO C7	CLOSED. The HMO designated to be the medical care provider.
348	046	C8	Cuyahoga Health Plan (ABC) C (DAHP):	HMO C8	CLOSED. The HMO designated to be the medical care provider.
348	046	C9	Cuyahoga Health Plan (ABC) B (DAHP):	HMO C9	CLOSED. The HMO designated to be the medical care provider.
348	046	D0	Cuyahoga Health Plan (ABC) A (DAHP):	HMO D0	CLOSED. The HMO designated to be the medical care provider.
348	046	D1	CareSource/DAHP: Greene	HMO D1	The HMO designated to be the medical care provider.
348	046	D2	CareSource/DAHP: Clark	HMO D2	The HMO designated to be the medical care provider.
348	046	D3	Columbus Health Plan (DAHP): Marion	HMO D3	CLOSED. The HMO designated to be the medical care provider.

# FAC SIS Glossary

Event	Element	Value	Name	Short Name	Definition
348	046	D4	CareSource/DAHP: Pickaway	HMO D4	The HMO designated to be the medical care provider.
348	046	D5	CareSource/DAHP: Summit	HMO D5	The HMO designated to be the medical care provider.
348	046	D6	Cuyahoga Health Plan (DAHP): Mahoning	HMO D6	CLOSED. The HMO designated to be the medical care provider.
348	046	D7	Personal Physician Care: Stark	HMO D7	CLOSED. The HMO designated to be the medical care provider.
348	046	D8	Personal Physician Care: Trumbull	HMO D8	CLOSED. The HMO designated to be the medical care provider.
348	046	D9	CareSource/DAHP: Butler	HMO D9	The HMO designated to be the medical care provider.
348	046	E0	Cincinnati Health Plan (ABC) A (DAHP):	HMO E0	CLOSED. The HMO designated to be the medical care provider.
348	046	E1	Cincinnati Health Plan (ABC) B (DAHP):	HMO E1	CLOSED. The HMO designated to be the medical care provider.
348	046	E2	Cincinnati Health Plan (ABC) C (DAHP):	HMO E2	CLOSED. The HMO designated to be the medical care provider.
348	046	E3	Cincinnati Health Plan (ABC) D (DAHP):	HMO E3	CLOSED. The HMO designated to be the medical care provider.
348	046	E4	Cincinnati Health Plan (ABC) E (DAHP):	HMO E4	CLOSED. The HMO designated to be the medical care provider.
348	046	E5	Cincinnati Health Plan (ABC) F (DAHP):	HMO E5	CLOSED. The HMO designated to be the medical care provider.
348	046	E6	Cincinnati Health Plan (ABC) G (DAHP):	HMO E6	CLOSED. The HMO designated to be the medical care provider.
348	046	E7	Cincinnati Health Plan (ABC) H (DAHP):	HMO E7	CLOSED. The HMO designated to be the medical care provider.
348	046	E8	SummaCare: Stark	HMO E8	CLOSED. The HMO designated to be the medical care provider.
348	046	E9	Mediplan/Primetime (AHF): Stark	HMO E9	CLOSED. The HMO designated to be the medical care provider.
348	046	F0	Genesis Health Plan of Ohio Inc: Lorain	HMO F0	The HMO designated to be the medical care provider.
348	046	F1	Total Health Care Plan: Lorain	HMO F1	CLOSED. The HMO designated to be the medical care provider.
348	046	F2	total Health Care Plan: Stark	HMO F2	CLOSED. The HMO designated to be the medical care provider.

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Event	Element	Value	Name	Short Name	Definition
348	046	F3	Total Health Care Plan: Trumbull	HMO F3	CLOSED. The HMO designated to be the medical care provider.
348	046	F4	Dayton Area Health Plan: Miami	HMO F4	CLOSED. The HMO designated to be the medical care provider.
348	046	F5	Paramount Health Care: Wood	HMO F5	The HMO designated to be the medical care provider.
348	046	F6	CareSource/DAHP: Lorain	HMO F6	The HMO designated to be the medical care provider.
348	046	F7	CareSource/DAHP: Stark	HMO F7	The HMO designated to be the medical care provider.
348	046	F8	CareSource/DAHP: Clermont	HMO F8	The HMO designated to be the medical care provider.
348	046	F9	CareSource/DAHP: Warren	HMO F9	The HMO designated to be the medical care provider.
348	046	G0	Renaissance HMO: Lorain	HMO G0	The HMO designated to be the medical care provider.
350			FACILITY AUTHORIZATION TERMIN		The child is no longer placed in that specific 1925 facility.
352			HMO DISENROLLMENT		The PCSA is terminating the child's enrollment in an HMO.
354			NON IV-E AMOUNT OF FOSTER CAR		Used to report the amount of the non Title IV-E Payment made for children who are in substitute care or adoptive placement who are not receiving payments through FAC SIS.
354	126		MONTHLY MAINTENANCE AMOUNT	Mon Maint	The total month maintenance payment amount that is provided to the foster caregiver or adoptive parent from any source other than Title IV-E payments made through FAC SIS.
356			MEDICAID ELIGIBILITY ESTABLISH		The child becomes eligible for a Medicaid card through FAC SIS because of his eligibility for the Title IV-E maintenance payments.
356	042		EFFECTIVE DATE	Eff Date	The first day of the month during which the child meets the eligibility and financial reimbursability requirements for foster care maintenance or adoption assistance unless the child was covered by Medicaid as a recipient member of an ADC case. In this case, coverage begins the month an FCM or AA payment is made.
358			TERMINATION OF MEDICAID ELIGII		The agency has determined that the child is no longer eligible for coverage for Medicaid through the Title IV-E program.

# FAC SIS Glossary

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Event	Element	Value	Name	Short Name	Definition
358	044		REASON	Med Term	The reason Medicaid coverage is cancelled.
358	044	01	Custody Terminated (FCM Only)	Cust Term	The child is no longer the legal responsibility of the PCSA.
358	044	02	Loss of FCM Financial Reimbursability	Loss Reim	The child is no longer financially reimbursable to be eligible for FCM through the Title IV-E program.
358	044	03	Age	Age	Child no longer meets the age criteria for Medicaid eligibility through the Title IV-E program.
358	044	04	Death of Child	Death Chld	Child is deceased.
358	044	05	Child's Placement Out-of-State	Out/State	Medicaid eligibility is transferred to the state of residence as required by PL 99-272.
358	044	88	Other	Other	Reasons for the termination of Medicaid that do not fit into the above categories such as adoptive parents request, or termination of AA before the child reaches the age requirement.
362			ADOPTION ASSISTANCE APPLICATI		The prospective adoptive parents must make application for IV-E adoption assistance to the PCSA holding permanent custody of the child. If the child is in the permanent custody of a PCPA, application must be made to the PCSA in the county where the prospective adoptive parents reside. Application must be made on the prescribed form (ODJFS 01451), and a separate application must be completed for each child.
362	052		EFFECTIVE DATE	Eff Date	The date on which the Title IV-E Adoption Assistance payments may begin.
362	054		PROJECTED ENDING DATE	Proend Dt	The date specified in the adoption assistance agreement as the projected termination point for adoption assistance. This date indicates the projected time period for adoption assistance and usually coincides with the age limits for receipt of adoption assistance by the child.
362	056		ADOPTION PETITION DATE	A Pet Date	The date on which the prospective adoptive parents file a petition with the probate court requesting the legal adoption of the child.
364			SUPPLEMENTAL CASE PLAN COMPI		A case plan created secondary to the main case plan that is created when the caseworker is working with the family and the child on issues of reunification and an alternative placement should one become necessary.
364	164		ALTERNATIVE GOAL		The alternative goal the PCSA has identified at the time the Supplemental Case Plan is completed or amended.

# FAC SIS Glossary

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Event	Element	Value	Name	Short Name	Definition
364	164	01	Legal Custody to Relative	CustRelati	The permanency goal indicates legal custody of the child to an individual who is related to the child by blood, adoption or marriage with no court-ordered agency services.
364	164	02	Legal Custody to Nonrelative	CustNonRe	The permanency goal indicates legal custody of the child to an individual who is not related to the child by blood, adoption or marriage.
364	164	03	Guardianship to Relative	GuardRelat	The permanency goal indicates legal guardianship of the child to an individual who is related to the child by blood, adoption or marriage with no court-ordered agency services.
364	164	04	Guardianship to Nonrelative	GuardNonRe	The permanency goal indicates legal guardianship of the child to an individual who is not related to the child by blood, adoption or marriage.
364	164	05	Adoption by Relative	AdoptRelati	The permanency goal indicates adoption of the child by an individual who is related to the child by blood, adoption or marriage with no court-ordered agency services.
364	164	06	Adoption by Foster Parent	AdoptFP	The permanency goal indicates adoption of the child by an individual who is related to the child, as the foster parent to the child with no court-ordered agency services.
364	164	07	Adoption by Nonrelative	AdoptNonRe	The permanency goal indicates adoption of the child by an individual who is not related to the child by blood, adoption or marriage.
364	164	08	Other	Other	The permanency goal indicates something other than listed.
366			SSI BENEFITS ELIGIBLE		The child is eligible for SSI at the time the adoption petition is filed with the court.
368			ADOPTION ASSISTANCE SPECIAL NI		This event documents if the child has special needs that allow the child to receive Adoption Assistance.
368	058		TYPE	Type	A factor or condition which leads the PCSA to conclude that the child cannot be placed with appropriate adoptive parents without provision for adoption assistance. If the child does not have a special condition, then value 13: No Identified Special Needs is used.
368	058	01	Age	Age	The PCSA determines that the child's age makes it difficult or impossible to place the child with appropriate adoptive parents without provision of adoption assistance or Title XIX Medical Assistance.

# FAC SIS Glossary

Event	Element	Value	Name	Short Name	Definition
368	058	02	Minority Group	Min Grp	The PCSA determines that the child's race makes it difficult or impossible to place the child with appropriate adoptive parents without provision of adoption assistance or Title XIX Medical Assistance.
368	058	03	Ethnic Background	Ethnicity	The PCSA determines that the child's nationality or background in a particular ethnic background, makes it difficult or impossible to place the child with appropriate adoptive parents without provision of adoption assistance or Title XIX Medical Assistance.
368	058	04	Sibling Group	Sibling	The PCSA determines that the child's membership in a sibling group that must be placed together is a factor which makes it difficult or impossible to place the sibling group with appropriate adoptive parents without provision of adoption assistance or Title XIX Medical Assistance.
368	058	05	Medical Condition	Medical	The PCSA determines that because of the child's medical condition, the child cannot be placed with appropriate adoptive parents without provision of adoption assistance or Title XIX Medical Assistance.
368	058	06	Physical Disability	Physical	The PCSA determines that because of the child's physical disability, the child cannot be placed with appropriate adoptive parents without provision of adoption assistance or Title XIX Medical Assistance.
368	058	07	Mental Disability	Mental	The PCSA determines that because of the child's mental disability, the child cannot be placed with appropriate adoptive parents without provision of adoption assistance or Title XIX Medical Assistance.
368	058	08	Emotional Disability	Emotional	The PCSA determines that because of the child's emotional disability, the child cannot be placed with appropriate adoptive parents without provision of adoption assistance or Title XIX Medical Assistance.
368	058	09	Emotional Attachment to Foster Parents	Att Foster	The PCSA determines that the child has developed an emotional attachment to the foster parents who plan to adopt and that because of that relationship, placement of the child with the foster parents with provision of adoption assistance is in the child's best interest.
368	058	10	At Risk	At Risk	The PCSA determines that factors in the child's medical history or background of the child's biological family place the child at risk to acquire a medical condition, a physical, mental, or developmental disability or an emotional disorder, therefore the child can not be placed with appropriate adoptive parents without provision of adoption assistance or Title XIX Medical Assistance.

# FAC SIS Glossary

Event	Element	Value	Name	Short Name	Definition
368	058	11	Visual Impairment	Visual Imp	The PCSA determines that because of the child's diminished or damaged ability to see which adversely affects performance, the child cannot be placed with appropriate adoptive parents without provision of adoption assistance or Title XIX Medical Assistance.
368	058	12	Hearing Impairment	HearingImp	The PCSA determines that because of the child's diminished or damaged hearing ability which affects performance, the child cannot be placed with appropriate adoptive parents without provision of adoption assistance or Title XIX Medical Assistance.
368	058	13	No Identified Special Needs	No Spec Ne	The PCSA determines that because the child has no identified special needs the child can be placed with appropriate adoptive parents without provision of adoption assistance or Title XIX Medical Assistance.
368	058	99	Not Applicable	N/A	None of the above reasons apply.
370			AA INITIAL DETERMINATION		The PCSA must determine if the child is eligible for Title IV-E adoption assistance within 30 days of receiving a completed application form (ODJFS 01451) signed by the prospective adoptive parents and all required documentation.
370	076		RESULTS	Results	The PCSA determines that the child is either eligible or ineligible for Title IV-E adoption assistance. Eligibility for Title IV-E adoption assistance results in automatic eligibility for Title XIX Medical Coverage (Medicaid) and Title XX services.
370	076	01	Medicaid Only	Med Only	The child has been found to be eligible for AA in another state. Pursuant to the provisions of PL 99-272 (COBRA), Ohio must provide Medicaid coverage to these children while they reside in Ohio.
370	076	02	Both Medicaid and Assistance	Med/Assist	The PCSA determines that the child is eligible for Title IV-E adoption assistance. As a result of that determination the child is automatically eligible for Medicaid coverage and Title XX services.
370	076	03	Ineligible	Inelig	The PCSA determines that the child does not meet the legal criteria, the ADC relatedness/SSI requirements, or the definition of a special needs child all of which are standards for eligibility.
370	052		EFFECTIVE DATE	Eff Date	The date that the adoption assistance agreement is signed. This becomes the begin date for AA payments.
372			ADOPTION ASSISTANCE PAYEE NAME		The name of the adoptive parent designated to receive the adoption assistance payments.

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Event	Element	Value	Name	Short Name	Definition
372	078		PAYEE LAST NAME	Payee Lnam	The last name of the adoptive parent designated to receive the AA check. The name can be 15 characters in length.
372	098		PAYEE FIRST NAME	Payee Fnam	The first name of the adoptive parent designated to receive the AA check. The name can be 15 characters in length.
374			AA ELECTRONIC FUNDS TRANSFER		The adoptive parents have requested that the AA payment be electronically transferred to their bank account.
374	086		EFFECTIVE DATE	Eff Date	The first of the month following the event being entered before cutoff.
374	088		TYPE OF ACCOUNT	Type Acct	The type of account specified to receive the AA payment.
374	088	01	Checking	Checking	A bank checking account.
374	088	02	Saving	Saving	A bank savings account.
374	090		BANK ROUTING NUMBER	Bank Rt No	The number used to identify the bank that will receive the funds.
374	092		ACCOUNT NUMBER	Acct Num	The number of the bank account to which the funds are to be transferred.
378			AA CONTINUING ELIGIBILITY		A review of the continuing eligibility criteria for Title IV-E Adoptive Assistance. This process should occur whenever there is a substantial change in the child's circumstances, but no less frequently than every twelve (12) months for all AA children who have been found to be 01 Medicaid Only or 02 Both Medicaid and Assistance Eligible at the AA Initial Determination.
378	080		RESULTS	Results	The outcome of the review for continuing eligibility for Title IV-E Adoption Assistance.
378	080	01	Eligible	Eligible	The child currently meets all the eligibility requirements of AA.
378	080	02	Ineligible	Ineligible	The child no longer meets the eligibility requirements of AA.
388			PRIVATE ADOPTION FINALIZED		An order of the court issued pursuant to section 3107.14 of the Revised Code terminating all parental rights and responsibilities of a biological or other legal parent and creating the relationship of parent and child between the petitioner and the adopted person.
388	136		JUDICIAL DETERMINATION DATE		The file stamp date on the journal entry, or the date in the body of the journal entry.

# FAC SIS Glossary

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Event	Element	Value	Name	Short Name	Definition
390			AA ELECTRONIC FUNDS TRANSFER		The PCSA requests to terminate the electronic funds transfer.
390	094		EFFECTIVE DATE	Eff Date	The date the agency requests the termination of the transfer to take effect. The date should be the first day of the following month or the month after if the FAC SIS event is entered after cutoff.
392			ADOPTION ASSISTANCE TERMINAT		Adoption assistance terminates when the conditions for continuing eligibility specified on the adoption assistance agreement are no longer being met, the adoption assistance agreement expires without being renewed, or the adoptive parents request termination of adoption assistance.
392	082		EFFECTIVE DATE	Eff Date	The date that the child is no longer eligible for AA payments.
392	084		REASON	Reason	The reason the adoption is terminated.
392	084	01	Adoptive Parents Request	AA Req	The adoptive parents initiate the termination of the adoption assistance agreement for payments and Medicaid and the adoption continues with limited or no agency involvement.
392	084	02	Expired Without Modification	Expired	The adoption assistance agreement expires prior to the child's 18th birthday or the 21st birthday of a physically or mentally handicapped child without a written agreement for an extension or modification signed by the PCSA and adoptive parents.
392	084	03	Adoptive Parent Surrender	Parent Sur	The adoptive parents take the initiative to terminate the legal (finalized) adoption and as a result, the PCSA or PCPA assumes permanent custody of the child. The assumption of permanent custody is the final event that leads to termination of adoption assistance. In this case, however, the events leading to the outcome of permanent custody were instigated by the adoptive parents.
392	084	04	Prospective Adoptive Parents Surrender	Pros Sur	Prior to legal finalization the prospective adoptive parents indicate that they are no longer willing to proceed with the adoption. As a result, the child's status changes from that of adoptive placement to foster care placement. The return to foster care status is the final event that leads to termination of adoption assistance. In this case, however, the events leading to the return of the child to foster care were instigated by the prospective adoptive parents.
392	084	05	Agency Removes Child	Agy Rem Ch	The PCSA removes the child from the home of the child's adoptive parents due to alleged abuse or neglect.

# FAC SIS Glossary

Event	Element	Value	Name	Short Name	Definition
392	084	06	Continuing Eligibility Criteria	Cont Elig	The agency initiates termination because one or more of the following conditions are true: 1) The parents are no longer legally responsible for the child's support; 2) The child is no longer receiving support from his adoptive parents; 3) The child is over 18 years of age or 21 if physically or mentally handicapped.
392	084	07	Child Death	Ch Death	The adoptive child dies.
392	084	08	Parent Death	Prnt Death	The adoptive parent dies.
394			IV-E PARENT/CHILD		An agency determines that a minor parent in the custody of the PCPA is Title IV-E reimbursable, the child of said parent is eligible for Medicaid and the cost of care for that child is Title IV-E reimbursable.
394	394		EFFECTIVE IV-E DATE	Effect Date	Identifies the date that the child of a Title IV-E minor parent is determined reimbursable.
394	396		PARENT IV-E NUMBER	Parent Num	The Title IV-E number of the minor parent.
394	398		CHILD'S RESOURCE NUMBER	Resrce Num	The Resource ID number that identifies the placement of the child. This placement must match the minor parents resource for the same time period.
396			PARENT/CHILD REFERENCE NUMBE		Used to link the minor parent to the child.
396	400		CHILD'S FC NUMBER	Child Num	The Title IV-E Number of the child.
420			CHANGE FAMILY CASE STATUS	(blank)	Values for this Event are locally defined (county defined) and are not uploaded to Host-FAC SIS.
430			CHANGE FAMILY CASE CATEGORY	(blank)	Values for this Event are locally defined (county defined) and are not uploaded to Host-FAC SIS.
440			FAMILY WORKER ASSIGNMENT	(blank)	Values for this Event are locally defined (county defined) and are not uploaded to Host-FAC SIS.
442			FAMILY WORKER REMOVAL	(blank)	Values for this Event are locally defined (county defined) and are not uploaded to Host-FAC SIS.
490			CLOSE FAMILY CASE	(blank)	Values for this Event are locally defined (county defined) and are not uploaded to Host-FAC SIS.