

Ohio Works Incentive Program (OWIP)

Program Update
7/13/2017

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Objectives

- Overview of OWIP Program
- OWIP Plan
- Incentives: Track A and Track B
- Placement & Retention
- Submissions

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Goal of OWIP – Still the Same

To reduce dependency on the Ohio Works First program while strengthening Ohio's workforce.

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OWIP Plan

- ❑ Participating OhioMeansJobs Centers must exhibit a strong partnership with local county Department of Job and Family Services and be committed to the employment success of Ohio Works First program participants.
- ❑ Workforce Development Boards interested in participating in the program must submit an OWIP plan.
- ❑ An area may request modification to its OWIP plan at any time. The local WDB director or designee should send the revised application to OWIP@jfs.ohio.gov.

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Two types of eligible participants, Two incentive tracks

TRACK A Participant

- OWF recipient at time of placement
- Participants must be 25 years old or older, not in the CCMEP program
- Earnings do not make household ineligible for OWF

TRACK B Participant

- OWF recipient at time of placement
- Participants must be 25 years old or older, not in the CCMEP program
- Off OWF cash assistance due to earnings

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Incentives for Local WIBs

| TRACK A | | TRACK B | |
|--|-----------|--|-----------|
| DELIVERABLE | INCENTIVE | DELIVERABLE | INCENTIVE |
| OWF recipient placed in OJT or unsubsidized employment. | \$1,000 | Former OWF recipient whose earnings from placement in OJT or unsubsidized employment ended OWF cash benefits | \$1,500 |
| OWF recipient in uninterrupted employment for 90 calendar days; OJT, if issued, has ended. | \$1,500 | Remains employed & off OWF cash for 90 days; OJT ended. | \$2,000 |
| | | Remains employed and off OWF cash for 180 days; OJT ended. | \$1,000 |

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Definition of "Placement"

- For the Placement Incentive, "placement" is defined as:

Employment at a public, non-profit, or for-profit entity for 20 hours/week or more, or 86 hours/month or more, in either unsubsidized employment or OJT.

- Placement may be verified using employer statement, pay stubs, telephone verification, WorkNumber printout etc.

Placement Verification

- Only invoice for incentives if all required documentation is provided.
- Only invoice for participants having open span of "ADC" eligibility on IQEL or IQCH screens.
- Only invoice for Track B if reason codes **375**, **398**, or **565** appear on AEWAA

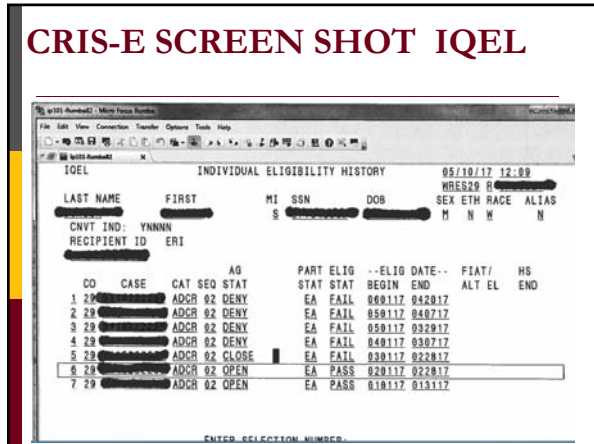
CRIS-E SCREEN SHOT OF AEWAA WITH 375 CODE

AEWAA shows OWF closed effective 02-28-17 with code 375;

Qualifies for BP - See note on 1st page

| CAT | SEQ | AG | NAME | STAT | AMOUNT | AG | REASON | EFFECT | END | MR | DEL | AUTHORIZE |
|------|------|----|------|------|--------|------|-------------|--------|------|-----|-----|-----------|
| | | | | | | STAT | CODES | DATE | DATE | RSN | DB | |
| ADGR | 01 | | | FAIL | .00 | DE | 963 380 376 | 020917 | | | | WPDS29 |
| ADGR | 02 | | | FAIL | .00 | CL | 396 375 | 022817 | | | | WPDS29 |
| FS | 01 | | | PASS | 359.00 | OP | 455 317 | 030117 | 1117 | | | WPDS29 |
| MA | C 01 | | | FAIL | .00 | DE | 380 376 677 | 020917 | | | | WPDS29 |
| MA | C 02 | | | FAIL | .00 | DE | 380 376 677 | 020917 | | | | WPDS29 |
| MA | P 01 | | | FAIL | .00 | DE | 380 677 | 020917 | | | | WPDS29 |
| MA | P 02 | | | FAIL | .00 | DE | 380 677 | 020917 | | | | WPDS29 |
| MA | Z 01 | V | | FAIL | .00 | DE | 380 677 | 072215 | | | | WKLD29 |
| MA | Z 02 | V | | FAIL | .00 | DE | 966 380 153 | 020917 | | | | WPDS29 |
| MA | Z 03 | D | | FAIL | .00 | DE | 966 380 153 | 020917 | | | | WPDS29 |

CRIS-E SCREEN SHOT IQEL



Definition of “Retention”

TRACK A

- Remained in uninterrupted employment for 90 days

TRACK B

- Remained in uninterrupted employment for 90 (or 180) days
- Remains off OWF cash for 90 (or 180) days

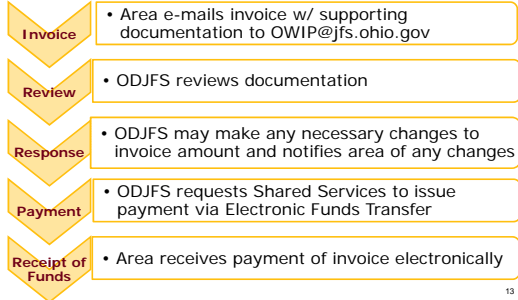
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Source documentation to submit with invoice for Retention

| Type | Element | Documentation |
|---------------------|---|--|
| RETENTION INCENTIVE | Updated documentation of employment at 90 days after placement (and 180 days for Track B) | The Work Number, wage records, pay stub, employer letter, employer contact: phone or electronic verification, etc. |
| | Updated documentation of status of OWF eligibility for Track B only | CRIS-E Screen Print: IQEL |
| | Updated documentation of current OWF monthly benefit | CRIS-E Screen Print: AEWAA |

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Invoice Process



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Two Invoice Spreadsheets:

Incentive Invoice

Payment Point Tracking Form

Incentive Invoice Summary

Revised Invoice templates available for download from: <http://jfs.ohio.gov/owd/Initiatives/OWIP.stm>

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Incentive Invoice: Pay Point Tracking Form

Ohio Works Incentive Program
Tracking of Incentive Payment Points by Participant

| AREA DETAILS | | PARTICIPANT DETAILS | | | | PLACEMENT DETAILS | | | | FINANCE - OJDFP COST | | FINANCE - OJDFP COST due to JANUARY | | | | |
|--------------|----------------------------|--|-----------------------|------------------------|-------------|-------------------|----------------|--------------|-------------|-----------------------------|-----------------------------|-------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Area | Count of Incentive Request | Participant Date of Birth (MM/DD/YYYY) | Participant Last Name | Participant First Name | OBID Number | Employer | Placement Date | OP Job Title | Hourly Wage | Placement Request (\$1,000) | Placement Request (\$1,000) | Placement Request (\$1,000) | Placement Request (\$1,000) | Placement Request (\$1,000) | Placement Request (\$1,000) | Placement Request (\$1,000) |
| 01/10/2017 | FRANKLIN | 04/01/1988 | MCHART | SCOTT | 081731000 | STATE OF OHIO | 07/18/2017 | | \$ 83.83 | | | | | \$1,500.00 | | |



Revised Form to be inserted: Areas must now provide additional information and certify the participant is 25 or older at the time of placement.

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Incentive Invoice Summary

Ohio Works Incentive Program
Incentive Invoice Summary Template

Tax ID # (TIN): _____
 Workforce Area #: _____ State Location: _____
 Council Name: _____ Council # (KIA): _____
 Street Address: _____ City: _____
 State: _____ Zip: _____ Invoice Period: _____

I Incentive earned under Track # 1 - Current OWF Assignments

| TRACK # INCENTIVE (REQUIREMENT) | Number to report during billing period | Incentive amount per individual | Calculated Payment Due |
|---|--|---------------------------------|------------------------|
| Number of OWF participants placed into unsubsidized employment during this billing period | | \$1,200 | \$ - |
| Number of OWF participants who remained on unsubsidized employment for 90 consecutive calendar days and OIC, if any, is met | | \$1,300 | \$ - |
| Sub Total Track 1 | | | \$ - |

I Incentive earned under Track # 2 - No longer receiving OWF and assistance plus retraining

| TRACK # INCENTIVE (REQUIREMENT) | Number to report during billing period | Incentive amount per individual | Calculated Payment Due |
|---|--|---------------------------------|------------------------|
| Number of participants placed in unsubsidized employment who were no longer eligible to receive OWF due to retraining | | \$1,200 | \$ - |
| Number of participants who have remained on unsubsidized employment and off of OWF for 90 consecutive calendar days and OIC, if any, is met | | \$1,300 | \$ - |
| Number of participants who have remained on unsubsidized employment and off of OWF for 90 consecutive calendar days and OIC, if any, is met | | \$1,300 | \$ - |
| Sub Total Track 2 | | | \$ - |

Total Reimbursement Requested With Invoice: \$0.00

"Full name of authorized OIC Director": _____ Signature: _____ Date: _____
 Purchase Order Number: _____

COMMON ERRORS

Insufficient Hours

Pay stubs or other verifications show the participant works fewer than 20 hours per week or 86 hours per month.

Ensure documentation clearly shows 20 hours every week or hours sum up to 86 hours in a month. Statements of "15 to 20 hours a week on average" do not meet this requirement.

Lack of Employment Verification

Documentation of the job placement, hours of work, and/or begin date is missing or unacceptable.

Provide proof of placement date and hours.
 Note: Client self-attestation are not accepted as proof of employment.

Quiz 1

- Do applicants who enter the OWF program with a job automatically count as a placement under OWIP, or do they have to be receiving OWF cash benefits and then find a job for the area to receive the incentive dollars?

To qualify for OWIP incentive, the individual must be enrolled in OWF prior to the occurrence of the job placement. Individuals who were already employed when they began receiving OWF cash benefits have not been placed by the local area and will not qualify for OWIP incentives.

Quiz 2

- ❑ An OWF recipient becomes employed but remains eligible for a small amount of cash assistance. The client elects not to receive the OWF cash benefit for which she could qualify. Can our area collect Track B incentives for this former OWF recipient because she is no longer on cash assistance?

No, to receive the higher incentives available under Track B, the area must place the participant in employment with earnings sufficient to exceed OWF income limits for the assistance group. OWIP participants who qualify for OWF cash assistance (even if they do not opt to receive the benefit) remain in Track A. To receive Track B incentives, the reason codes on CRIS-E Screen AEWAA must indicate the assistance group is over income for OWF cash benefits.¹⁹

Quiz 3

- ❑ An applicant who starts work on Jan. 6th, goes out on maternity leave, on Mar. 6th, returns to work on Apr. 19th. When will the applicant be eligible for 90 day retention incentive?

To qualify for OWIP retention incentive, the individual must work 90 consecutive days. If a member returns from maternity leave on Apr. 19th, the retention starts on Apr. 19th, and 90 days **retention date is July 17th**, if the member maintained the 20 hours per week or 86 per month.²⁰

OWIP Web Page

<http://jfs.ohio.gov/owd/Initiatives/OWIP.stm>

- ❑ Invoice templates
- ❑ Guidance memos
- ❑ FAQs
- ❑ This PowerPoint as well as PowerPoints from earlier presentations

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Questions?

E-mail:
OWIP@jfs.ohio.gov

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