

## G. FINANCIAL SUPPORT EVENTS

The Events in this section reflect the exploration and determination of eligibility regarding the use of funds to help support the child's care during the substitute care placement.

### EVENT 330: FCM APPLICATION COMPLETED

- Purpose:** This Client Event documents the Agency has completed and signed the application for Title IV-E Foster Care Maintenance (FCM) on the ODJFS 01452 Title IV-E FCM Application/Redetermination Form.
- Usage:** This Client Event is entered when the Title IV-E FCM Application/Redetermination Form (ODJFS 01452) is completed and signed, **regardless** of the outcome of the initial determination. A Title IV-E FCM Application/Redetermination Form is to be completed within 30 days of each child's entry into custody/substitute care.
- Event Date:** The event date is the date the Title IV-E FCM Application/Redetermination Form (ODJFS 01452) is signed.
- Elements:** Not Applicable.
- Connectedness:** If a child is reimbursable and eligible, Event 330: FCM Application Completed, Event 332: ADC Relatedness, Event 334: FCM Initial Determination, Event 336: Program Eligibility Established, Event 202: FCM Reimbursability Established, Event 356: Medicaid Eligibility Established and Event 338: FCM/AA Payment Authorization all must be entered in this sequence to receive Benefit Issuance.

### EVENT 332: ADC RELATEDNESS

- Purpose:** This Client Event documents the criteria of program eligibility.
- Usage:** This Client Event is entered to reflect the determination of the ADC relatedness. The child must have ADC relatedness during the removal month or the preceding six (6) months\*. ADC Relatedness exists if the Agency documents on the Title IV-E FCM Application/Redetermination Form (ODJFS 01452), that the child would have been eligible had an application for ADC been made.

**\*OAC Rule pending that will change the time frame.**

**Event Date:** The event date is the last date that ADC Relatedness existed (or would have existed had an application been made.)

If the child has been part of an ADC grant, case documentation could include CRIS-E print screen or ADC Communication Form.

**Elements:** Element for Event 332: ADC Relatedness is (1) Status.

1. **Status:** The Agency's determination of the child's ADC relatedness based on an examination of the removal home.

Values for Status:

- 01 Receiving ADC at Time of Removal
- 02 Would Have Been Eligible
- 03 Not Eligible
- 88 Not Known

**Connectedness:** This event must be entered prior to Event 334: FCM Initial Determination. If a child is reimbursable and eligible, Event 330: FCM Application Completed, Event 332: ADC Relatedness, Event 334: FCM Initial Determination, Event 336: Program Eligibility Established, Event 202: FCM Reimbursability Established, Event 356: Medicaid Eligibility Established and Event 338: FCM/AA Payment Authorization all must be entered in this sequence to receive Benefit Issuance.

## **EVENT 334: FCM INITIAL DETERMINATION**

**Purpose:** This Client Event documents the initial determination of a child's eligibility when the child first enters substitute care.

**Usage:** The Client Event is entered when the initial FCM eligibility is determined as reflected on the Title IV-E FCM Application/Redetermination Form (ODJFS 01452).

If the child was never registered in Micro-FACSYS for Foster Care Maintenance (FCM) or Adoption Assistance (AA), a new 12-digit Title IV-E number must be assigned. The first three positions of this number represent the Agent Code for your Agency, the next seven digits represent the client ID as assigned by the Agency and the last two digits are always "80 (eight, zero)." This 12-digit Title IV-E number must be entered on the Client Registration screen as a reference number with a FC (Foster Care) or AA (Adoption Assistance) code.

**Event Date:** The event date is the date the Title IV-E FCM Application/ Redetermination Form (ODJFS 01452) is signed.

**Elements:** Elements for Event 334: FCM Initial Determination are (1) Grade Level, (2) Current Deprivation, (3) Need Condition Met, (4) Current ADC/SSI Benefits, and (5) FCM Status.

1. Grade Level: The current grade level of the child.

Values for Grade Level:

- 01 First
- 02 Second
- 03 Third
- 04 Fourth
- 05 Fifth
- 06 Sixth
- 07 Seventh
- 08 Eighth
- 09 Ninth
- 10 Tenth
- 11 Eleventh
- 12 Twelfth
- 88 Not Known
- 99 Not Applicable\*

\*This value is only used if the child is not currently enrolled in school.

2. Current Deprivation: The Agency's determination that the child is currently deprived of the support or care of one or both parents or legal guardian as a result of death, continued absence, incapacity or unemployment of the principal wage earner.

Values for Current Deprivation:

- 01 Death
- 02 Incapacity
- 03 Absence
- 04 Unemployment
- 88 Not Known
- 99 None

3. Need Condition Met: The Agency's determination that the child is financially needy according to the ADC definition of July 1<sup>st</sup>, 1996. 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 (\$1000) in non-exempt funds.

Values for Need Condition Met:

- 01 Yes
- 02 No
- 88 Not Known

4. Current ADC/SSI Benefits: The child is receiving SSI Benefits.

Values for Current ADC/SSI Benefits:

- 01 ADC
- 02 SSI
- 03 No

5. FCM Status: The status of the child in terms of eligibility for financial assistance for board and care and for the Agency to receive reimbursement for administrative and training costs relative to the child.

Values for FCM Status:

- 01 Program Eligible Only
- 02 Eligible and Reimbursable
- 03 Ineligible
- 99 Insufficient Information

**Connectedness:** If the FCM Status has a value of 03 or 99, then the client **must** have a new Event 330: FCM Application Received entered **before** a new Event 334: FCM Initial Determination or Event 340: FCM Redetermination may be entered. If a child is reimbursable and eligible, Event 330: FCM Application Completed, Event 332: ADC Relatedness, Event 334: FCM Initial Determination, Event 336: Program Eligibility Established, Event 202: FCM Reimbursability Established, Event 356: Medicaid Eligibility Established and Event 338: FCM/AA Payment Authorization all must be entered in this sequence to receive Benefit Issuance.

## **EVENT 336: PROGRAM ELIGIBILITY ESTABLISHED**

**Purpose:** This Client Event documents a one-time eligibility requirement that continues throughout the child's current substitute care episode.

**Usage:** This Client Event is entered if Event 334: FCM Initial Determination has a value 01-Program Eligible Only or value 02-Eligible and Reimbursable for the FCM Status. 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. Entering this event without a corresponding Event 202: FCM Reimbursability Established also indicates that the child's situation does not meet the ongoing requirements of financial reimbursability for the current payment month.

**Event Date:** The event date is the date the Title IV-E FCM Application/Redetermination Form (ODJFS 01452) is signed.

**Elements:** Element for Event 336: Program Eligibility Established is (1) Effective Date.

1. Effective 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.  
MM/DD/YYYY

**Connectedness:** If a child is reimbursable and eligible, Event 330: FCM Application Completed, Event 332: ADC Relatedness, Event 334: FCM Initial Determination, Event 336: Program Eligibility Established, Event 202: FCM Reimbursability Established, Event 356: Medicaid Eligibility Established and Event 338: FCM/AA Payment Authorization all must be entered in this sequence to receive Benefit Issuance.

## **EVENT 202: FCM REIMBURSABILITY ESTABLISHED**

**Purpose:** The Client Event documents the child's eligibility status is determined to be both program eligible and reimbursable.

**Usage:** This Client Event is entered when Event 334: Initial Determination or Event 340: FCM Redetermination has a value 02-Eligible and Reimbursable for the FCM Status.

**Event Date:** The event date is the date the Agency makes the initial determination or redetermination.

**Elements:** Element for Event 202: FCM Reimbursability Established is (1) Effective Date.

1. Effective Date: The date (perhaps retroactive) that the program eligible and financial reimbursability requirements have been met as reflected by documentation in the child's case record.  
MM/DD/YYYY

**Connectedness:** If a child is reimbursable and eligible, Event 330: FCM Application Completed, Event 332: ADC Relatedness, Event 334: FCM Initial Determination, Event 336: Program Eligibility Established, Event 202: FCM Reimbursability Established, Event

356: Medicaid Eligibility Established and Event 338: FCM/AA Payment Authorization all must be entered in this sequence to receive Benefit Issuance.

## **EVENT 356: MEDICAID ELIGIBILITY ESTABLISHED**

**Purpose:** The Client Event documents the child becomes eligible for a Medicaid Card because of his eligibility for Title IV-E Foster Care Maintenance (FCM) payments.

**Usage:** This Client Event is entered when it has been determined that a child has been found to be both eligible and reimbursable and receiving FCM benefit for Foster Care Maintenance or eligible for Adoption Assistance.

Medicaid eligibility is automatic with Title IV-E reimbursability (no separate application is necessary).

**Event Date:** The event date is the date that the Agency determines that the child is eligible.

**Elements:** Element for Event 356: Medicaid Eligibility Established is (1) Effective Date.

1. **Effective Date:** The date the child meets both the Program Eligible and Financially Reimbursable criteria. This date cannot exceed the child's date of birth, or the beginning date for the most current reimbursable span. This date could be retroactive to the **first of the month**, but not for newborns. For newborns use the actual date of birth. If the child is currently open on OWF/TANF Medicaid case, make the effective date the **first of the next month** since the child will be covered through the end of the current month.

MM/DD/YYYY

**Connectedness:** If a child is reimbursable and eligible, Event 330: FCM Application Completed, Event 332: ADC Relatedness, Event 334: FCM Initial Determination, Event 336: Program Eligibility Established, Event 202: FCM Reimbursability Established, Event 356: Medicaid Eligibility Established and Event 338: FCM/AA Payment Authorization all must be entered in this sequence to receive Benefit Issuance.

## **EVENT 338: FCM/AA PAYMENT AUTHORIZATION**

**Purpose:** This Client Event documents the total monthly or per diem payment amount to a family foster home or adoptive parents.

**Usage:** This Client Event is used when the Agency establishes OR subsequently changes the total monthly or per diem payment amount to a family foster home or adoptive parents. The information entered is to reflect the amount paid by the county minus any amount received from other resources for the support of the child. This amount is divided into two distinct categories: (1) maintenance amount and (2) difficulty of care amount.

The Agency must choose to report the FCM amount in one of two ways: (1) as a monthly payment amount or (2) as a per diem amount, depending upon the format most convenient to the Agency. **The Agency should not report both the Monthly Maintenance Amount and the Per Diem Maintenance Amount. Adoption Assistance payments must be reported as a monthly maintenance amount.**

**Event Date:** The event date is the date the payment authorization was established.

**Elements:** Elements for Event 338: FCM/AA Payment Authorization are (1) Effective Date, (2) Per Diem Maintenance Amount, (3) Difficulty of Care Per Diem, (4) Monthly Maintenance Amount, (5) Difficulty of Care Monthly and (6) Difficulty of Care.

1. Effective Date: The date that the current payment rate is effective for FCM or the date that AA should begin. For FCM children, the date (perhaps retroactive) should reflect the most recent foster care rate for the child after the child became financially reimbursable.  
MM/DD/YYYY
2. Per Diem Maintenance Amount: The net per diem maintenance payment that has been contracted to be provided to the family foster home provider.
3. Difficulty of Care Per Diem: The net per diem amount that has been contracted to be provided to the family foster home provider for special, exceptional or intensive needs costs. This must be a value even if only a medical card is expected.
4. Monthly Maintenance Amount: The net total monthly maintenance payment amount that has been contracted to be provided to the family foster home provider or the adoptive parents.
5. Difficulty of Care Monthly: The net total monthly amount that has been contracted to be provided to the family foster home provider for special, exceptional or intensive needs costs. This must be a value even if only a medical card is expected.
6. Difficulty of Care: A description of the needs of children who require specialized care and provide for supplemental payments to family foster home providers.  
Values for Difficulty of Care:

- 01 Special Needs
- 02 Exceptional Needs
- 03 Intensive Needs
- 99 None\*

\*Must always be used to indicate "Difficulty of Care" for an Adoption Assistance case.

**Connectedness:** If a child is reimbursable and eligible, Event 330: FCM Application Completed, Event 332: ADC Relatedness, Event 334: FCM Initial Determination, Event 336: Program Eligibility Established, Event 202: FCM Reimbursability Established, Event 356: Medicaid Eligibility Established and Event 338: FCM/AA Payment Authorization all must be entered in this sequence to receive Benefit Issuance.

## **EVENT 346: FCM FACILITY AUTHORIZATION**

**Purpose:** This Client Event documents the placement of a child into a 1925 facility.

**Usage:** This Client Event is entered to reflect the current placement of a child into a facility that has a rate established by the ODJFS 02909 or ODJFS 02910 Cost Report and the child's costs will be billed on the Monthly FCM Facility Invoice (ODJFS 01925).

**Event Date:** The event date is the date the event is entered.

**Elements:** Elements for Event 346: FCM Facility Authorization are (1) Effective Date and (2) Facility Identifier.

1. Effective Date: The date the child was placed in the 1925 Facility.  
MM/DD/YYYY
2. Facility Identifier: The Facility Identifier is the Five (5) digit number used in the Monthly FCM Facility Invoice (ODJFS 01925) System to identify the Facility in which the child is placed.

**Connectedness:** None.

## **EVENT 340: FCM REDETERMINATION**

- Purpose:** This Client Event documents the redetermination of the financially reimbursable criteria for Title IV-E Foster Care Maintenance.
- Usage:** This Client Event is entered whenever there is a substantial change in the child's circumstances, and required but not less frequently than every six (6) months for all program eligible children.
- Event Date:** The event date is the date that redetermination is completed and the Title IV-E FCM Application/Redetermination Form (ODJFS 01452) is signed by the caseworker.
- Elements:** Elements for Event 340: FCM Redetermination are (1) Grade Level, (2) Current Deprivation, (3) Need Condition Met, (4) Current ADC/SSI Benefits, and (5) FCM Status.

1. Grade Level: The current grade level of the child.

Values for Grade Level:

- 01 First
- 02 Second
- 03 Third
- 04 Fourth
- 05 Fifth
- 06 Sixth
- 07 Seventh
- 08 Eighth
- 09 Ninth
- 10 Tenth
- 11 Eleventh
- 12 Twelfth
- 88 Not Known
- 99 Not Applicable\*

\*This value is only entered if the child is not currently enrolled in school.

2. Current Deprivation: The Agency's determination that the child is currently deprived of the support or care of one or both parents or legal guardian as a result of death, continued absence, incapacity or unemployment of the principal wage earner.

Values for Current Deprivation:

- 01 Death
- 02 Incapacity

- 03 Absence
- 04 Unemployment
- 88 Not Known
- 99 None

3. Need Condition Met: The Agency's determination that the child is financially needy according to the ADC definition of July 1<sup>st</sup>, 1996. 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 (\$1000) in non-exempt funds.

Values for Need Condition Met:

- 01 Yes
- 02 No
- 88 Not Known

4. Current ADC/SSI Benefits: The child is receiving SSI Benefits.

Values for Current ADC/SSI Benefits:

- 01 ADC
- 02 SSI
- 03 No

5. FCM Status: The status of the child in terms of eligibility for financial assistance for board and care and for the Agency to receive reimbursement for administrative and training costs relative to the child.

Values for FCM Status:

- 01 Program Eligible Only
- 02 Eligible and Reimbursable\*

\* This value is used even if only medical card is expected, as well as medical and cash.

**Connectedness:** The client must have a new Event 330: FCM Application Received entered **before** a new Event 334: FCM: Initial Determination or Event 340: FCM Redetermination may be entered.

## **EVENT 394: TITLE IV-E PARENT/CHILD**

**Purpose:** This Client Event documents the child's minor parent is in the Agency's custody and is Title IV-E reimbursable.

**Usage:** This Client Event is entered on the child's record when the Agency determines that the child's minor parent is in the Agency's custody and 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. All demographic information (age, gender, birth date, etc.) **must** be included on the child's registration screen. In addition, the Title IV-E number of the child and the Title IV-E number of the parent **must** be entered for the purposes of issuing a medical card for the child.

Since only the cost of care of the child of the minor Title IV-E reimbursable parent are allowable, issuance will be on the minor parent's Title IV-E case number.

The Title IV-E Parent and the child must be living together and the parent must have custody of the said child.

**Event Date:** The event date is the date the event is entered.

**Elements:** Elements for Event 394: Title IV-E Parent/Child are (1) Effective Title IV-E Date, (2) Parent Title IV-E Number, and (3) Child's Resource Number.

1. Effective Title IV-E Date: The date of the child's date of birth if born while the parent is in the custody of the Agency or the parent's reimbursability date if the parent came into custody with the child.  
MM/DD/YYYY
2. Parent Title IV-E Number: The Title IV-E number of the minor parent.
3. Child's Resource Number: Identifies the placement of the child. This placement must match the minor parent's resource for the same time period.

**Connectedness:** The completion of Event 338: FCM/AA Payment Authorization is used for benefit issuance. Also need to enter Event 172: Initial Case Type Assignment, with the value 09: Child of Title IV-E Parent and Event 338: FCM/AA Payment Authorization.

## **EVENT 396: PARENT/CHILD REFERENCE NUMBER**

**Purpose:** This Client Event documents the link between the minor parent and the child.

**Usage:** This Client Event is entered on the minor parent's record to link the minor parent to the child.

- Event Date:** The event date is the date the event is entered.
- Elements:** Element for Event 396: Parent/Child Reference Number is (1) Child's FC Number.
1. Child's FC Number: The Title IV-E Number of the child.
- Connectedness:** None.

## **EVENT 348: HMO ENROLLMENT**

- Purpose:** This Client Event documents the Agency enrolled the child in an HMO.
- Usage:** This Client Event is entered when the HMO has notified the Agency of the acceptance of the application for enrollment.
- Event Date:** The event date is the date the Agency has received notice from the HMO of acceptance of enrollment.
- Elements:** Element for Event 348: HMO Enrollment is (1) HMO Name.
1. HMO Name: The name of the HMO designated to be the medical care provider.  
Values for HMO Name **OPEN**:
    - 01 CareSource/DAHP: Franklin
    - 02 CareSource/DAHP: Cuyahoga
    - 09 Renaissance HMO: Summit
    - 10 Family Health Plan: Lucas
    - 11 Renaissance HMO: Cuyahoga
    - 30 CareSource/DAHP: Montgomery
    - 52 Paramount Health Care: Lucas
    - 60 SuperMed HMO: Cuyahoga
    - 67 QualChoice Health Plan: Cuyahoga
    - 70 CareSource/DAHP: Hamilton
    - 72 HMO HealthOhio: Lucas
    - 74 SummaCare: Summit
    - D1 CareSource/DAHP: Greene
    - D2 CareSource/DAHP: Clark

D4 CareSource/DAHP: Pickaway  
D5 CareSource/DAHP: Summit  
D9 CareSource/DAHP: Butler  
F0 Genesis Health Plan of Ohio Inc: Lorain  
F5 Paramount Health Care: Wood  
F6 Care/Source DAHP: Lorain  
F7 Care/Source DAHP: Stark  
F8 Care/Source DAHP: Clermont  
F9 Care/Source DAHP: Warren  
G0 Renaissance HMO: Lorain

Values for HMO Name **CLOSED:**

03 Health Power HMO: Franklin  
04 DayMed HMP, Inc/Health Choices: Franklin  
05 UHC of Ohio/Medplan: Franklin  
06 DayMed HMP, Inc/Health Choices: Summit  
07 DayMed HMP, Inc/Health Choices: Cuyahoga  
08 Health Power HMO: Montgomery  
12 Genesis Health Plan: Mahoning  
13 Genesis Health Plan: Cuyahoga  
14 Genesis Health Plan: Summit  
15 DayMed HMP, Inc/Health Choices (THC): Montgomery  
16 Magnacare Health Plan: Hamilton  
17 HealthAmerica Pennsylvania Inc: Mahoning  
18 HealthAmerica Pennsylvania Inc: Summit  
19 Lincoln National Health Plan: Hamilton  
20 University Health Plan: Hamilton  
21 HMO HealthOhio: Marion  
22 HMO HealthOhio (MMO): Butler  
23 Personal Physician Care: Cuyahoga  
24 Total Health Care Plan: Cuyahoga  
25 HMO HealthOhio: Pickaway  
26 HMO HealthOhio: Montgomery  
27 HMO HealthOhio: Miami  
28 Personal Physician Care: Mahoning  
31 Total Health Care Plan: Franklin

- 32 Total Health Care Plan: Hamilton
- 33 Total Health Care Plan: Mahoning
- 34 Total Health Care Plan: Summit
- 35 Health Power HMO: Hamilton
- 36 UHC of Ohio/Medplan: Stark
- 37 UHC of Ohio/Medplan: Clark
- 38 Magnacare Health Plan: Butler
- 39 UHC of Ohio/Medplan: Trumbull
- 40 Humana Health plan of Ohio: Pickaway
- 41 Humana Health Plan of Ohio: Clermont
- 42 UHC of Ohio/Medplan: Pickaway
- 43 Choice Care/Special Health: Butler
- 45 Family Health Plan: Wood
- 46 Physician Health Plan: Madison
- 49 DayMed HMP, Inc/Health Choices (THC): Greene
- 50 Personal Physician Care: Summit
- 51 HMO HealthOhio (MMO): Hamilton
- 53 DayMed HMP, Inc/Health Choices: Hamilton
- 54 Personal Physician Care: Franklin
- 55 Personal Physician Care: Lorain
- 56 SuperMed HMO: Summit
- 57 SuperMed HMO (MMO): Trumbull
- 58 SuperMed HMO (MMO): Stark
- 59 SuperMed HMO: Lorain
- 61 UHC of Ohio/Medplan: Marion
- 62 UHC of Ohio/Medplan: Hamilton
- 63 UHC of Ohio/Medplan: Greene
- 64 UHC of Ohio/Medplan: Montgomery
- 65 UHC of Ohio/MedPlan: Cuyahoga
- 66 DayMed HMP, Inc/Health Choices (THC): Clark
- 68 Health Power HMO: Butler
- 71 HMO HealthOhio (MICO): Wood
- 73 HMO Health Ohio: Franklin
- 75 Personal Physician Care: Lucas
- 80 UHC of Ohio Inc. (ABC): Cuyahoga
- 81 UHC of Ohio Inc. (ABC): Cuyahoga

82 UHC of Ohio Inc. (ABC): Cuyahoga  
83 UHC of Ohio Inc. (ABC): Cuyahoga  
84 UHC of Ohio Inc. (ABC): Cuyahoga  
85 UHC of Ohio Inc. (ABC): Cuyahoga  
86 UHC of Ohio Inc. (ABC): Cuyahoga  
87 UHC of Ohio Inc. (ABC): Cuyahoga  
88 InHealth Inc (ABC): Franklin  
89 InHealth Inc (ABC): Franklin  
90 InHealth Inc (ABC): Franklin  
91 InHealth Inc (ABC): Franklin  
92 InHealth Inc (ABC): Franklin  
93 InHealth Inc (ABC): Franklin  
94 InHealth Inc (ABC): Franklin  
95 InHealth Inc (ABC): Franklin  
98 Dayton Area Health Plan GA/DA: Montgomery  
99 HMO HealthOhio (ABC): Hamilton  
A0 HMO HealthOhio (ABC): Hamilton  
A1 HMO HealthOhio (ABC): Hamilton  
A2 HMO HealthOhio (ABC): Hamilton  
A3 HMO HealthOhio (ABC): Hamilton  
A4 HMO HealthOhio (ABC): Hamilton  
A5 HMO HealthOhio (ABC): Hamilton  
A6 HMO HealthOhio (ABC): Hamilton  
A7 Butler Health Plan: Butler  
A8 HealthAmerica Pennsylvania Inc: Cuyahoga  
A9 Health Power HMO: Mahoning  
B0 Health Power HMO: Cuyahoga  
B1 SuperMed HMO (MMO): Mahoning  
B2 Total Health Care Plan: Butler  
B3 UHC of Ohio/Medplan: Summit  
B4 UHC of Ohio/Medplan: Mahoning  
B5 Columbus Health Plan (ABC) A (DAHP): Franklin  
B6 Columbus Health Plan (ABC) B (DAHP): Franklin  
B7 Columbus Health Plan (ABC) C (DAHP): Franklin  
B8 Columbus Health Plan (ABC) D (DAHP): Franklin  
B9 Columbus Health Plan (ABC) E (DAHP): Franklin

C0 Columbus Health Plan (ABC) F (DAHP): Franklin  
C1 Columbus Health Plan (ABC) G (DAHP): Franklin  
C2 Columbus Health Plan (ABC) H (DAHP): Franklin  
C3 Cuyahoga Health Plan (ABC) H (DAHP): Cuyahoga  
C4 Cuyahoga Health Plan (ABC) G (DAHP): Cuyahoga  
C5 Cuyahoga Health Plan (ABC) F (DAHP): Cuyahoga  
C6 Cuyahoga Health Plan (ABC) E (DAHP): Cuyahoga  
C7 Cuyahoga Health Plan (ABC) D (DAHP): Cuyahoga  
C8 Cuyahoga Health Plan (ABC) C (DAHP): Cuyahoga  
C9 Cuyahoga Health Plan (ABC) B (DAHP): Cuyahoga  
D0 Cuyahoga Health Plan (ABC) A (DAHP): Cuyahoga  
D3 Columbus Health Plan (DAHP): Marion  
D6 Cuyahoga Health Plan (DAHP): Mahoning  
D7 Personal Physician Care: Stark  
D8 Personal Physician Care: Trumbull  
E0 Cincinnati Health Plan (ABC) A (DAHP): Hamilton  
E1 Cincinnati Health Plan (ABC) B (DAHP): Hamilton  
E2 Cincinnati Health Plan (ABC) C (DAHP): Hamilton  
E3 Cincinnati Health Plan (ABC) D (DAHP): Hamilton  
E4 Cincinnati Health Plan (ABC) E (DAHP): Hamilton  
E5 Cincinnati Health Plan (ABC) F (DAHP): Hamilton  
E6 Cincinnati Health Plan (ABC) G (DAHP): Hamilton  
E7 Cincinnati Health Plan (ABC) H (DAHP): Hamilton  
E8 SummaCare: Stark  
E9 Mediplan/Primetime (AHF): Stark  
F1 Total Health Care Plan: Lorain  
F2 Total Health Care Plan: Stark  
F3 Total Health Care Plan: Trumbull  
F4 Dayton Area Health Plan: Miami

**Connectedness:** None.

## **EVENT 352: HMO DISENROLLMENT**

- Purpose:** This Client Event documents the Agency is terminating the child's enrollment in an HMO.
- Usage:** This Client Event is entered when the HMO notifies the Agency of the receipt of the disenrollment form terminating the child's enrollment in an HMO.
- Event Date:** The event date is the date the Agency terminates enrollment of the child from the HMO. This date should be **one (1) day prior to Event 358: Termination of Medicaid Eligibility.**
- Elements:** Not Applicable.
- Connectedness:** None.

## **EVENT 342: FCM/AA PAYMENT AUTHORIZATION TERMINATION**

- Purpose:** This Client Event documents a redetermination has been made by an Agency determining that a child is no longer financially reimbursable for FCM or AA payments; or that the most recent AA agreement does not authorize maintenance payments.
- Usage:** This Client Event is entered when a child, who had previously been determined to be eligible and reimbursable, no longer meets the reimbursable criteria.
- For AA children, this event is entered when the child loses AA eligibility, or when AA agreements are terminated.
- Event Date:** The event date is the effective date of payment termination.
- Elements:** Not Applicable.
- Connectedness:** None.

## **EVENT 358: TERMINATION OF MEDICAID ELIGIBILITY**

- Purpose:** This Client Event documents the Agency has determined that the child is no longer eligible for coverage for Medicaid through the Title IV-E FCM and AA program eligibility.

- Usage:** This Client Event is entered when a Title IV-E child's Medicaid Eligibility is terminated (FCM or AA financial reimbursability is lost).
- Event Date:** The event date is the effective date of termination. This date should be **one (1) day after Event 352: HMO Disenrollment.**
- Elements:** Element for Event 358: Termination of Medicaid Eligibility is (1) Reason.
1. Reason: The reason Medicaid coverage is canceled.  
Values for Reason:
    - 01 Custody Terminated (FCM only)
    - 02 Loss of FCM Financial Reimbursability
    - 03 Age
    - 04 Death of Child
    - 05 Child's Placement Out-of-State
    - 88 Other
- Connectedness:** None.

## **EVENT 126: TITLE XIX MEDICAID APPLICATION PROVIDED**

- Purpose:** This Client Event documents that the Agency has provided the adoptive parent with the necessary forms to apply for Title XIX Medicaid. These forms include the ODJFS 01615, "State Adoption Subsidy Agreement"; ODJFS 01449, "Determination of Special Needs for Medical, Mental Health and Rehabilitative Care" and the ODJFS 07100. "Common Application Form".
- Usage:** This Client Event is entered for adopted children who are eligible to receive Title XIX Medicaid Benefits. These children are **not** receiving Title IV-E Adoption Assistance Medicaid.
- Event Date:** The event date is the date the Agency provided the application materials to the adoptive parents.
- Elements:** Not Applicable.
- Connectedness:** None.

**EVENT 350: FCM FACILITY AUTHORIZATION TERMINATION**

**Purpose:** This Client Event documents the child is no longer placed in the 1925 Facility.

**Usage:** This Client Event is entered when a child is no longer placed in the 1925 Facility.

This event will need to be entered any time the 1925 Facility changes or the child is permanently removed from the 1925 system.

**Event Date:** The event date is the date the event is entered.

**Elements:** Not Applicable.

**Connectedness:** None.

**EVENT 204: FCM REIMBURSABILITY TERMINATED**

**Purpose:** This Client Event documents the child loses Title IV-E reimbursability.

**Usage:** This Client Event is entered when the child is no longer Foster Care Maintenance (FCM) reimbursable.

**Event Date:** The event date is the date that the Agency determines that the child is no longer reimbursable.

**Elements:** Element for Event 204: FCM Reimbursability Terminated is (1) Effective Date.

1. Effective Date: The date that the child is no longer reimbursable for maintenance payments and medicaid benefits via Title IV-E.  
MM/DD/YYYY

**Connectedness:** None.

**EVENT 344: TERMINATION OF FCM PROGRAM ELIGIBILITY**

- Purpose:** This Client Event documents the child loses the Title IV-E Foster Care Maintenance (FCM) program eligibility.
- Usage:** This Client Event is entered when a child is no longer FCM Program Eligible. When changing from FCM to Adoption Assistance (AA) **do not enter this information until the adoption is finalized.**
- Event Date:** The event date is the date that the Agency determines that the child is no longer program eligible.
- Elements:** Element for Event 344: Termination of FCM Program Eligibility is (1) Reason.

1. Reason: The reason the child lost Title IV-E FCM program eligibility.

Values for Reason:

- 01 Custody Termination
- 02 Child Over 18 and Not in School
- 03 Child Over 19
- 04 Death of Child
- 05 Adoption Finalized
- 88 Other\*

\*This value is used to document the termination of FCM reimbursability due to the Agency not receiving the Judicial Determination Reasonable Efforts Required/Not Required within 60 days from Initial Custody (for children is Agency custody).

**Connectedness:** None.

## **EVENT 362: ADOPTION ASSISTANCE APPLICATION**

- Purpose:** This Client Event documents the Agency has determined eligibility for Title IV-E Adoption Assistance.
- Usage:** This Client Event is entered when the Agency has determined eligibility for Title IV-E Adoption Assistance. The prospective adoptive parents must apply for Title IV-E Adoption Assistance to the Agency holding permanent custody of the child. If the child is in the permanent custody of a PCPA, application must be for AA in the county where the PCPA is located. In the case of a specified relative petitioning to adopt a child who is not in the custody of an Agency, application shall be made to the Agency in the county in which the relative is petitioning to adopt. A separate Title IV-E Adoption Assistance Application (ODJFS 01451) is submitted for each child. **Adoption Assistance (AA) Events must be dated one day after Foster Care**

**Maintenance (FCM) termination Events.**

- Event Date:** The event date is the date the Title IV-E Adoption Assistance Application (ODJFS 01451) is signed.
- Elements:** Elements for Event 362: Adoption Assistance Application are (1) Effective Date, (2) Projected Ending Date, and (3) Adoption Petition Date.
1. Effective Date: The date the Title IV-E Adoption Assistance payments may begin.  
MM/DD/YYYY
  2. Projected Ending Date: The date specified in the Adoption Assistance program 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.  
MM/DD/YYYY
  3. Adoption Petition Date: The date the prospective adoptive parents filed a petition with the Probate Court requesting the legal adoption of the child.  
MM/DD/YYYY
- Connectedness:** None.

**EVENT 366: SSI BENEFITS ELIGIBLE**

- Purpose:** The Client Event documents the child is eligible for SSI at the time the adoption petition is filed with the court.
- Usage:** This Client Event is entered to indicate that the child is receiving SSI benefits during the month that the petition for adoption is filed with the Probate Court. If the child receives SSI benefits during the month that the petition for adoption is filed with the Probate Court, the child does not need to meet the ADC Relatedness requirement for Title IV-E eligibility.
- Event Date:** The event date is the date that the Title IV-E Adoption Assistance Application (ODJFS 01451) is signed.
- Elements:** Not Applicable.
- Connectedness:** None.

## EVENT 368: ADOPTION ASSISTANCE SPECIAL NEEDS

**Purpose:** This Client Event documents the child's special needs.

**Usage:** This Client Event must be entered for every child in a Finalized Adoptive Placement.

When values between 01-12 are entered, this Client Event indicates the Agency has determined that the child cannot be placed with appropriate adoptive parents without the provision of Adoption Assistance (AA) because of a specific factor or condition relating to the child.

This Client Event indicates the "special needs" conditions or factors that exist for AA eligibility and reflects the determination by the Agency of the existence of Adoption Assistance Special Needs as recorded on the Adoption Assistance Application (ODJFS 01451).

This Client Event is **required** for Title IV-E Adoption Assistance benefit issuance.

When value 13 is entered, this Client Event indicates that a child does not have any identifiable special needs.

**Event Date:** The event date is the date that the Agency makes a determination regarding identified special needs and must be one day after Foster Care Maintenance (FCM) Events are terminated.

**Elements:** Element for Event 368: Adoption Assistance Special Needs is (1-6) Type.

1-6.Type: Identifies the factor or condition which leads the Agency to conclude that the child cannot be placed with appropriate adoptive parent(s) without provision for Adoption Assistance. Also identifies if there is no special need identified. This element may be used 6 (six) times. This Element may be used six (6) times. If less than six reasons have been selected, enter value 99 - Not Applicable to assure that each of the six elements has a value.

Values for Type:

- 01 Age
- 02 Minority Group
- 03 Ethnic Background
- 04 Sibling Group
- 05 Medical Condition
- 06 Physical Disability
- 07 Mental Disability

- 08 Emotional Disability
- 09 Emotional Attachment to Foster Parent(s)
- 10 At Risk
- 11 Visual Impairment
- 12 Hearing Impairment
- 13 No Identified Special Needs
- 99 Not Applicable

**Connectedness:** None.

## **EVENT 370: AA INITIAL DETERMINATION**

**Purpose:** This Client Event documents the Agency has determined the child is eligible for Title IV-E Adoption Assistance.

**Usage:** This Client Event indicates the results of the initial determination made by the Agency as a result of the Adoption Assistance application. The Agency must determine if the child is eligible for Title IV-E Adoption Assistance within 30 days of receiving a completed Title IV-E Adoption Assistance Application Form (ODJFS 01451) signed by the prospective adoptive parents and all required documentation. If the child has been determined eligible, the Client Registration Screen **must** be updated with the AA number. (If child has been determined ineligible, the county may assign a number and then update the Client Registration Screen).

**Event Date:** The event date is the date the Agency signs the Adoption Assistance Application (ODJFS 01451).

**Elements:** Elements for Event 370: AA Initial Determination are (1) Results and (2) Effective Date.

1. Results: The Agency 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.

Values for Results:

- 01 Medicaid Only\*
- 02 Both Medicaid and Assistance
- 03 Ineligible

\*Only to be used for Out-of-State AA children placed in Ohio.

2. Effective Date: The date that the conditions of eligibility were met or not met is the Effective Date. This becomes the begin date for AA payments. The date on or after the Adoption Assistance Agreement is signed is the Effective Date for values 01-Medicaid Only or 02: Both Medicaid and Assistance.  
MM/DD/YYYY

**Connectedness:** None.

## **EVENT 372: ADOPTION ASSISTANCE PAYEE NAME**

**Purpose:** This Client Event documents the name of the adoptive parent designated to receive the AA warrant.

**Usage:** This Client Event is entered to produce an Adoption Assistance warrant. **Do not forget to modify the Child's Client Registration Screen with the address of the adoptive parent(s). This will ensure the medical card and the AA check will be mailed to the appropriate address.**

**Event Date:** The event date is the date the Adoption Assistance Agreement is signed.

**Elements:** Elements for Event 372: Adoption Assistance Payee Name are (1) Payee Last Name and (2) Payee First Name.

1. Payee Last Name: The last name of the adoptive parent designated to receive the AA warrant (maximum length is 15 characters).
2. Payee First Name: The first name of the adoptive parent designated to receive the AA warrant (maximum length is 15 characters).

**Connectedness:** None.

## **EVENT 374: AA ELECTRONIC FUNDS TRANSFER REQUESTED**

**Purpose:** This Client Event documents the adoptive parents have requested that the AA payment be electronically transferred to their bank account.

**Usage:** This Client Event is entered when an AA recipient requests that the AA payment be made using Electronic Funds Transfer

(EFT) rather than via warrant.

If account information changes, must enter Event 390: AA Electronic Funds Transfer Termination and then a new Event 374: Electronic Funds Transfer Requested.

**Event Date:** The event date is the date the recipient makes the request.

**Elements:** Elements for Event 374: AA Electronic Funds Transfer Requested are (1) Effective Date, (2) Type of Account, (3) Bank Routing Number, and (4) Account Number.

1. Effective Date: The date the electronic funds transfer (EFT) should begin.  
MM/DD/YYYY
2. Type of Account: The type of account specified to receive the AA payment.  
Values for Type of Account:  
01 Checking  
02 Saving
3. Bank Routing Number: The nine digit number used to identify the bank that will receive the funds.
4. Account Number: The number of the bank account to which the funds are to be transferred.

**Connectedness:** None.

## **EVENT 378: AA CONTINUING ELIGIBILITY**

**Purpose:** This Client Event documents the results of the review of the criteria for continuing eligibility for Adoption Assistance.

**Usage:** This event is entered when a review of the continuing eligibility criteria for Title IV-E Adoption Assistance process occurs. Continuing eligibility is based on the parent(s) remaining legally responsible for the child, continuing to support the child and the child meeting the age requirements for AA. The review of the continuing eligibility criteria is to be conducted at least annually. This occurs 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 value 01-Medicaid Only or value 02-Both Medicaid and Assistance Eligible in Event 370: AA Initial Determination.

**Event Date:** The event date is the date that the review of the continuing eligibility criteria is conducted.

**Elements:** Element for Event 378: AA Continuing Eligibility is (1) Results.

1. Results: The Agency determines that the child is either eligible or ineligible for the continuation of Title IV-E Adoption Assistance.

Values for Results:

- 01 Eligible
- 02 Ineligible\*

\*Must enter Event 392: Adoption Assistance Termination if value 02-Ineligible has been selected.

**Connectedness:** None.

## **EVENT 390: AA ELECTRONIC FUNDS TRANSFER TERMINATION**

**Purpose:** The Client Event documents the adoptive parents request termination of the Electronic Funds Transfer (EFT).

**Usage:** This Client Event is entered to indicate the EFT has been terminated or the bank account information has changed or is incorrect.

**Event date:** The event date is the date the Agency makes the request.

**Elements:** Element for Event 390: AA Electronic Funds Transfer Termination is (1) Effective Date.

1. Effective Date: The date the Agency requests the termination of the transfer to take effect. This date should be the first day of the month.  
MM/DD/YYYY

**Connectedness:** None.

## **EVENT 392: ADOPTION ASSISTANCE TERMINATION**

**Purpose:** This Client Event documents the Adoption Assistance has been terminated.

- Usage:** This Client Event is entered when the Adoption Assistance agreement is terminated. Adoption Assistance terminates when the conditions for continuing eligibility specified on the Adoption Assistance agreement are no longer met, the Adoption Assistance agreement expires without being renewed, or the adoptive parents request termination of Adoption Assistance.
- Event Date:** The event date is the date the Agency makes the determination that the Adoption Assistance agreement will be terminated.
- Elements:** Elements for Event 392: Adoption Assistance Termination are (1) Effective Date and (2) Reason.
1. Effective Date: The date that the child is no longer eligible for AA payments (generally the first day of the month following the determination that a valid reason for termination exists).  
MM/DD/YYYY
  2. Reason: The reason the adoption assistance is being terminated.  
Values for Reason:
    - 01 Adoptive Parents Request
    - 02 Expired Without Modification
    - 03 Adoptive Parent Surrender
    - 04 Prospective Adoptive Parents Surrender
    - 05 Agency Removes Child
    - 06 Continuing Eligibility Criteria
    - 07 Child Death
    - 08 Parent Death

**Connectedness:** None.

## **EVENT 328: SOURCES OF SUPPORT**

**Purpose:** This Client Event documents the sources of support that are received for the care of the child.

**Usage:** This Client Event must be entered for all children in substitute care receiving support other than or in addition to Title IV-E. This includes all Title IV-E Waiver Children.

Enter a separate instance of this event for each type of support that a child receives of the noted values. (A child's record can have multiple Event 328: Sources of Support for the same time period).

If the source of support is Child Support and there is no payment (it is in arrearage), **do not** enter this event to indicate such.

**Elements:** Elements for Event 328: Sources of Support are (1) Sources of Support and (2) Effective Date.

1. Sources of Support: Indicates the specific type of source of support the child is receiving.

Values for Sources of Support:

- 01 Title IV-A (OWF)
- 02 Title IV-D (Child Support)
- 03 Title XIX - Medicaid (Covered Families and Children)
- 04 Title XVI (SSI)
- 05 Other Social Security (SSA)
- 13 Other

The following values may be utilized at a county's discretion to track the sources of support for a child. If a county elects not to utilize values 06-12, then the following sources of support should be entered as value 13-other.

Value for Sources of Support:

- 06 Department of Veterans Affairs benefits
- 07 Railroad Retirement Board (RRS) Survivors benefits
- 08 Black Lung benefit
- 09 State Adoption Maintenance Subsidy (SAMS) payments
- 10 Title IV-E Waiver County payments
- 11 State Funds
- 12 County Funds

2. Effective Date: The effective date is the date that the child first received that source of support, upon entering the custody of the Agency. (There is no need to research to determine dates prior to Agency custody).  
MM/DD/YYYY

**Connectedness:** If a source of support is terminated, Event 272: Termination of Sources of Support **must** be entered.

## **EVENT 272: TERMINATION OF SOURCES OF SUPPORT**

**Purpose:** This Client Event documents the child is no longer receiving the source of support identified.

**Usage:** This Client Event is entered when the child is no longer receiving the source of support identified in Event 328: Sources of Support and when custody of the child has been terminated or the case has been closed. Enter a separate Event 272: Termination of Sources of Support for each source of support identified in Event 328: Sources of Support.

**Event Date:** The event date is the effective date of termination of the sources of support or termination of custody.

**Elements:** Elements for Event 272: Termination of Sources of Support are (1) Sources of Support and (2) Effective Date.

1. Sources of Support: Indicates the specific type of source of support the child is receiving.

Values for Sources of Support:

- 01 Title IV-A (OWF)
- 02 Title IV-D (Child Support)
- 03 Title XIX - Medicaid (Covered Families and Children)
- 04 Title XVI (SSI)
- 05 Other Social Security (SSA)
- 13 Other

The following values may be utilized at a county's discretion to track the sources of support for a child. If a county elects not to utilize values 06 - 12, then the following sources of support should be entered as value 13-other.

Values for Sources of Support:

- 06 Department of Veterans Affairs benefits
- 07 Railroad Retirement Board (RRS) Survivors benefits
- 08 Black Lung benefit
- 09 State Adoption Maintenance Subsidy (SAMS) payments
- 10 Title IV-E Waiver County payments
- 11 State Funds
- 12 County Funds

2. Effective Date: The date that the child stops receiving the source of support.  
MM/DD/YYYY

**Connectedness:** None.

**EVENT 354: NON TITLE IV-E AMOUNT OF FOSTER CARE OR ADOPTIVE PAYMENT**

**Purpose:** This Client Event documents the total payment amount of **all Non Title IV-E recurring per diem amounts** that the Agency pays on behalf of the child in it's custody.

**Usage:** This event is to be entered for **all children in the care of a ProtectOHIO Waiver county** to capture **all** recurring per diem amounts that the Agency pays on behalf of the child. This Client Event is used to report the total payment amount of **all Non Title IV-E recurring per diem amounts** that the Agency pays on behalf of the child in it's custody. The per diem may include, but is not limited to, State Adoption Maintenance Subsidy (SAMS) payments and recurring Kinship Care payments. Title IV-E funds utilized by ProtectOHIO Waiver counties are not child-specific and should therefore be entered in this event.

**Funds that are not entered on this client event are Title IV-E Foster Care Maintenance per diems and AA payments that are not required to be entered in Event 338: FCM/AA Payment Authorization or through the ODJFS 01925.** These amounts already include the Title IV-E federal funding and required match funding. These amounts will be extracted from FACSIS and should **not** be duplicated in this event.

This client event is to be entered each time the recurring per diem amount changes. If the child remains in Agency custody, but the amount is reduced to zero, the Agency should enter \$00.00 as the value.

It is not necessary to terminate this event when a child leaves Agency custody. Funds that are non-recurring service costs that fluctuate monthly and are not dedicated to covering the recurring per diem amount for the **maintenance** of a child in Agency custody should **not** be entered. **Enter the total recurring per diem rate paid on behalf of the child.**

**Event Date:** The event date is the date of placement regardless of placement type.

**Elements:** Element for Event 354: Non Title IV-E Amount of Foster Care or Adoptive Payment is (1)Per Diem Rate.

1. Per Diem Rate: The net per diem maintenance payment that has been contracted to be provided to the family foster home provider or adoptive family that is not required to be entered in Event 338: FCM/AA Payment Authorization or through the ODJFS 01925.

**Connectedness:** None.