



Cuyahoga County
Together We Thrive

Medicaid Overview

Understanding Eligibility and How to Access Services

June 2022

*Cuyahoga Job and Family Services
Public Benefits & External Relations*



- I. Medicaid Policy:** Understand eligibility
- II. Access:** Accessing services
- III. Best Practices:** Understanding the process



Note: Solely meeting the eligibility criteria in this presentation does not guarantee approval for these public benefit programs.



Session Objectives

- Share information with county residents on the available Medicaid programs
- Explain the relevance of questions during the Medicaid application process
- Provide assistance to customers to increase ease of access to public benefit services



CUYAHOGA COUNTY HEALTH AND HUMAN SERVICES

HHS Mission Statement

Transforming lives at every age and stage through collaboration, innovation, and service; connecting people with the opportunity to live their best lives.

CJFS Organizational Purpose

Cuyahoga Job and Family Services promotes economic self-sufficiency and personal responsibility for families and individuals by timely and accurately determining eligibility for a range of quality services that include Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Medicaid, Prevention, Retention, and Contingency (PRC), Child Care Assistance, and Work Programs, in accordance with Federal, State, and County regulations. This is accomplished by dedicated staff with a strong focus on customer service, and through the cultivation and strengthening of community partnerships.



Medicaid Programs



SSI Recipient

- Must be in receipt of at least \$1 of Supplemental Security Income (SSI)

Modified Adjusted Gross Income (MAGI)

- Parents/Caretaker relatives of a dependent child
- Pregnant women
- Children including Birth up to age 19
- Individuals Aged 19 through 64

Categorically Needy or Aged, Blind, and Disabled (ABD)

- Aged Individuals - 65 and older
- Disabled Individuals
- Blind Individuals

Medicaid Buy-In for Workers with Disabilities (MBIWD)

- Working Disabled Individuals

Specialized Recovery Services (SRS)

- Mental Illness and Chronic Conditions

Medicare Premium Assistance Programs (MPAP)

- Medicare Recipients

Medicaid Program Non-Financial Eligibility



- Be an Ohio resident
- Have or will get a Social Security number
- Be a United States citizen or meet satisfactory immigration status
- Disclose third-party coverage
- Acceptance of available income (SSI, Social Security, Unemployment, etc.)
- Cooperation with the Office of Child Support Services

**Non-U.S. citizens may be eligible for
Alien Emergency Medical Assistance or Refugee Medical Assistance.**

Supplemental Security Income (SSI) Recipient Medicaid



- Supplemental Security Income (SSI) beneficiaries are automatically enrolled on Medicaid as an SSI recipient
 - Must receive at least \$1 in SSI
 - No financial budget
 - No resource budget
- Medicaid effective date is based on their SSI payment begin date
 - Retroactive eligibility can be explored

Modified Adjusted Gross Income (MAGI)

Medicaid



- This Medicaid category is for children, families, and individuals.
- Eligibility is determined from tax filing status information and gross taxable income.
- Income guidelines are based on the MAGI category for an individual and the number of people in their Medicaid household:
 - Parents/Caretaker relatives of a dependent child - 90% FPL
 - Pregnant women - 200% FPL
 - Children including Birth up to age 19 with other insurance - 156% FPL
 - Children including Birth up to age 19 with no other insurance - 206% FPL
 - Individuals Aged 19 through 64 - 133% FPL (If no Medicare is received)

MAGI Medicaid



Below is a chart showing the 2022 standards for MAGI Medicaid eligibility:

| Medicaid HH Size | Parents & Caretakers | Expansion Adults | Children with Insurance | Pregnant Women | Children without Insurance |
|-----------------------------|-------------------------------------|-----------------------------|--|---------------------------|---|
| 1 | \$1,020 | \$1,507 | \$1,767 | \$2,265 | \$2,233 |
| 2 | \$1,374 | \$2,030 | \$2,381 | \$3,052 | \$3,144 |
| 3 | \$1,728 | \$2,553 | \$2,994 | \$3,839 | \$3,954 |
| 4 | \$2,082 | \$3,076 | \$3,608 | \$4,625 | \$4,764 |
| 5 | \$2,436 | \$3,599 | \$4,222 | \$5,412 | \$5,575 |
| 6 | \$2,790 | \$4,122 | \$4,835 | \$6,199 | \$6,385 |
| 7 | \$3,144 | \$4,646 | \$5,449 | \$6,987 | \$7,195 |
| 8 | \$3,498 | \$5,169 | \$6,062 | \$7,772 | \$8,005 |

Aged, Blind, and Disabled (ABD) Medicaid



- This category of Medicaid is for individuals that meet a limiting physical factor and are not eligible for a MAGI category of Medicaid:
 - Aged - 65 years or older
 - Blind
 - Disabled
- Resources or assets must be verified and within the limit:
 - Individuals - \$2,000
 - Couples - \$3,000
- Income must be at or below the standard:
 - Individual - \$841
 - Couple - \$1,261

Medicaid Buy-in For Workers With Disabilities (MBIWD)



- Ohio Medicaid program that provides health care coverage to working individuals with disabilities
- Full Medicaid coverage for individuals meeting the criteria below:
 - 16-64 years old;
 - Disabled according to the Social Security Administration or as determined by Ohio Medicaid; and
 - Employed in paid work (part-time or full-time)
 - At or below the 2022 Resource limit = \$13,233
 - Has gross income at or below 250% of FPL – currently \$2,832
 - Pay monthly premium, if applicable
 - If gross income is at or below 150% of FPL = no premium
 - If gross income is above 150% of FPL = ***premium***

Specialized Recovery Services (SRS)

Medicaid



Individuals who have been diagnosed with serious and persistent mental illness (SPMI) or certain diagnosed chronic conditions may be eligible for the SRS program.

The individual must meet the following eligibility criteria:

- Be at least 21 years old
- Have a diagnosis of SPMI, are actively on the solid or soft transplant waiting list or have a diagnosed chronic condition
- Be determined disabled by SSA and in receipt of SSI or SSDI
- Need help with activities such as medical appointments and living skills
- Cannot live in a nursing facility, hospital, or similar setting

SRS Qualifying Conditions



Severe and Persistent Mental Illness (SPMI)

- Psychotic disorders with hallucinations or delusions
- Schizophrenia
- Bipolar disorder
- Major depressive and mood disorders
- Obsessive-compulsive disorder
- Post-traumatic stress disorder
- Borderline Personality Disorder

Diagnosed Chronic Conditions (DCC)

- Certain malignancies
- HIV/Aids or immune deficiencies
- End state renal disease (ESRD)
- Sickle cell anemia
- Cystic Fibrosis
- Hemophilia
- Previous transplant
- Active on the solid organ or soft tissues transplant waiting list

Full list of SRS qualifying conditions:

<https://medicaid.ohio.gov/resources-for-providers/special-programs-and-initiatives/srs/srs>

SRS Program Benefits



What benefits are offered through the SRS program?

- Full Medicaid coverage
 - Includes additional mental health services
- Recovery Management
 - Development of a comprehensive plan of care
- Individualized Placement and Support – Supported Employment (IPS-SE)
 - Assistance finding employment, if interested
 - Ongoing support to successfully maintain employment
- Peer Recovery Support
 - Assist individuals with recovery goals from others with similar life experiences

What's the Difference Between Medicaid Programs?

| SSI RECIPIENT | MAGI | AGED, BLIND, AND DISABLED | MBIWD | SRS |
|---|---|--|---|---|
| Two categories of eligibility (SSI Recipient -Aged and SSI Recipient Disabled) | Different categories of eligibility (MAGI Child, MAGI Adult, MAGI Parent/Caretaker, etc.) | Eligibility is based on three categories based on limiting physical factor (Categorically Needy - Aged, Blind or Disabled) | Must be disabled and working | Must be diagnosed with serious and persistent mental illness or an identified chronic condition |
| Automatically eligible for Medicaid if receiving at least \$1 of SSI | Income is based on tax status and how many people are part of the Medicaid household | Income is based on individual or couple standards | Higher income guidelines (up to 250% FPL), based on individual's income - Premium calculation is based on family income | Higher income guidelines (up to 225% FPL), base based on individual's income - No premium |
| Resource eligibility was calculated when determined eligible for SSI - automatic Medicaid eligibility | Resources are not counted for eligibility | Certain resources are counted for eligibility | Certain resources are counted for eligibility | Resources are not counted for higher income thresholds |



Medicare Premium Assistance Programs (MPAP)



Medicare Premium Assistance Program

- Provide coverage of the monthly Medicare premium, deductibles, and co-payments

2022 Resource limit

- Individual \$8,400
- Couple \$12,610

Programs

- Qualified Medicare Beneficiary (QMB): Medicare A & B premiums and co-payments = 100% FPL
- Specified Low-Income Medicare Beneficiary (SLMB) : Medicare B premium = 120% FPL
- Qualified Individual – 1 (QI-1) : Medicare B premium = 135% FPL
- Qualified Disabled Working Individual (QDWI): Medicare A premium = 200% FPL

Applying For MPAP

- Use same paper application as Medicaid (7200) and write in on the application
- Alert JFS during phone call with contact center
- Note the question in the Ohio Benefits Self-Service Portal application that asks if anyone is receiving Medicare.



Next Generation of Managed Care

Member Transition & Enrollment

2022 Member Transition & Enrollment

Update: On April 27th, ODM announced that all 7 MCOs will begin providing healthcare coverage during the last three months of 2022.

Focus on the
INDIVIDUAL
rather than the
business of
managed care

We want to do better for the people we serve

As a part of ODM's transition to and implementation of the next generation program, Medicaid managed care members will have the opportunity to select a plan from one of the seven next generation MCOs and will have the option to change through November 30th.

Note: These changes do **NOT** impact individuals in MyCare Ohio.

Current MCOs remaining in the Next Generation program

Continuing MCOs

- Buckeye Community Health Plan
- CareSource Ohio, Inc.
- Molina Healthcare of Ohio, Inc.
- UnitedHealthcare Community Plan of Ohio, Inc.

MCOs joining the Next Generation Program on July 1, 2022

New MCOs

- AmeriHealth Caritas Ohio, Inc.
- Humana Health Plan of Ohio, Inc.

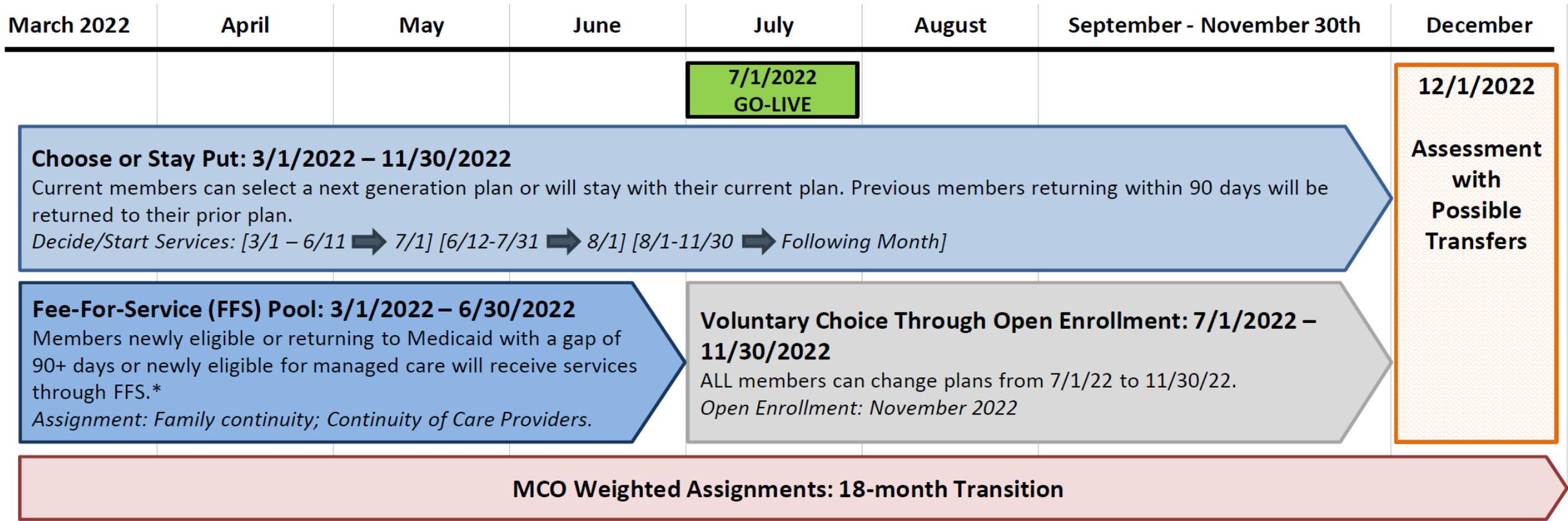
Hybrid MCO

- Anthem Blue Cross and Blue Shield
 - *New SE/E. Paramount regions: W & NE*

Update: On April 27th, ODM announced that all 7 MCOs will begin providing healthcare coverage during the last three months of 2022.

Next Generation of Managed Care

Member Transition & Enrollment | High-Level Timeline



Next Generation of Managed Care

Member Actions

2022 Member Transition & Enrollment

Beginning March 1, 2022, members can choose a next generation managed care plan by:

Note: Standard MCO open enrollment notifications are not planned for this fall because members are being contacted now.



Visiting the Ohio Medicaid Consumer Hotline Portal at <https://members.ohiomh.com>



Contacting the Ohio Medicaid Consumer Hotline at (800) 324-8680

Two Member-Impacting Events

Next Generation Transition & End of the PHE / Resuming Redeterminations

Exciting changes are coming to Ohio Medicaid!
Please update your contact information to stay informed.

In July, we introduce our next generation Ohio Medicaid program, putting **you** in the center of care. Between now and then we'll have lots of news to share that affects you.



What do I need to do?

Follow these steps to update your contact information:

- 1. Gather your most up-to-date information**, which includes your name, home address, mailing address, phone number, and email address. Also, have your social security number or Medicaid case number available to verify your identity.
- 2. Select from three available options** to update your contact information:

Call (844) 640-6446. After selecting the option for your preferred language, you should select option 2 and you will then be prompted to enter your zip code

If you have an existing Self-Service Portal (SSP) account, you can **report changes online at <https://ssp.benefits.ohio.gov>**. After logging in, click the Access my Benefits tile, then click Report a Change to my Case from the drop down and follow the prompts

Contact your County Department of Job and Family Services (CDJFS). You can find your CDJFS by going to the Next Generation of Ohio Medicaid website <https://managedcare.medicaid.ohio.gov/managed-care/managed-care-procurement>

To learn more about the next generation of Ohio Medicaid, please visit managedcare.medicaid.ohio.gov

Communication & Engagement Overview

Unwinding, Managed Care Transition & Implementation and Member Transition & Enrollment

BACKGROUND

Over the next 7 months, Ohio's Medicaid members will face **three critical milestones** in close succession or overlapping in time, each impacting their enrollment in the State's health care program and their ability to take advantage of program improvements slated for July 2022.

- The **unwinding of the Federally Designated Public Health Emergency (PHE)** and reinstatement of eligibility determinations for the entire Medicaid population
- The **transition to and implementation of the next generation of Ohio's Medicaid program**, including five critical strategic initiatives and enhanced services and supports for members
- Member transition enrollment** in spring 2022, during which members will have the opportunity to choose from ODM's next generation managed care plans

THREE-FACETED COMMUNICATIONS & ENGAGEMENT APPROACH

Goals: Reduce confusion and uncertainty among Medicaid managed care members, encourage members to actively select a MCO and respond timely to redetermination notices



Mass & Social Media
A statewide awareness campaign



Community-Based Engagement & Outreach
Personal, high-touch engagement with high-risk and hard-to-reach members



Direct-to-Member / Provider Communications
Communication directly with members in their homes and through their health care networks; directly with providers in their practices and association networks



Member Communications

“Update Your Contact Information” Campaign

Lack of Accurate Member Contact Info. is Critical Gap in Supporting Members Through Events Ahead

Billboard-Type Communications

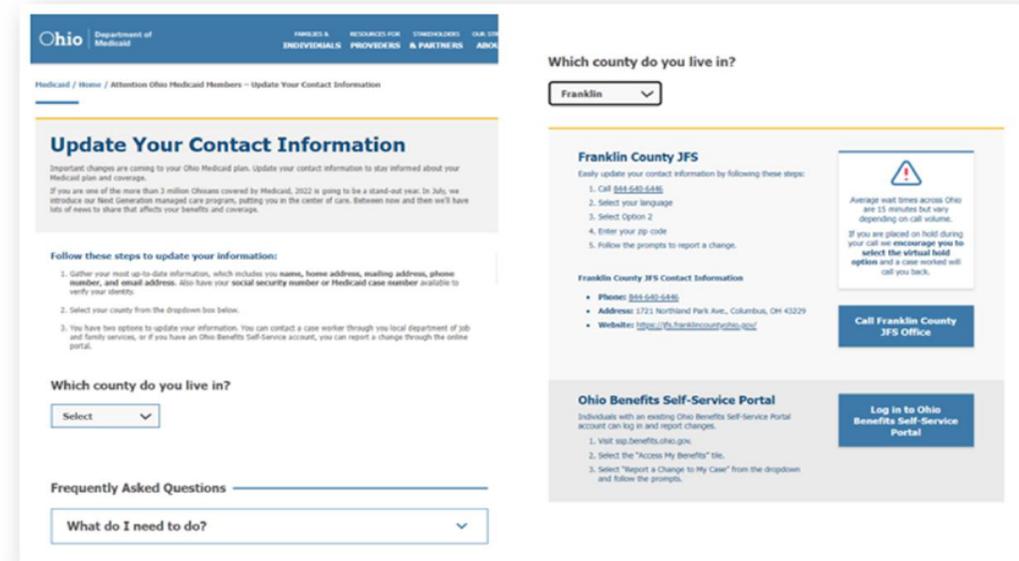
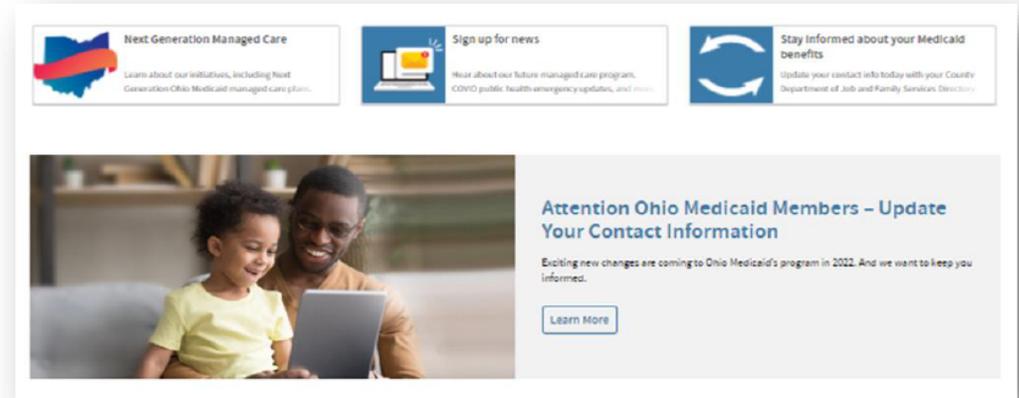
- ODM / Next Gen Websites
- [Attention Ohio Medicaid Members – Update Your Contact Information](#)
- Partner/Stakeholder Awareness
- Social media posts

Audience

- Ohioans served by Medicaid

Call to Action – Two Tracks

- Contact County JFS
- Ohio Benefits Self-Service Portal





**ACCESSING JOB AND FAMILY SERVICES'
ASSISTANCE PROGRAMS**



CJFS Access Online Ohio Benefits Self-Service Portal



www.benefits.ohio.gov

Apply online for:

- **Food Assistance:** Supplemental Nutrition Assistance Program (SNAP)
- **Cash Assistance:** Temporary Assistance for Needy Families (TANF)
 - *Locally the program is called Ohio Works First (OWF)*
- **Medical Assistance:** Medicaid and Medicare Premium Assistance Programs (MPAP)
- **Child Care Assistance**

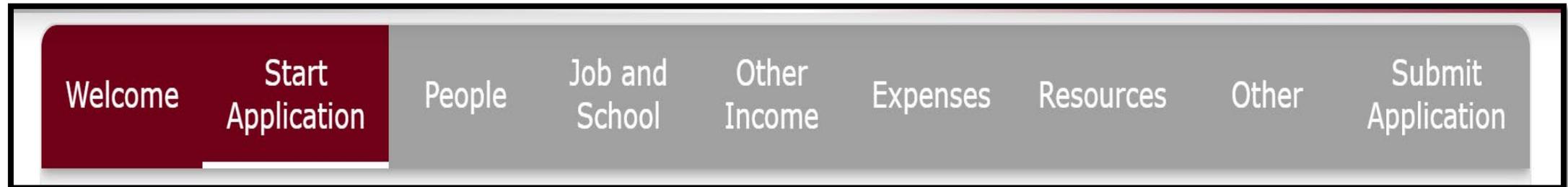
Please Note:

Prevention, Retention, and Contingency (PRC) which is emergency cash assistance still requires a paper application.

Process To Apply Online



1. To apply on the Ohio Benefits Self-Service Portal, a user account must be created.
2. Once the user account is created, the user can apply for CJFS benefit programs.
3. The online application for food, cash and medical assistance programs provides a flow for the applicant to easily answer questions and advance through the process.



4. While progressing through the application, general yes or no questions are asked related to each section. If a yes response is provided, an additional screen to input more details is created.
5. The applicant can upload documents for verification during the application process.
6. Once the application is submitted online, it is sent to the CJFS system to begin the processing.

Filling Out The Application

Ohio Benefits Self-Service Portal



| | Required (Indicated by * in Ohio Benefits) | Preferred |
|----------------------|---|--|
| Food and Cash | Name | Social Security Number |
| | Address | Date of Birth |
| | | Employer/Income Information |
| | | Amount of Child Support Paid Expenses (Shelter, Utility, Dependent) |
| | Signature | Medical Cost (*For disabled and over 60 years old individuals) |
| | | Purchase and Prepare Meals with others in the Household |
| Medical | Name | Tax Status |
| | Address | |
| | Gender | |
| | Date of Birth | |
| | U.S. Citizenship or National | Employer/Income Information |
| | Social Security Number | |
| | Ohio Resident | |
| | Medicare Coverage Expenses | Current Medical Coverage Information |
| | Relationship (If others are in household) | |
| | Does anyone live in a facility? | |
| | Military Service | |
| | Healthchek and PRS Acknowledgement (For children and pregnant women) | |
| | Signature | |

CJFS Access by Phone Eligibility Contact Center



Customers can call the Eligibility Contact Center at 1-844-640-OHIO (6446) to apply and get real-time eligibility, report case changes, and have case questions answered for the following benefit programs:

- **Food Assistance:** Supplemental Nutrition Assistance Program (SNAP)
- **Cash Assistance:** Temporary Assistance for Needy Families (TANF)
 - *Locally the program is called Ohio Works First (OWF)*
- **Medical Assistance:** Community Medicaid, Long-Term Care and Waiver Services, and Medicare Premium Assistance Programs (MPAP)

Monday through Friday - 8:00 am to 4:00 pm

Process to Apply by Phone



1. When calling the Eligibility Contact Center, listen to the prompts carefully and select the option to apply for benefits.
2. Once speaking with an Eligibility Specialist, an application can be completed by answering the questions the Eligibility Specialist asks.
3. During this time, the applicant will listen to a recording of Rights & Responsibilities and state their name for the audio signature.
4. Many times real-time eligibility can be determined on that phone call. If verifications are needed to support the applicant's statements, the applicant will be advised over the phone and a checklist will be sent detailing what is needed and the due date for the documents to be received.

New JFS 7200

This application is for OWF, SNAP, Medicaid and Child Care

APPLICATION FOR SNAP, CASH ASSISTANCE, MEDICAL ASSISTANCE OR CHILD CARE

1. VOTER REGISTRATION APPLICATION ATTACHED - ASSISTANCE AVAILABLE

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

YES, I want to register to vote. NO, I do not want to register to vote.

If you do not check either box, you will be considered to have decided not to register to vote at this time. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

2. CHECK THE BOX FOR EACH PROGRAM YOU WANT TO APPLY FOR. *If you do not check any boxes, we will only review your eligibility for SNAP.*

| | | | |
|-------------------------------|---|--|---|
| <input type="checkbox"/> SNAP | <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> Child Care Assistance | <input type="checkbox"/> Cash Assistance for families with a minor child(ren) or women who are at least 6 months pregnant; or for refugees within 8 months of arrival |
|-------------------------------|---|--|---|

3. Tell us about you *If you are an Authorized Representative, enter information about the person you are applying for.*

| | |
|------------------------------------|--|
| First Name <input type="text"/> | Middle Initial <input type="text"/> |
|------------------------------------|--|

| |
|-----------------------------------|
| Last Name <input type="text"/> |
|-----------------------------------|

| | |
|---|--|
| Do you need any of the following services? <input type="checkbox"/> Large Print Notices <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Interpreter <input type="checkbox"/> Other: <input type="text"/> | What is your preferred language? Spoken: <input type="text"/> Written: <input type="text"/> |
|---|--|

| |
|--|
| Have you, or anyone living with you, ever received SNAP, cash assistance, medical assistance, or child care assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, who: <input type="text"/> Where (City/County/State): <input type="text"/> |

4. Tell us how to reach you. *If you are an Authorized Representative, enter information about the person you are applying for.*



ODM 7216

This application is **ONLY** for Medicaid programs



Application for Health Coverage & Help Paying Costs

ODM 07216 (7/2014)

THINGS TO KNOW



Use this application to see what you qualify for

- Affordable private health insurance plans that offer comprehensive coverage to help you stay well
- A new tax credit that can immediately help pay your premiums for health coverage
- Free or low-cost insurance from Medicaid or the Children's Health Insurance Program (CHIP)



Who can use this application?

- Use this application to apply for anyone in your family.
- Apply even if you or your child already has health coverage. You could be eligible for lower-cost or free coverage.
- If you're single, you may be able to use a short form. Visit HealthCare.gov.
- Families that include immigrants can apply. You can apply for your child even if you aren't eligible for coverage. Applying won't affect your immigration status or chances of becoming a permanent resident or citizen.
- If someone is helping you fill out this application, you may need to complete Appendix C.



Apply faster online

Apply faster online at HealthCare.gov or benefits.Ohio.gov.



What you may need to apply

- Social Security Numbers (or document numbers for any legal immigrants who need insurance)
- Employer and income information for everyone in your family (for example, from paystubs, W-2 forms, or wage and tax statements)
- Policy numbers for any current health insurance
- Information about any job-related health insurance available to your family



Why do we ask for

We ask about income and other information to let you know what

CJFS Access by Email



Medicaid, SNAP and TANF - A fillable application can be downloaded, completed and emailed to CJFS

- Download from <http://www.odjfs.state.oh.us/forms/num/JFS07200/pdf/>
- Email applications and verifications to CJFSDocs@jfs.ohio.gov

Long-Term Care Medicaid

- Case Verifications may be scanned and emailed to SMBC-Documents@jfs.ohio.gov

Prevention, Retention and Contingency – Emergency Assistance Applications

- Download from https://hhs.cuyahogacounty.us/docs/default-source/forms/prcapp.pdf?sfvrsn=6f68a80e_6
- Email applications and verifications to Cuy-PRC-Applications@jfs.ohio.gov

Child Care Assistance – A fillable application can be downloaded, completed and emailed to CJFS

- Download from <http://www.odjfs.state.oh.us/forms/num/JFS01138/pdf>
- Email to: Cuy-Childcare-Assistance@jfs.ohio.gov

NOTE: Please send all verifications as attachments to the email and not in the body of the email. Also, include full name and case number or last four digits of their SSN when sending documents via email.

CJFS Access by Fax



Applications for benefits and verifications can be **faxed** using one of the fax number options below. All fax numbers are routed to our Mail Imaging Processing Center (MIPC).

| | |
|---|----------------|
| (216) 987-7700 | (216) 987-8487 |
| (216) 391-5122 | (216) 881-4416 |
| (216) 961-2630 | (216) 635-2924 |
| <i>PRC and Child Care Only Fax (216) 987-8655</i> | |
| Long-Term Care Fax (216) 987-7016 | |
| Work Programs Fax (216) 987-8974 | |

CJFS Access Using a Safe and Secure Drop Box Neighborhood Family Service Centers



Documents may still be dropped off at several of our locations

- While our lobbies are closed to the public, a locked document drop off box is still available in the vestibules of the following locations:

| Virgil E. Brown | Westshore | Quincy Place | Old Brooklyn | Jane Edna Hunter | Mt. Pleasant |
|--|---|---|---|---|--|
| 1641 Payne Ave. Cleveland, OH 44114 | 9830 Lorain Ave. Cleveland, OH 44102 | 8111 Quincy Ave. Cleveland, OH 44104 | 4261 Fulton Pkwy Cleveland, OH 44144 | 3955 Euclid Ave. Cleveland, OH 44115 | 13815 Kinsman Rd. Cleveland, OH 44120 |

Note: At this time, Old Brooklyn is a drop-off site only. The drop-off box is outside and forms are not accessible at this location. If a customer is located on the West side, they may pick up forms at the Westshore location.



Document Drop boxes at the VEB building

There are two document drop-off boxes at the VEB building. **The box on the right** is for PRC and child care applications. **The drop box on the left** is for SNAP, Medicaid and cash applications or changes.

All other sites: have one drop box where all forms may be deposited.

CJFS Access on the Website



Cuyahoga County Department of Health and Human Services (DHHS) launched a new website, <https://hhs.cuyahogacounty.us>, in August 2020 to bring all of the available DHHS services to a centralized access point.

CJFS is still accessible through the website by visiting <https://cjfs.cuyahogacounty.us>

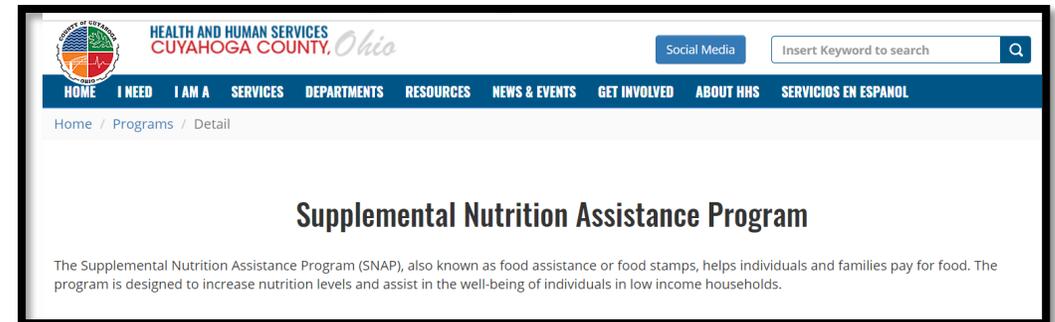
The screenshot shows the website header for Cuyahoga County Health and Human Services. The header includes the county logo, the text "HEALTH AND HUMAN SERVICES CUYAHOGA COUNTY, Ohio", a "Social Media" button, and a search bar with the placeholder text "Insert Keyword to search". Below the header is a navigation menu with links for HOME, I NEED, I AM A, SERVICES, DEPARTMENTS, RESOURCES, NEWS & EVENTS, GET INVOLVED, ABOUT HHS, and SERVICIOS EN ESPAÑOL. The main content area features the title "Cuyahoga Job and Family Services" and a photograph of five diverse staff members standing in front of a wall with a "HISTORY" poster that reads "THE STRENGTH IN OUR PAST GIVES US FAITH IN OUR FUTURE" and "I Am Black History". Below the photograph is a paragraph of text describing the services provided by CJFS.

CJFS promotes economic self-sufficiency and personal responsibility for families and individuals by providing access to jobs, benefits, and community services. Staff determine eligibility for a range of quality services that include Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Prevention, Retention, and Contingency (PRC), Child Care Assistance, and Workforce Programs, in accordance with Federal, State, and County regulations.

CJFS Access on the Website



- Navigate the site in various ways;
 - “I Need” - What are you looking for?
 - “I Am A” - What is your role?
 - Departments
 - Resources, etc.
- Get program information for CJFS public benefit programs.
 - Learn about the public benefit programs
 - Basic eligibility information
 - Understand application processes
 - Download related applications and forms
- Learn about the CJFS State Hearings process.



CJFS Access on the Website

- Access the Form Library at <https://hhs.cuyahogacounty.us/resources-data/form-repository>
- Download applications and forms
 - Filter by the Title, Topic, Role, or HHS Division.
 - Customers can download many applications and forms, complete them electronically, and email them to CJFS.

HEALTH AND HUMAN SERVICES
CUYAHOGA COUNTY, Ohio

HOME | NEED | I AM A | SERVICES | DEPARTMENTS | RESOURCES | NEWS & EVENTS | GET INVOLVED | ABOUT HHS | SERVICIOS EN ESPANOL

Home / Resources / Form Library

Filter By

Title: [Text Input]

Topic: [Dropdown Menu]

Role: [Dropdown Menu]

Division: [Dropdown Menu]

All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Application for Cash, Food or Medical Assistance - JFS 07200
Form used to apply for cash, food and medical assistance. Please type the form number or name on the search bar once off-site in Form Central. [Off-Site]

Application to Reapply for Cash and Food Assistance - JFS 07204
Form used to reapply for cash and food assistance. Please type the form number or name on the search bar once off-site in Form Central. [Off-Site]

Application Verification Checklist - JFS 07105
Form listing the verifications typically requested when applying or reapplying for benefits. Please type the form number or name on the search bar once off-site in Form Central. [Off-Site]

CUYAHOGA COUNTY
Together We Thrive

Cuyahoga Job and Family Services

CHILD CARE CHANGE REQUEST FORM
Receiving Ohio Works First (OWF) Yes No
Currently receiving child care benefits? Yes No

Customer Name: [Text Input] Case #/SS#: [Text Input]
Customer Email: [Text Input] Case Worker: [Text Input]

Complete the section for the change you would like to report.

Change in Assignment: Check all that apply. OWF Activity SNAP Activity
 OWF Sanction SNAP Sanction Benefit Closed
Begin Date of Change: [Text Input]

Address Change: Home Mailing
New Address: [Text Input] [Text Input] [Text Input] [Text Input]
Street City State Zip Code

Child(ren) on Child Care Case (enter child's information below): Add Remove
Name: [Text Input] Name: [Text Input]
DOB: [Text Input] SS#: [Text Input] DOB: [Text Input] SS#: [Text Input]
Begin Date: [Text Input] Begin Date: [Text Input]

Child Care Provider Change: New Provider Change in Co-Pay
New Provider: [Text Input] Provider ID#: [Text Input]
Begin Date: [Text Input] Co-Pay Amount: [Text Input]
List name of child(ren) changing provider: [Text Input]

Change of Hours: Check all that apply.
 Employment School Hours Increase Hours Decrease
Begin Date of New Employment/School Schedule: [Text Input]
New Schedule: [Text Input]

• Please allow 10 days for processing.
• Your co-pay must be paid in full with your current provider or your benefits may be subject to termination.

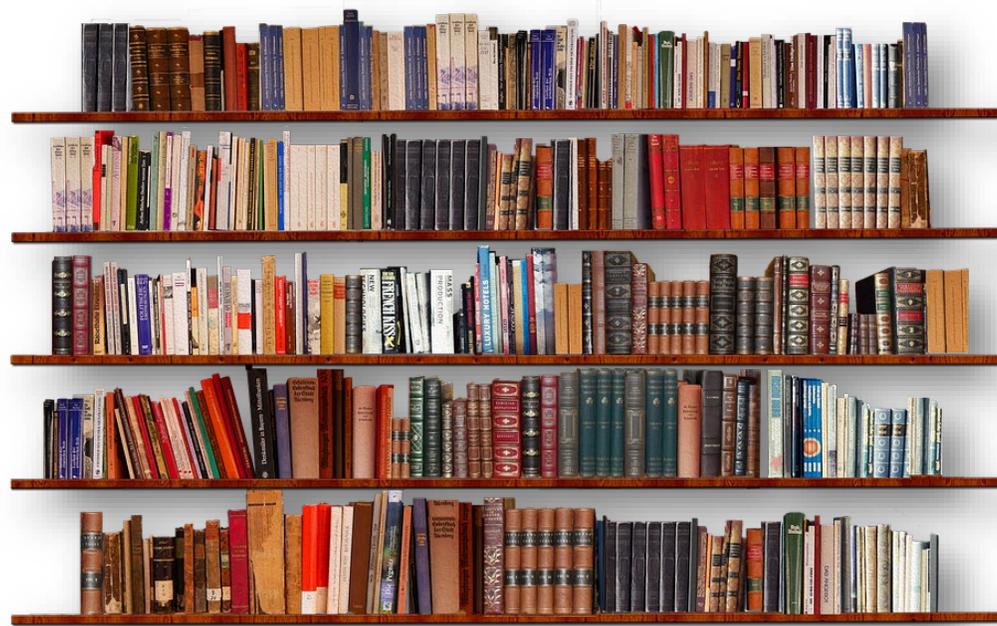
Submitted by: Customer C.JFS Staff Date: [Text Input] [Submit via Email]

Child Care Department Contacts
Information Line: (216) 987-6929 | Fax: (216) 987-8655 | Email: Cuy-Childcare-Assistance@jfs.ohio.gov
Staff Use Only: Case Closure Date: [Text Input] County Transfer Effective Date: [Text Input]

This institution is an equal opportunity provider. Visit <https://www.fns.usda.gov/frs-nondiscrimination-statement>.
Cuyahoga Job and Family Services provides access to an interpreter at no charge to customers who are limited - English proficient and individuals with impaired vision and/or hearing.

1641 Payne Avenue | Cleveland, Ohio 44114 | 216-987-7000 | hhs.cuyahogacounty.us
Revised 09/2020 TMC

CJFS Access at Library Partner Locations



Public Benefit Community Navigators



Cuyahoga County
Public Library



CJFS Access at Library Partner Locations



- Trained Public Benefit Community Navigators are available to help the public apply online, over the phone, or via fax.
- Fax services are available to the public to send verification documents requested by Cuyahoga Job and Family Services for free.
- Current partners are Cuyahoga County Public Library, Cleveland Public Library and Shaker Heights Library Systems.

 Cuyahoga County
Together We Thrive

Job and Family Services

Fax Cover Sheet

Date*: _____ Library Branch: _____
To: _____ CJFS – Library Fax Number: (216) 987- 8390
Case Name: _____ Contact Phone Number: _____
Contact Email Address: _____ Case Number: _____
Social Security Number: _____ No. of Pages (including cover sheet): _____

*Faxes received after 5pm M-F or over the weekend will be considered received the next business day.

Documents Enclosed:

| | |
|---|--|
| <input type="checkbox"/> Application | <input type="checkbox"/> Residency Verification |
| <input type="checkbox"/> Bank Statements | <input type="checkbox"/> Unemployment Verification |
| <input type="checkbox"/> Birth Verifications | <input type="checkbox"/> W2 / Tax Return |
| <input type="checkbox"/> Car Registration / Title | <input type="checkbox"/> Work Activity Documents |
| <input type="checkbox"/> Childcare Documents | <input type="checkbox"/> Other |
| <input type="checkbox"/> Employment Verification(s) | _____ |
| <input type="checkbox"/> Medical Bills | _____ |
| <input type="checkbox"/> Identification | _____ |
| <input type="checkbox"/> Income Verification(s) | _____ |
| <input type="checkbox"/> Pregnancy Verification | _____ |

Comments:

This form was completed and submitted by the individual. The safeguarding and/or destruction of this information on the original document is solely the responsibility of the individual.

641 Payne Avenue | Cleveland, Ohio 44114 | 216-987-7000 | cjfs.cuyahogacounty.us

OFFERING MEANINGFUL ACCESS TO CUSTOMERS



Access to Language Services – Interpretation and Translation

This service is available to any customer needing assistance in another language.

- CJFS can arrange an interpreter for scheduled appointments and walk-in customers.
- CJFS uses an outside provider and also has designated bilingual staff who manage the non-English speaking customers case bank.

Access to Voter Registration Services

This service is offered to customers at application, reapplication or when an address change is submitted to CJFS.





BEST PRACTICES WHEN APPLYING FOR BENEFITS



Assister vs. Authorized Representative:

Assister is an individual who *helps* an individual complete a benefits application, compile paperwork, etc.

Authorized representative is a personal friend, relative, or lawyer who has been granted permission by an individual seeking assistance *to act on their behalf*, including during eligibility interviews or state hearings.

Unlike assisters, authorized representatives are responsible for the content of benefits applications and are generally liable for any misinformation provided.

SOURCE:

<https://www.communitysolutions.com/research/ohio-community-groups-face-challenges-helping-needy-ohioans-navigate-new-ohio-benefits-system/>

Authorized Representatives



Who can be an Authorized Representative?

Anyone 18 years of age or older or an organization that the applicant or recipient (client) designates as their representative in writing.

How do you become an Authorized Representative?

- The client designates the individual or organization as an authorized representative in writing.
- The individual is the client's legal guardian.
- If necessary, the CJFS can designate an individual or organization as the client's representative.

How long is someone authorized to represent the client?

The authorization to represent the client continues until the client revokes the privilege. The client can revoke the authorization at any time.

What are the responsibilities of an Authorized Representative?

- The authorized representative is required to provide information and documents as if they were the client, including reporting changes to the Agency.
- They are liable for any information provided to agency on behalf of customer

CJFS Authorized Representative Form



Cuyahoga County
Together We Thrive

Cuyahoga Job and Family Services

Cuyahoga Job and Family Services Designation of Authorized Representative Form

| Section 1 (Please print) | | Case Number | |
|--|--------------------------------|--|------|
| Name of Applicant | Medicaid Billing Number or SSN | County | |
| Street Address (Include Apt. #) | City | State | Zip |
| I hereby authorize the following person or entity to act as my representative. This authority lasts until _____ or until it is revoked by me in writing. | | | |
| Name of Representative | Title | Company | |
| Home Phone | Work Phone | Email Address | |
| Mailing Address | City | State | Zip |
| <p>I authorize my representative to do the following on my behalf:</p> <p><input type="checkbox"/> Act on my behalf in all matters with the agency ("agency" includes Cuyahoga Job and Family Services, the Ohio Department of Medicaid (ODM) and ODM's contracted designees). *Note: If applying for SNAP benefits, please see the optional SNAP EBT Card Authorizations below.</p> <p>OR</p> <p>I authorize my representative to do only the specific actions selected below:</p> <p><input type="checkbox"/> Assist with my application/renewal for benefits</p> <p><input type="checkbox"/> Provide verifications to the CDJFS on my behalf</p> <p><input type="checkbox"/> Represent me at a state hearing</p> <p><input type="checkbox"/> Receive and respond to copies of all correspondence</p> <p><input type="checkbox"/> Discuss and receive information regarding my financial and medical information including protected health information (PHI) *</p> <p><input type="checkbox"/> Other (Please specify) _____</p> <p>*NOTE You must complete section 2 of this form if this authorization is intended to allow the use or disclosure of PHI.</p> <p>I authorize my representative to act on my behalf in all business related to the following assistance programs:</p> <p><input type="checkbox"/> ALL PROGRAMS <input type="checkbox"/> OWF/TANF (Cash Assistance)</p> <p><input type="checkbox"/> SNAP (Food Assistance) <input type="checkbox"/> Medicaid</p> <p>OPTIONAL: SNAP EBT Card Authorization – I authorize my representative to act my behalf to:</p> <p><input type="checkbox"/> Obtain a SNAP benefits EBT card on behalf of my assistance group.</p> <p><input type="checkbox"/> Use a SNAP benefits EBT card on behalf of my assistance group.</p> <p>While this authorization is in effect, all notices sent by the CDJFS and/or ODM will also be sent to your authorized representative.</p> <p>Signatures: This form has no effect unless signed by both the person granting authority and by the authorized representative. By signing below, the authorized representative agrees to maintain the confidentiality of any information regarding the applicant/recipient provided by the agency. If the authorized representative is a provider, staff member or volunteer of an organization, then the authorized representative also agrees to adhere to the regulations cited in 42 C.F.R. 435.823(e).</p> | | | |
| Signature of Person Granting Authority (Applicant/Recipient or Parent/Guardian) | | Date | |
| Signature of Authorized Representative | | Title (if employee of an organization) | Date |

OCE LG 4.2021

- In the Spring of 2021, CJFS created a Designation of Authorized Representative Form that meets the new Medicaid guidelines.
- You can use our CJFS Designation of Authorized Representative Form to designate an authorized representative for SNAP, Medicaid or cash assistance. Find the form:
 - **Online:** Download the form from our forms library at cjfs.cuyahogacounty.us. Click “Resources” in the top bar to access our Form Library. This form is available in nine languages.
 - **In person:** You can pick up forms from all drop-box locations with the exception of Old Brooklyn Neighborhood Family Service Center, which is a drop-off only site.

Releasing of Information

What information can be shared with others?

- If they are the authorized representative, the same information that would be shared with the client. All notices must be sent to the client and the authorized representative.
- If they are NOT the authorized representative, they are ONLY entitled to billing information that is directly related to their organization.



Eligibility Contact Center Best Practices



- Self-identify by entering zip code, SSN and DOB. The information will “screen pop” on the agent desktop and provide link to electronic case file.
- Listen to the prompts carefully and choose the correct queue. This will help reduce call wait time.
- Utilize “**Virtual Hold:**”
 - ✓ Hold place in line
 - ✓ Caller will receive a call from “**State of Ohio**”
- Allow at least five business days after returning ALL requested verification documents for the agency to take action.
- Carefully review agency correspondence and provide documents timely.

Eligibility Contact Center Best Practices



- If the specified time on your appointment letter was missed, try calling the contact center again.
- Try to avoid calling during peak times (Mondays, Lunch times between 11am and 1pm)
- Interpretation services are available during all Contact Center hours; if it is not a scheduled appointment, there may be a slight wait while contacting the interpretation agency
- Sign up for text notifications to be alerted of benefit status, documents received, and more.

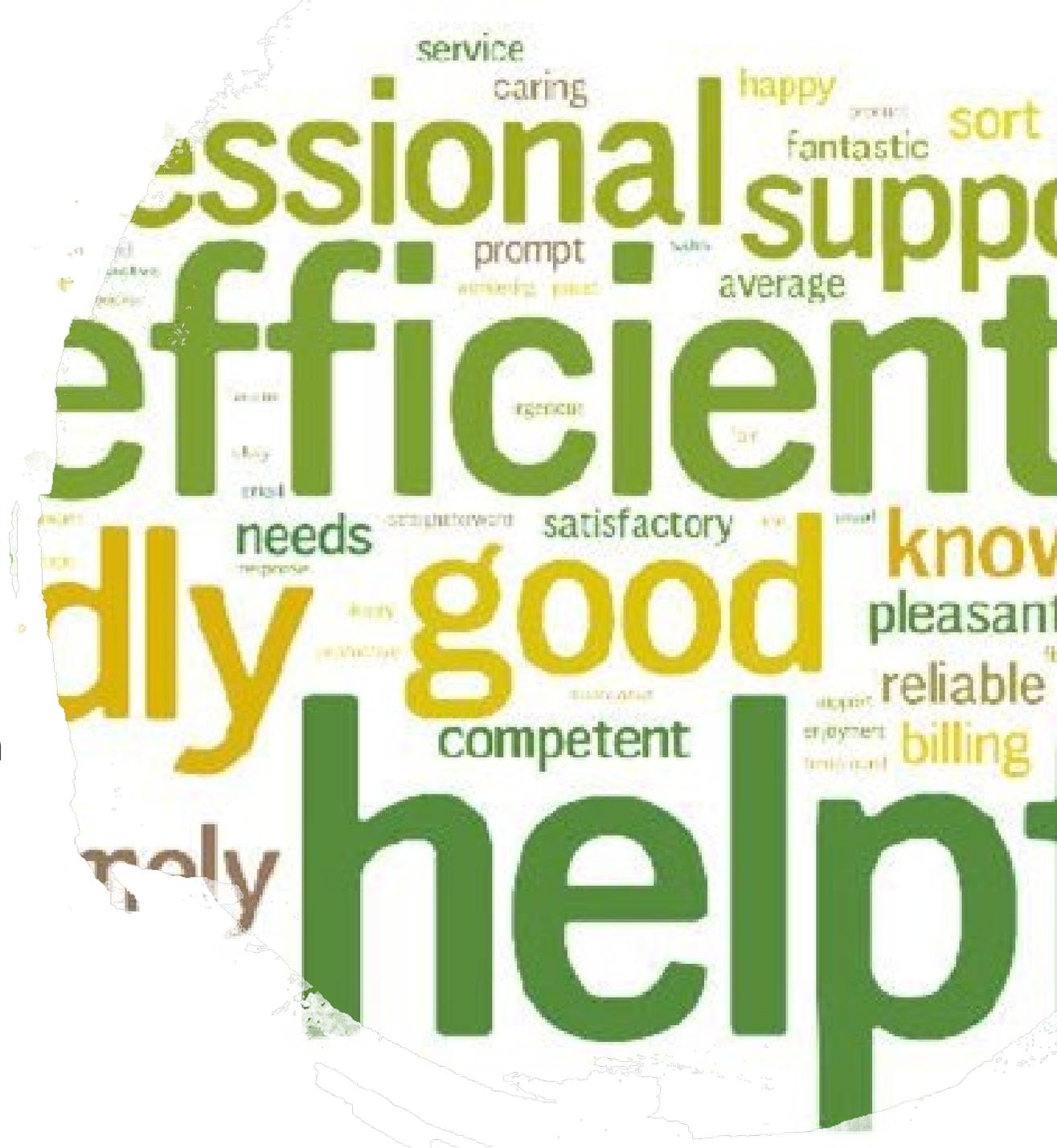
Customer Relations

Main contact number: 216-802-2810

Email

CuyahogaCustomerRelations@jfs.ohio.gov

- Staff addresses escalated issues within 48-hours of initial request and informs customers of next steps after consulting with eligibility staff.
- Provide name, address, home or cell number, or other contact information where customer can be reached.



Follow Us on Social Media!



@CuyahogaJobandFamilyServices

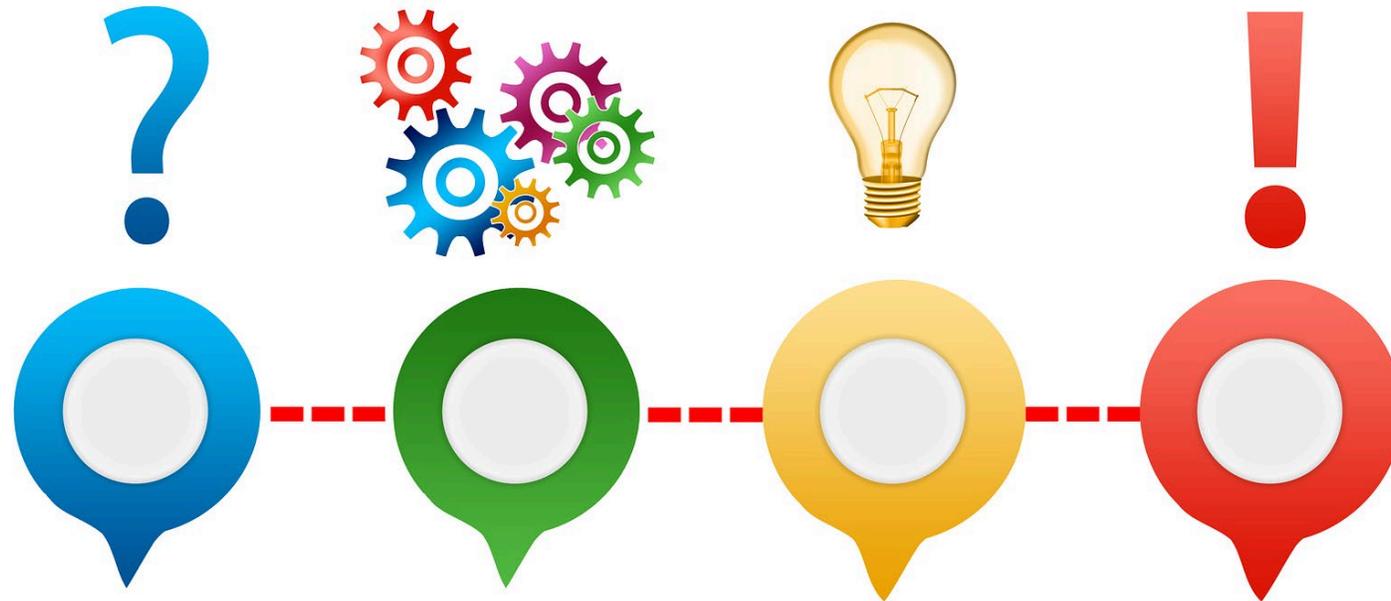


@cjfsoutreach

Thank you to our partners that already follow us:

CMSD, CEOGC, Cleveland City Council, Cuyahoga EITC Coalition, The Centers for Families and Children, ADAMHS Board of Cuyahoga County, Asian Services In Action, Passages, Casa Alma, Lorain County, YMCA, University Heights City Hall, Burton Bell Carr Development, Inc., City of Lakewood

QUESTIONS?



Presentation Team



Tina Coleman, Community Engagement and Special Projects Supervisor

Desiree Colasent, Employment and Family Service Specialist / COMET Member

Tiana Vuyancih, Employment and Family Service Specialist / COMET Member

Questions related to public benefits and this training can be directed to:

**Cuyahoga Job and Family Services
Public Benefits & External Relations
Office of Community Engagement
Community_Outreach@jfs.ohio.gov**

Visit our website at <http://cjfs.cuyahogacounty.us>

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