



**REQUEST FOR PROPOSALS**

**FOR**

**COMPREHENSIVE CASE MANAGEMENT AND  
EMPLOYMENT PROGRAM (CCMEP)**

**RFP SC07-16R**

**Issued by**  
**THE HAMILTON COUNTY DEPARTMENT OF JOB & FAMILY SERVICES**  
**222 E. CENTRAL PARKWAY**  
**CINCINNATI, OHIO 45202**  
**(April, 2016)**

**Deadline for Proposal Registration: April 29, 2016, noon**

**RFP Conference: April 22, 2016, 1:00 p.m. – 3:00 p.m.**

**Location: OhioMeansJobs (OMJ) Center**  
**1916 Central Parkway**  
**Room C**  
**Cincinnati, Ohio 45214**

**Due Date for Proposal Submission: On or Before May 20, 2016 by 11:00 a.m.**

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# **REQUEST FOR PROPOSAL (RFP) FOR COMPREHENSIVE CASE MANAGEMENT AND EMPLOYMENT PROGRAM (CCMEP)**

## **MISSION STATEMENT**

We, the staff of the Hamilton County Department of Job & Family Services, provide services for our community today to enhance the quality of living for a better tomorrow.

## **1.0 REQUIREMENTS & SPECIFICATIONS**

### **1.1 Introduction & Purpose of the Request for Proposal**

The Hamilton County Department of Job & Family Services (HCJFS) is seeking proposals for the purchase of Services for Comprehensive Case Management and Employment Program (CCMEP) as described in Section 1.2.

The selected Provider(s) will work on behalf of HCJFS but will be expected to coordinate efforts with the local Workforce Investment Board, Southwest Ohio Region Workforce Investment Board (SWORWIB). The Board of County Commissioners (BOCC), Hamilton County, Ohio reserves the right to award Contracts for these services to several different Providers and to award Contracts for all or any portion of the services requested herein. The Contract(s) shall be for an initial term of one (1) year ("Initial Term") with three (3) one (1) year renewal options ("Optional Renewal Terms") at the sole discretion of HCJFS. Providers who do not submit pricing for the renewal options will not be disqualified; however, a Contract cannot be awarded for any term where Provider has not submitted a budget. Providers are encouraged to submit budgets for the renewal options where possible. The purpose of the total four (4) year period is to minimize the cost of the process for Providers and for Hamilton County.

If at any time during the Initial Term or any Optional Renewal Term, HCJFS determines that service capacity needs to be expanded HCJFS may re-release this RFP. Any contracts awarded from a re-issued RFP(s) will expire at the same time as the contracts awarded under the initial RFP.

All proposals submitted as a part of a re-released RFP will be subject to and evaluated based upon the same criteria set forth in the initial RFP (plus any addenda issued as a part of the initial RFP).

## **1.2 Scope of Service**

### **Background:**

On June 30, 2015, Governor Kasich signed House Bill 64, the state's biennial budget, into law. Section 305.190 of the bill establishes a framework to transform the network of human service and workforce programs to find a new way to work for low-income Ohioans. This framework starts first with 16- to 24-year-olds, where early intervention can have the greatest impact. The state is pushing traditional program boundaries by integrating components of the Temporary Assistance for Needy Families (TANF) program with the Workforce Invocation and Opportunity Act (WIOA) Youth Program to create a better-coordinated, person-centered case management system.

Effective July 1, 2016, Comprehensive Case Management and Employment Program (CCMEP) will be the statewide operational framework used to deliver integrated, comprehensive case management and employment services across Ohio's 88 counties. CCMEP takes a coordinated, holistic approach to stabilizing individuals and families by addressing the myriad of factors that may be contributing to poverty and unemployment, including health, housing, education, transportation and child care. In conjunction with supportive services, the program will provide access to employment and training services, including career counseling, job placement and services to facilitate job retention.

By leveraging the strengths of both the workforce and human services systems, CCMEP seeks to improve employment and education outcomes for low-income youth and young adults by helping recipients overcome barriers to employment and develop the skills local employers seek.

The centerpiece of CCMEP will be ensuring clients have access to caseworkers who are qualified and trained to conduct interviews, use the assessment tool and work with clients as they make progress toward their plan objectives.

Caseworkers should engage individuals in a dynamic conversation about their current situation, aspirations and barriers, and collaborate with them to develop an individual opportunity plan with meaningful goals and objectives. The goals of the plan should be oriented towards CCMEP primary outcome measures including employment, job retention, earnings growth and credential attainment.

CCMEP services overlap with existing OWF and WIOA services and populations significantly. The winning bid for this service will distinguish itself by its ability to leverage and ensure little or no redundancy with the services delivered under:

- OWF Work Participation;
- WIOA Youth Services;
- WIOA Adult Services;
- Healthier Buckeye Services;
- Summer Youth Employment Services; and
- Any subsequently awarded workforce funding in Hamilton County.

CCMEP is intended to provide enhanced services under TANF, WIOA Adult, and WIOA Youth Services. WIOA Youth are distinguished for a few reasons listed below.

1. HCJFS will expand the performance and reporting responsibilities of WIOA Youth Providers to align them with CCMEP requirements. All resulting outputs, outcomes, and performance results will be subject to quarterly reporting to the SWORWIB, as indicated by the SWORWIB motion dated 2/11/16. In the short term, HCJFS will work closely together with the SWORWIB, WIOA Youth Provider(s) and selected CCMEP Provider(s) to effectively transition 14 and 15 year old youth.
2. Hamilton County will determine TANF eligibility for all WIOA youth and will co-enroll where possible. Our PRC plan will be revised to reflect this as appropriate.
3. Primary CCMEP Providers will be required to set up a distinct caseload for those 5% WIOA Youth who do not meet income standards.
4. All SWORWIB WIOA Youth Providers in Area 13 were competitively procured in July of 2015. Each contract is written to accommodate addition of CCMEP mandates and TANF dollars. Those Contracts are held by the three parties listed below:

- Cincinnati Youth Collaborative/Jobs for Cincinnati Graduates;
  - Santa Maria/Literacy Center West; and
  - ResCare “My Life”.
5. These contracts will be revised to add TANF dollars under CCMEP. Contracts will remain held by HCJFS. Contract management will continue under HCJFS and the SWORWIB. The CCMEP Provider(s) will not touch or flow WIOA youth dollars. The CCMEP Provider(s) will provide services that enhance existing TANF/WIOA services to fill gaps, add coordination, support co-enrollment, and to serve volunteers, as appropriate. The primary CCMEP Provider(s) will be fully accountable for ensuring that no redundant services are approved, delivered, or paid for under the umbrella of CCMEP.

The CCMEP Provider(s) may supplement WIOA, TANF, Summer Youth, or other workforce services, but will do so with properly procured services delivered in close coordination with existing service plans. The Provider(s) will not transfer CCMEP dollars directly to WIOA or TANF contractors previously procured by HCJFS or the SWORWIB.

Each CCMEP participant will be enrolled with a specific TANF goal identified suitable to their needs.

Hamilton County, the lead agency, will procure for primary CCMEP services with expectations that subcontracts will result to ensure comprehensive and timely services.

Primary CCMEP Provider(s) will be responsible for assuring CCMEP mandates and measures under the supervision of HCJFS. HCJFS will provide this oversight in collaboration and communication with the SWORWIB; including quarterly reports at the SWORWIB Board meetings.

Any party that receives a contract as a result of this procurement will be responsible for:

1. Contracting with HCJFS and complying with all terms and conditions of that contract for the delivery of services.
2. Oversight and monitoring of all program activities, including collaborative partners.
3. Administering and reporting all funds paid as a result of the program.

4. Assisting in the collection of grant-funded eligibility documentation, reviewing and entering appropriate service information into the Ohio Workforce Case Management System (OWCMS) and other data collection system(s) determined by HCJFS, and submitting all performance documentation to HCJFS.
5. Collaborating with community organizations and government entities, including, but not limited to: local education agencies, social service agencies, public housing agencies, TANF/OWF, foster care, youth service Providers and other related programs, businesses and industry sectors, and workforce service system and its partners.
6. Coordinating with partners in program design, implementation and capacity building/staff development and ensuring that the program meets performance outcomes.
7. Conducting customer satisfaction surveys of participants and using the results to develop and implement a continuous improvement plan.
8. Disallowed costs – As described in Section 2.3 E, and costs in excess of the project budget, incurred outside of the Contract scope or timeframe, and prohibited costs will be the responsibility of the Contract holder.

CCMEP rules, forms, funding, and timing remain substantially tentative at the time of this RFP issuance. CCMEP rules, forms and other resources are posted on the Office of Human Services Innovation (OHSI) implementation website at: <http://humanservices.ohio.gov/CCMEPIImplementation/index.stm>

Responding bidders will be expected to accept modifications in any subsequent contracts and budgets to comply with any changes in legislation, regulations or emerging guidance provided by state or federal entities. HCJFS will work hard to minimize any locally generated rules that may add complexity.



### 1.2.1 Population

The following data is provided for planning purposes only. HCJFS does not guarantee that the current service level will increase, decrease or remain the same.

Beginning July 1, 2016, lead agencies will serve youth and young adults ages 16 - 24 in the CCMEP program in accordance with the following:

1. Required CCMEP participants:
  - A. Participants in the Ohio Works First (OWF) program who have been determined to be work-eligible.
  - B. Each low-income adult, in-school youth, or out-of-school youth registered for a WIOA program who is considered to have a barrier to employment under the WIOA.
2. Volunteer CCMEP participants:
  - A. OWF participants determined not to be work-eligible.
  - B. Individuals receiving benefits and services through the Prevention, Retention and Contingency (PRC) program.

Estimated number of required participants: 2,000+

1. OWF work required individuals ages 16-24 in Hamilton County – 1,143
2. WIOA enrolled low income adults ages 18 - 24 in Hamilton County - 229
3. WIOA enrolled low income youth ages 16-24 (in and out of school) - 420
4. TANF summer youth – (volume served in 2015) - 732
  - 16 – 17 years = 276
  - 18 – 24 years = 456
  - 312 youth assigned to employment

Priority populations will include the following:

- **Individuals referred from or co-enrolled with any CCMEP partner agencies with shared performance measures. This may include the following:**
  - Transition-age foster youth;
  - Homeless youth;

- Veterans;
- School dropouts;
- Basic skills-deficient youth;
- English language learners;
- Ex-Offenders;
- Pregnant or parenting youth;
- Individuals with disabilities; and
- Individuals requiring additional assistance to enter or complete an educational program or to secure or hold employment.

Volunteers will be served only to the extent that the Provider determines there are sufficient CCMEP resources to serve those youth well while maintaining a high level of service for required populations.

### **1.2.2 Service Components**

The selected Provider will deliver or ensure all of the following are available without creating redundancy:

1. Appropriate means of transportation of consumers to and from assigned activity sites. This may include bus passes, fuel cards, cash allowances or vehicles operated by the Provider or subcontractor, etc.
2. Management of the transition of customers to employment or work activities, as well as monitoring attendance and providing prompt and accurate return of work participation reports to HCJFS. Provide appropriate level of case management based on the needs of the individual consumer. This includes outreach and follow-up to: ensure participation, identify and address barriers, and develop working relationships. Multiple touches are required with this population in the form of meetings, letters, phone calls, site visits, etc.
3. Maintenance of adequate case records. Provider case records shall include at a minimum:
  - A. JFS 03002 – WIOA Youth and Young Adult Program Eligibility Application;
  - B. JFS 03003 – Comprehensive Case Management Employment Program (CCMEP) Comprehensive Assessment;

- C. Basic Skills Assessment – TABE Test Results;
- D. Area 13 WIOA Individual Service Strategy (ISS);
- E. JFS 03004 – Comprehensive Case Management Employment Program (CCMEP) Individual Opportunity Plan; and

**Note:** HCJFS expects a wealth of new and revised state and federal mandates associated with reauthorization and state initiatives. Each of these is likely to affect required forms, documentation and reporting.

- F. Case notes or hard copy information documenting:
  - 1) Administrative support provided regarding transportation issues;
  - 2) How identified personal and situational barriers were addressed;
  - 3) Child care needs were addressed;
  - 4) Actual participation, failure and good cause hours for each month;
  - 5) Outreach/follow-along efforts;
  - 6) Intervention plan for initially unsuccessful customers;
  - 7) How failures were addressed (i.e., good cause or sanction); and
  - 8) Hard copy verification to support assignments and outcomes (i.e., employment verification, pay stubs, basic medical form, school schedules).

**Note:** Provider may be required to scan and index all hard copy documentation into state/county data warehouse (currently OnBase).

- 4. Assessment of Basic Skills;
- 5. Close coordination with WIOA Youth Service Providers;

6. Youth ages 14 and 15 are not included in CCMEP or WIOA youth funding streams effective 7/1/16. This may or may not change. Provider should be prepared to adapt.
7. Development of state mandated individual opportunity plans;
8. The selected Provider will demonstrate a competent understanding of WIOA adult and youth eligibility, OWF work requirements, Summer Youth TANF eligibility, and documentation/monitoring requirements for each;
9. HCJFS values proposals that demonstrate collaborations of substance that can serve CCMEP service requirements through expedited access, well-coordinated services, and leveraged resources. Any such collaboration will be valued by HCJFS only in as much as it is clear the effort serves the outcome interests of this Contract;
10. Co-location between the CCMEP and OhioMeansJobs (OMJ);
11. Outreach;
12. The Provider will ensure that participating youth complete and submit appropriate application for TANF, WIOA, and/or CCMEP;
13. CCMEP Comprehensive Assessment using the form JFS 03003;
14. The Provider must provide an assurance that it makes available the 14 specific core WIOA youth elements listed below. Provide a brief description of how the lead agency will ensure these elements are made available to CCMEP participants:
  - Tutoring, study skills training, instruction and dropout prevention;
  - Alternative secondary school services or dropout recovery services;
  - Paid and unpaid work experience (with an academic and occupational education component);
  - Occupational skill training;
  - Education offered concurrently with workforce preparation activities;
  - Leadership development opportunities;
  - Supportive services;
  - Adult mentoring;
  - Follow-up services for not less than 12 months;
  - Comprehensive guidance and counseling;
  - Financial literacy education;

- Entrepreneurial skills training;
  - Labor market and employment information; and
  - Activities to prepare for and transition to post-secondary education and training.
15. The Provider will deliver relatively more intensive services to participants who meet any of the criteria for or require any one or more of the services listed below:
- Parenting class as part of a case plan with a Public Children Services Agency (PCSA);
  - Alcohol or drug addiction treatment;
  - Assistance in finding a home because the participant is homeless;
  - Assistance in obtaining services related to domestic violence issues;
  - Assistance in reentering the workforce due to ex-offender status;
  - Supplemental Security Income (SSI) case management needed;
  - Mental health counseling needed;
  - Dropout prevention and recovery service;
  - Basic skills deficiency;
  - Transitioning from foster care; and
  - Other disclosed barrier(s).
16. Semi-annual eligibility redetermination;
17. Follow-up job retention and other services will be provided for no less than 12 months to ensure a participant is successful in sustaining ongoing employment; and
18. Meet or exceed state performance measures related to Job Entry, Youth Placement, Credential Attainment, Median Earnings, and Job Retention for all CCMEP populations.

### 1.2.3 Sub-recipient

If awarded a contract through this RFP, the selected applicant(s) will be designated as a “sub-recipient” as referenced by ODJFS’ rule OAC 5101:9-1-88. A sub-recipient is defined as a non-federal entity that expends federal awards received from a pass-through entity to carry out a federal program, but does not include an individual that is a beneficiary of such a program. A sub-recipient may also be a recipient of other federal awards directly from a federal awarding agency. The selected applicant will have some of the same restrictions and requirements as the federal, state, and local governments/organizations.

The auditing standards set forth in Office of Management and Budget (OMB) Circular A-133 (210) (b) budgeting protocols, and federal budget/cost guidelines are all applicable to the successful applicant.

Indications of a sub-recipient relationship include:

1. Provider determines who is eligible to receive federal financial assistance;
2. Provider has performance measured against whether the objectives of the federal program are met;
3. Provider has responsibility for programmatic decision making; and
4. Provider has responsibility for adherence to applicable federal program compliance requirements.

Provider uses the federal funds to carry out its own program as compared to providing goods or services for a program of the pass-through entity.

## 1.3 Employee Qualifications

Provider shall ensure that any employee who shall have direct contact with customers under the terms of this Contract will meet the following qualifications:

1. **Work History:** All employees who are assigned to this Contract with HCJFS’ customers shall have information on job applications verified. Verification shall include references and work history information.
2. **Criminal Record Check:** Provider warrants and represents it will comply with ORC 2151.86, and will annually complete criminal record checks on all individuals assigned to work with, volunteer with or transport customers.

Provider will obtain a statewide conviction record check through the Bureau of Criminal Identification and Investigation ("BCII"), and obtain a criminal record transcript from the Cincinnati Police Department, the Hamilton County Sheriff's Office (or your local Police and Sheriff's Department) and any law enforcement or police department necessary to conduct a complete criminal record check of each individual providing services.

Provider shall ensure that every above described individual will sign a release of information, attached hereto and incorporated herein as Attachment F to allow inspection and audit of the above criminal records transcripts or reports by HCJFS or a private vendor hired by HCJFS to conduct compliance reviews on their behalf.

Provider shall not assign any individual to work with customers until a BCII report and a criminal record transcript has been obtained. A BCII report must be dated within six (6) months of the date and employee or volunteer is hired.

Provider shall not utilize any individual who has been convicted or plead guilty to any violations contained in ORC 5153.111(B) (1or OAC Chapters 5101:2-5, 5101:2-48.

3. **Employees who have been convicted:** Employees convicted of, or plead guilty to, any violations contained in ORC 5153.111(B)(1) may not come into contact with HCJFS' customers.
4. **Employee Confidential Information:** HCJFS may request that the Provider not use an employee or prospective employee based on confidential Children's Services information known to HCJFS. To this end, Provider shall provide to HCJFS the name and social security number of all individuals having direct contact with customers prior to providing services. Provider shall not use an employee or prospective employee unless approved by HCJFS.

## 2.0 PROVIDER PROPOSAL

It is required all proposals be submitted in the format as described in this section.

### A. Hardcopy Requirements

- All proposal pages must be numbered sequentially from beginning to end, including attachments.
- Each proposal should not exceed a total of 300 pages.
- Each submission must have one (1) signed original proposal and eight (8) copies.
- One of the eight (8) copies must be submitted as single-sided.
- Each proposal must be written in twelve (12) point font.

### B. Electronic Requirements

- Budget in unlocked Excel format.
- Original proposal on a CD or flash drive in a .pdf format and the pages must be numbered from 1 - 300.

### C. Proposal Organization

Proposals must contain all the specified elements of information listed below **without exception, including all subsections therein:**

- Section 2.1 - Cover Sheet
- Section 2.2 - Service and Business Deliverables:
  - Section 2.2.1 – Program Components
- Section 2.3 – Budgets and Cost Considerations
- Section 2.4 - Customer References
- Section 2.5 - Personnel Qualifications
- Section 2.6 - Financial Documentation
- Section 2.7 - Declaration of Property Tax Delinquency
- Section 2.8 - Proposal Documents



## 2.1 Cover Sheet

Each Provider must complete the Cover Sheet, Attachment A, and include such in its proposal. The Cover Sheet must be signed by an authorized representative of the Provider and also include the names of individuals authorized to negotiate with HCJFS. The signature line must indicate the title or position the individual holds in the company. All unsigned proposals will be rejected.

The Cover Sheet must also include the proposed CCMEP program expenses, estimated number of participants, and projected cost per participant Provider is proposing for Contract Years 1, 2, 3 and 4. The CCMEP program expenses, estimated number of participants, and projected cost per participant must be supported by the Budget.

## 2.2 Service and Business Deliverables

Provider should clearly state its competitive advantage and its ability to meet the terms, conditions, and requirements as defined in this RFP in responding to this section. Provider must describe in detail all information set forth in Section 2.2.1 Program Components and Section 2.8 (B) System and Fiscal Administration Components. Provider must also:

- A. Leverage the services of and ensure little or no redundancy with the services delivered under:
  - OWF work participation
  - WIOA youth services
  - WIOA adult services
  - Healthier buckeye services
  - Summer Youth Employment Services
  - Any subsequently awarded workforce funding in Hamilton County
- B. Describe existing capacity to support a complex and timely set of tracking and reporting requirements for CCMEP participants.
- C. Description of how staff performance and outcomes will be monitored and how quality of service will be evaluated.

- D. Demonstrated ability to meet goals and document achievement (skills gain attainment, diploma/credential attainment, placement, retention, and wage earnings) in the delivery of workforce services or comparable services.
- E. Demonstrated experience in forming and sustaining partnerships, collaborations and employer networks.
- F. Describe administrative and funding capacity to operate a high dollar value contract in a cost reimbursement environment with a lag of 60-90 days between invoice and payment without using a factoring company or similar credit arrangement.

## 2.2.1 Program Components

**Providers are required to respond to the following for all proposals submitted:**

### 1. Scope of Services

- A. Describe your ability to meet the scope of services in Section 1.2. Include details of the population you serve, organizational history and experience. Provider should clearly state its competitive advantage and its ability to meet the terms, conditions and requirements defined in this RFP.
- B. Describe how you will fulfill each of the mandates 1-25 below. These items are longer than usual. Our intention is to be sure all are aware of critical elements of this still-evolving program. We are specifically not asking for extensive responses to each. Many responses may be limited to a confirmation of understanding and willing compliance. Others may be more involved.
  - 1. WIOA Youth Services are specifically included in CCMEP populations, reporting, and accountability. HCJFS will require any selected bidder to coordinate closely with existing WIOA Youth Service Providers. Hamilton County interprets all WIOA youth with income below 200% of poverty as TANF eligible. The HCJFS PRC plan will be revised to reflect that assertion.

The CCMEP Contract holder will be required to ensure that any of the 5% of WIOA youth who do not meet this income test, are tracked separately for billing purposes to ensure they draw exclusively on WIOA dollars. Youth ages 14 and 15 are not included in CCMEP or WIOA Youth funding streams effective 7/1/16. This may or may not change. The Provider should be prepared to adapt.

2. Assessment of Basic Skills - Measures the math and reading skill levels of youth. Youth who score below grade level (8.9 or lower), must receive basic skills remediation. National Reporting System approved assessments include:
  - Basic English Skills Test (BEST)
  - Comprehensive Adult Student Assessment Systems (CASAS)
  - General Assessment of Instructional Needs (GAIN)
  - Massachusetts Adult Proficiency Test (MAPT)
  - Tests of Adult Basic Education (TABE)
3. Development of an individual opportunity plan, which includes:
  - Identification of each youth's employment and educational goals;
  - Identification and assignment of program elements utilized to achieve goals;
  - Identification of barriers through use of the comprehensive assessment;
  - Creation of a specific plan to overcome barriers and achieve the goal of self-sufficiency and employment; and
  - Anticipated dates of goal attainment and timeframes to review progress.
4. The selected Provider will demonstrate a competent understanding of WIOA adult and youth eligibility, OWF work requirements, Summer Youth TANF eligibility, and documentation/monitoring requirements for each.
5. HCJFS values proposals that demonstrate collaborations of substance that can serve CCMEP service requirements through expedited access, well-coordinated services, and leveraged resources. Examples of such collaborators may include:

- Adult Basic Literacy and Education (ABLE) Providers;
- Alcohol, Drug, and Mental Health (ADAMH) Board;
- Hamilton County Mental Health Board (MHB) and Alcohol and Drug Addiction Services Board (ADAS) ;
- Local employers;
- Career and Technical Education;
- Children Services Agency;
- Community Providers;
- Juvenile Court System;
- Vocational Rehabilitation (OOD) ;
- JobCorps;
- Re-entry services; and
- Social Service Providers with a demonstrated history of excellence delivering similar services.

Any such collaboration will be valued by HCJFS only in as much as it is clear the effort serves the outcome interests of this Contract.

6. Co-location:

CCMEP requires a full array of services to meet the needs of participants as they work toward their employment, education and/or training goals. This includes access to supportive services such as child care, transportation and housing in order to address barriers to employment. Co-location of services supports improved coordination and integration of TANF and WIOA services. By offering a common entry point, co-location makes it easier for individuals to access services without the confusion and burden of having to visit multiple addresses. In addition, when staff in different programs work in close proximity, they can more easily share knowledge and offer streamlined service delivery.

At a minimum, co-location must include coordination between the CCMEP and OhioMeansJobs (OMJ) center that serves the lead agency in order to increase youth access and connections to CCMEP services.

7. WIOA Youth and TANF Provider coordination:

CCMEP eligible WIOA youth will be enrolled by their current WIOA Youth Providers immediately upon local initiation of CCMEP. Ongoing enrollees will be co-enrolled simultaneously.

CCMEP eligible OWF participants will be immediately enrolled by HCJFS upon local initiation of CCMEP. Ongoing enrollees will be co-enrolled simultaneously. CCMEP participation will be adopted as an OWF enrollment participation requirement.

CCMEP suitable volunteers will be assessed and enrolled by the selected Provider immediately after mandated populations are assured adequate service and capacity is confirmed.

8. Seven day timeliness standards will be monitored and documented in all cases.
9. The Provider will ensure that participating youth complete and submit an appropriate application for TANF, WIOA, and/or CCMEP.
10. CCMEP Comprehensive Assessment using the form JFS 03003. The JFS 03003 may be completed by CCMEP Provider staff, contracted OWF Providers and/or contracted WIOA Youth Providers at application and/or recertification for services or benefits.
11. The Provider shall utilize the JFS 03004 "Comprehensive Case Management and Employment Program Individual Opportunity Plan" (3/2016). Information that must be included in the individual opportunity plan includes, but is not limited to:
  - The dates or timeframes the individual opportunity plan will be reviewed and/or revised.
  - The barriers to employment identified through the comprehensive assessment.

- The program participant's plan to overcome barriers and achieve the goal of self-sufficiency and employment.
  - A requirement that the program participant register with the OhioMeansJobs website [www.ohiomeansjobs.com](http://www.ohiomeansjobs.com)  
Work with the participant to make sure they understand how to use their OMJ account, search for jobs, and become familiar with the career planning resources the site offers.
  - The services (including supportive services) the participant will receive.
  - Based on the services provided, one or more activities in which the program participant will engage.
12. Provide a brief description of how the lead agency will ensure these elements are made available to CCMEP participants:
- Tutoring, study skills training, instruction and dropout prevention.
  - Alternative secondary school services or dropout recovery services.
  - Paid and unpaid work experience (with an academic and occupational education component).
  - Occupational skill training.
  - Education offered concurrently with workforce preparation activities.
  - Leadership development opportunities.
  - Supportive services.
  - Adult mentoring.
  - Follow-up services for not less than 12 months.
  - Comprehensive guidance and counseling.
  - Financial literacy education.
  - Entrepreneurial skills training.
  - Labor market and employment information.
  - Activities to prepare for and transition to post-secondary education and training.

13. The Provider will deliver relatively more intensive services to participants who meet one or more of the criteria below:

- Parenting class as part of a case plan with a Public Children Services Agency.
- Alcohol or drug addiction treatment.
- Assistance in finding a home because the participant is homeless.
- Assistance in obtaining services related to domestic violence issues.
- Assistance in reentering the workforce due to ex-offender status.
- Supplemental Security Income (SSI) case management needed.
- Mental health counseling needed.
- Dropout prevention and recovery service.
- Basic skills deficiency.
- Transitioning from foster care.

Any one or more of the barriers listed above may result in a referral for intensive case management. However, the decision to make that referral will be determined on a case by case basis. Considerations may include: underlying circumstances, whether or not the participant is already in receipt of services needed to address the barrier and for how long, the severity of the situation, and the participants attitude and willingness to accept/receive help.

14. HCJFS expects case managers to work in collaboration with their clients to develop meaningful individual opportunity plans oriented toward the CCMEP performance goals of employment, job retention, earnings growth and credential attainment.
15. HCJFS recommends that CCMEP case managers review the goals and activities outlined in the individual opportunity plans with their clients at least every 30 days. This is necessary in order to revise the plans as individuals make progress toward their goals or experience changes in life circumstances or events.
16. HCJFS expects case managers engage with program participants at least once every 14 days if the participant is receiving intensive case management, or once every 30 days if the participant is not receiving intensive case management.
17. CCMEP participants must commit to participating in CCMEP for a minimum of 20 hours per week. Based on the participant's individual opportunity plan, the Provider may consider including in these hours such things as time spent in work, training or education activities, job search, case management, and homework and travel time. OWF work-eligible CCMEP participants must adhere to the minimum 20-hour requirement or the hour requirement set forth in Ohio Administrative Code rule 5101:1-3-01, whichever is higher. Good cause reasons for not meeting the 20-hour requirement may include illness, court-ordered appearances and lack of child care.
18. Semi-annual eligibility redetermination will be added/revised/reinforced for all Providers and staff working CCMEP caseloads. Method to be determined later.
19. Twelve (12) months of follow-up services are required for every participant that leaves the program.



20. Caseload:

In order to effectively and regularly engage with clients, case managers must have manageable caseloads. Caseload sizes may vary based on client needs and level of services required. The Provider should identify planned (and subsequently, actual) caseload sizes for both general and intensive CCMEP service populations. HCJFS will value proposals that place a relatively high proportion of funded staff into direct case management as opposed to supervisory, support, or back-office activities.

21. Monitoring:

The selected Provider will be able to assure a robust and timely CCMEP participation/activity tracking protocol. The tracking must clearly support Contract reporting requirement as well as participation and outcome reporting needed to support local mandates related to OWF work participation, WIOA performance measures, Youth Employment billings, eOMJ registration and similar.

22. Satisfaction:

HCJFS requires that Provider has a mechanism in place to solicit and collect feedback from CCMEP participants to better understand their experiences in the program and implement program improvements where needed. Provide a plan to complete universal satisfaction surveys at least annually.

HCJFS also requires that the Provider has a mechanism in place to solicit and collect feedback from CCMEP case managers to better understand their experiences in the program and implement program improvements where needed. Provide a plan to complete universal feedback surveys at least quarterly.

23. Close cases properly:

The Provider may propose to end CCMEP eligibility for a program participant when:

- a. The program participant has successfully entered post-secondary education, military enlistment or deployment, and/or unsubsidized employment and no longer needs CCMEP services.
- b. The program participant has been awarded Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) by the Social Security Administration and has made application for services with opportunities for Ohioans with disabilities.
- c. The program participant has failed to utilize CCMEP services on multiple occasions without good cause and the lead agency has made reasonable efforts to provide services and make contact with the program participant.

CCMEP services and follow-up services must stop immediately if the participant is determined to be no longer eligible for WIOA or TANF (PRC).

- 24. Provide compliant follow up services:  
All program participants must receive some form of follow-up services described in paragraph (E)(9) of rule 5101:14-1-02 of the Administrative Code, for a minimum duration of 12 months. Follow-up services may be provided beyond 12 months.
- 25. Primary measures for CCMEP mirror those prescribed in WIOA for the youth program. These include job entry, youth placement, credential attainment, median earnings and job retention.

There are seven primary performance measures for each lead agency:

- A. The percentage of program participants that are in unsubsidized employment during the second quarter after exit.
- B. The percentage of program participants that are in unsubsidized employment during the fourth quarter after exit.
- C. The percentage of program participants that are in unsubsidized employment, education, or occupational skills training during the second quarter after exit.

- D. The percentage of program participants that are in unsubsidized employment, education, or occupational skills training during the fourth quarter after exit.
- E. The percentage of program participants that were in an education or training program while enrolled in CCMEP who obtain a recognized post-secondary credential, or a secondary school diploma or its recognized equivalent during participation in or within one year after exit from CCMEP. CCMEP program participants who obtain a secondary school diploma or its recognized equivalent shall be included in the percentage counted as meeting the criterion if such participants, in addition to obtaining such diploma or its recognized equivalent, have obtained or retained employment or are in an education or training program leading to a recognized post-secondary credential within one year after exit from CCMEP.
- F. The median earnings of program participants who are in unsubsidized employment during the second quarter after exit.
- G. The percentage of program participants who were in unsubsidized employment during the second quarter after exit who during the fourth quarter after exit are employed with the same employer.
- H. HCJFS Contracted Measure: Obtain employment at any point after enrollment into CCMEP. Employment must be obtained as the result of CCMEP activities.
- I. HCJFS Contracted Measure: Retain employment obtained during any point in the CCMEP process for at least 90 days.

The Provider will collect data through CRISE, the Work Number and other employment verification sources, and various education attainment resources to support the measures above.

The Provider will verify and store in the case record any supplemental data that is included in performance measures.

## 2. Licensure, Administration and Training

- A. Identify any actions against your organization through ODJFS, ODMH or any other licensing body over the past 2 years that included Corrective Action Plans, Temporary License or Revocation. For the past 10 years, provide outcome of any action that resulted in a revocation.
- B. Provide a description of your organization's employee screening and clearance policy.
- C. Describe training, supervision, and support provided to staff.

## 2.3 Budgets and Cost Considerations

- A. HCJFS anticipates services will begin approximately July 1, 2016. Provider must submit a budget and budget narrative of the CCMEP program expenses, estimated number of participants, and projected cost per participant for the initial Contract term. In addition, if Provider is requesting an increase in costs for renewal years 1, 2 and 3, you must complete the data sheet in the budget and describe in detail the reasons for increased costs/expenses. Budgets and CCMEP program expenses, estimated number of participants, and projected cost per participant must be submitted in the form provided. Contracts will be written for the initial term of one (1) year with three (3) one year options for renewal.
- B. Provider must warrant and represent the Budget is based upon current financial information and programs, and includes all costs relating to, but not limited by, the following:
  1. Case management;
  2. Supportive Services; and
  3. Other direct services e.g. insurance, administration.
- C. Provider must submit a detailed narrative which demonstrates how costs are related to the service(s) presented in the proposal.
- D. Provider must take note that “profit” will be a separately negotiated element of price pursuant to OAC 5101:9-4-07, if Provider is a for-profit organization.
- E. For the purposes of this RFP, “unallowable” program costs (detailed list is located in 2 CFR Part 200 Subpart E) include:
  1. cost of equipment or facilities procured under a lease-purchase arrangement unless it is applicable to the cost of ownership such as depreciation, utilities, maintenance and repair;
  2. bad debt or losses arising from uncorrectable accounts and other claims and related costs;
  3. contributions to a contingency(ies) reserve or any similar provision for unforeseen events;

4. contributions, donations or any outlay of cash with no prospective benefit to the facility or program;
5. entertainment costs for amusements, social activities and related costs for staff only;
6. costs of alcoholic beverages;
7. goods or services for personal use;
8. fines, penalties or mischarging costs resulting from violations of, or failure to comply with, laws and regulations;
9. gains and losses on disposition or impairment of depreciable or capital assets;
10. cost of depreciation on idle facilities, except when necessary to meet Contract demands;
11. costs incurred for interest on borrowed capital or the use of a governmental unit's own funds, except as provided in OAC 5101:2-47-25(n);
12. losses on other Contracts';
13. organizational costs such as incorporation, fees to attorneys, accountants and brokers in connection with establishment or reorganization;
14. costs related to legal and other proceedings;
15. goodwill;
16. asset valuations resulting from business combinations;
17. legislative lobbying costs;
18. cost of organized fund raising;
19. cost of investment counsel and staff and similar expenses incurred solely to enhance income from investments;
20. any costs specifically subsidized by federal monies with the exception of federal funds authorized by federal law to be used to match other federal funds;
21. advertising costs with the exception of service-related recruitment needs, procurement of scarce items and disposal of scrap and surplus;
22. cost of insurance on the life of any officer or employee for which the facility is beneficiary;
23. major losses incurred through the lack of available insurance coverage; and

24. cost of prohibited activities from section 501(c)(3) of the Internal Revenue Code.

If there is a dispute regarding whether a certain item of cost is allowable, HCJFS' decision is final.

### 2.3.1 Funding

Planning figures for CCMEP for Federal Fiscal Year (FFY) 2017 anticipate approximately \$6,000,000 (TANF) for Hamilton County over and above the existing WIOA youth allocation. ODJFS will establish the final CCMEP allocations in June, 2016.

**Note:** Please see the notes below. They acknowledge the complexity of funding any program with both WIOA and TANF dollars.

#### Administrative activities and dollars in the Provider budget:

A major difference between TANF and WIOA administration definition is that TANF guidelines include eligibility determination as an administrative expense. Additionally, TANF guidelines dictate administrative activities remain an administrative expense, even if performed by a sub-recipient/contractor. Under WIOA, all costs incurred by a sub-recipient/contractor are program expenses, unless the sub-recipient/contractor is solely providing administrative support. Further detailed information can be found here: TANF Administrative Definition: OAC 5101:9-6-08, Temporary Assistance for Needy Families (TANF) Administration Allocation.

WIOA Administrative Definition: Draft Notice of Proposed Rule-Making, Section 683.215.

CCMEP WIOA Youth funds will be allocated in July of each state fiscal year and will remain available to the local area for two state fiscal years, plus a 90-day liquidation period. CCMEP TANF Youth funds will be allocated in July of each state fiscal year and will remain available for one state fiscal year, plus a 90-day liquidation period.

## 2.4 Customer References

Provider must submit at least three (3) current letters of reference for whom services were provided similar in nature and functionality to those requested by HCJFS. Reference letters from HCJFS or HCJFS employees will not be accepted. Each reference must include at a minimum:

- A. Company name;
- B. Address;
- C. Phone number;
- D. Fax number;
- E. Contact person;
- F. Nature of relationship and service performed; and,
- G. Time period during which services were performed.

If Provider is unable to submit at least three (3) letters of reference, Provider must submit a detailed explanation as to why.

## 2.5 Personnel Qualifications

Please submit resumes with the following information for key program and business personnel who will be working with the program.

- A. Proposed role;
- B. Industry certification(s), including any licenses or certifications and, whether such licenses or certifications have been suspended or revoked at any time;
- C. Work history; and
- D. Professional reference (company name, contact name and phone number, scope and duration of program).

Provider's program manager must have a minimum of three (3) years' experience as a program manager with a similar program.

It is the proposing agency's responsibility to redact all personal information from resumes. RFPs and all attachments are public documents and are available for general viewing. Please make sure the resume reflects the person's position title instead of their name so we can tie the position back to the budget.



## 2.6 Financial Documentation

Prior to Contract award, a copy of the most recent independent annual audit report, most recent single audit, if applicable and the most recent Form 990 must be submitted. For a sole proprietor or for-profit entities, include copies of the two (2) most recent year's federal income tax returns and the most recent year- end balance sheet and income statement. If no audited statements are available, Provider must supply equivalent financial statements certified by Provider to fairly and accurately reflect the Provider's financial status. Provider's failure to provide these documents may result in rejection of the proposal and subsequently a Contract will not be awarded. **It is the responsibility of the Provider to redact tax identification numbers from all documents prior to submission to HCJFS.**

## 2.7 Declaration of Property Tax Delinquency

After award of a Contract, and prior to the time a Contract is entered into, the successful bidder shall submit a statement in accordance with ORC Section 5719.042. Such statement shall affirm under oath that the person with whom the Contract is to be made was not charged at the time the bid was submitted with any delinquent personal property taxes on the general tax list of personal property of any county in which the taxing district has territory or that such person was charged with delinquent personal property taxes on any such tax list, in which case the statement shall also set forth the amount of such due and unpaid delinquent taxes any due and unpaid penalties and interest thereon.

If the statement indicates that the taxpayer was charged with any such taxes, a copy of the statement shall be transmitted by the fiscal officer to the county treasurer within thirty days of the date it is submitted.

A copy of the statement shall also be incorporated into the Contract, and no payment shall be made with respect to any Contract to which this section applies unless such statement has been so incorporated as a part thereof.

## 2.8 Proposal Documents

- A. The following items are to be attached only to the original proposal:

### **Ownership, Annual Report, and Licensure**

1. Agency/Company Ownership - Describe how the agency/company is owned (include the form of business entity -i.e., corporation, partnership or sole proprietorship) and financed.
2. Annual Report - A copy of Provider's most recent annual report.

- B. The following items are to be attached to the original proposal and all copies:

### **System and Fiscal Administration Components**

1. Contact Information - Provide the address for the Provider's headquarters and service locations. Include a contact name, address, and phone number.
2. Agency/Company History - Provide a brief history of Agency/Company's organization. Include the Agency/Company mission statement and philosophy of service.
3. Subcontracts - Submit a letter of intent from each subcontractor indicating its commitment, the service(s) to be provided and three (3) references.

All subcontractors must be approved by HCJFS and will be held to the same Contract standards and obligations as the Agency/Company.

4. Agency's/Company Primary Business - State the agency's/company's primary line of business, the date established, the number of years of relevant experience, and the number of employees.
5. Table of Organization - Clearly distinguish programs, channels of communication and the relationship of the proposed provision of services to the total company. In addition, please provide a list of all subsidiaries, affiliated companies, brother/sister companies and any

other related companies as well as each company's major line of business.

6. Insurance and Worker's Compensation - A current certificate of insurance, current endorsements and Worker's Compensation certificate.

Provider must note that as a Contract requirement the following conditions must be met:

During the Contract and for such additional time as may be required, Provider shall provide, pay for, and maintain in full force and effect the insurance specified in the attached sample Contract, for coverage at not less than the prescribed minimum limits covering Provider's activities, those activities of any and all subcontractors or those activities anyone directly or indirectly employed by Provider or subcontractor or by anyone for whose acts any of them may be liable.

#### **Certificates of Insurance**

Prior to the effective date of the Contract, Provider shall give the County and HCJFS the certificate(s) of insurance completed by Provider's duly authorized insurance representative, with effective dates of coverage at or prior to the effective date of the Contract, certifying that at least the minimum coverage required is in effect; specifying the form that the liability coverage's are written on; and, confirming liability coverage's shall not be cancelled, non-renewed, or materially changed by endorsement or through issuance of other policy(ies) of issuance without thirty (30) days advance written notice. Waiver of subrogation shall be maintained by Provider for all insurance policies applicable to this Contract, as required by ORC 2744.05. Certificates are to be sent to the HCJFS Contract Specialist, 222 E. Central Parkway Cincinnati, Ohio 45202 and the Hamilton County Risk Manager, Room 707, 138 East Court Street Cincinnati, OH 45202 Fax: 513-946-4720.

7. Job Descriptions - For all key program and business personnel who will be working with the program, to include: CFO, Program Director, Administrators, Case Managers, and Case Management Supervisors and any other key positions.

8. Program Quality Documents - Attach documents which describe and support program quality. Such documents might be the forms used for monitoring and evaluation. QA manual need not be included.
10. Agency's/Company's Brochures - A copy of the Agency's/Company's brochures which describe the services being proposed.
11. Federal Programs- Provide a description of the Agency's/Company's experience with federal programs.

### 3.0 PROPOSAL GUIDELINES

The RFP, the evaluation of responses, and the award of any resultant Contract must be made in conformance with current federal, state, and local laws and procedures.

#### 3.1 Program Schedule

ACTION ITEM	DELIVERY DATE
RFP Issued	<i>April 11, 2016</i>
RFP Conference	<i>April 22, 2016, 1:00 p.m. – 3:00 p.m.</i>
Deadline for Receiving Final RFP Questions	<i>April 29, 2016, no later than noon</i>
Deadline for Issuing Final RFP Answers	<i>May 6, 2016</i>
Deadline for Registering for the RFP Process	<i>April 29, 2016, no later than noon</i>
Deadline for Proposals Received by RFP Contact Person	<i>May 20, 2016, no later than 11:00 a.m.</i>
Oral Presentation – if needed	<i>June 2, 2016, time TBD</i>
Anticipated Proposal Review Completed	<i>June 2, 2016</i>
Anticipated Start Date	<i>July 1, 2016</i>

#### 3.2 RFP Contact Person

RFP Contact Person and mailing address for questions about the proposal process, technical issues, the Scope of Service or to send a request for a post-proposal meeting is:

**Sandra Carson, Contract Services**  
 Hamilton County Department of Job & Family Services  
 222 East Central Parkway, 3rd floor  
 Cincinnati, Ohio 45202  
 carsos01@jfs.hamilton-co.org  
 Fax: (513) 946-2384

### 3.3 Registration for the RFP Process

**EACH PROVIDER MUST REGISTER FOR AND RESPOND TO THIS RFP TO BE CONSIDERED. THE DEADLINE TO REGISTER FOR THE RFP IS APRIL 29, 2016, NO LATER THAN NOON.**

All interested Providers must complete RFP Registration Form (see Attachment G) and fax or e-mail the RFP Contact Person to register, leaving their name, company name, email address, fax number and phone number. The RFP Contact Person's fax number is (513) 946-2384, and their e-mail address is [carsos01@jfs.hamilton-co.org](mailto:carsos01@jfs.hamilton-co.org).

### 3.4 RFP Conference

The RFP Conference will take place at **OMJ Center, 1916 Central Parkway, Cincinnati, Ohio 45214, Room C, on April 22, 2016, 1:00 p.m. – 3:00 p.m.**

All registered Providers may also submit written questions regarding the RFP or the RFP Process. All communications being mailed, faxed or e-mailed are to be sent only to the RFP Contact Person listed in Section 3.2.

- A. Prior to the RFP Conference, questions may be faxed or e-mailed regarding the RFP or proposal process to the RFP Contact Person. The questions and answers will be distributed at the RFP Conference and by e-mail to Providers who have registered for the RFP Process but are unable to attend the RFP Conference.
- B. After the RFP Conference, questions may be faxed or e-mailed regarding the RFP or the RFP Process to the RFP Contact Person.
- C. No questions will be accepted after April 29, 2016 no later than noon. The final responses will be faxed or e-mailed no later than May 6, 2016 by the close of business.
- D. Only Providers who register for the RFP Process will receive electronic, unlocked budget, attachments and addenda.
- E. The answers issued in response to such Provider questions become part of the RFP.

### **3.5 Prohibited Contacts**

The integrity of the RFP process is very important to HCJFS in the administration of our business affairs, in our responsibility to the residents of Hamilton County, and to the Providers who participate in the process in good faith. Behavior by Providers which violates or attempts to manipulate the RFP process in any way is taken very seriously. Neither Provider nor their representatives should communicate with individuals associated with the RFP process. If an interested Provider or anyone associated with an interested Provider attempts any unauthorized communication, Provider's proposal is subject to rejection.

Individuals associated with this RFP and related program include, but are not limited to the following:

- A. Public officials; including but not limited to the Hamilton County Commissioners; and
- B. Any HCJFS employees, except for the RFP Contact Person listed in Section 3.2.

Examples of unauthorized communications prior to the award of the contract, except to the RFP Contact Person listed in Section 3.2, including but are not limited to:

- A. Telephone calls;
- B. Letters, emails, social media contacts and faxes regarding the RFP process, anything related to the RFP or the RFP process; and
- C. Visits in person or through a third party attempting to obtain information regarding the RFP, anything related to the RFP or the RFP process.

Notwithstanding the above, there shall be no contact with anyone, including the RFP Contact Person after April 29, 2016, noon.

### **3.6 Provider Disclosures**

Provider must disclose any pending or threatened court actions and claims brought by or against the Provider, its parent company or its subsidiaries. This information will not necessarily be cause for rejection of the proposal; however, withholding the information may be cause for rejection of the proposal.

### **3.7 Provider Examination of the RFP**

**THIS RFP AND THE REQUIREMENTS HEREIN HAVE BEEN MODIFIED SINCE THE PREVIOUS RFP PROCESS. PLEASE REVIEW ALL REQUIREMENTS AND THE PROPOSAL TO ENSURE ACCURACY. ATTENDANCE AT THE RFP CONFERENCE IS HIGHLY ENCOURAGED.**

Providers shall carefully examine the entire RFP and any addenda thereto, all related materials and data referenced in the RFP or otherwise available and shall become fully aware of the nature of the request and the conditions to be encountered in performing the requested services.

If Providers discover any ambiguity, conflict, discrepancy, omission or other error in this RFP, they shall immediately notify the RFP Contact Person by April 29, 2016 no later than noon of such error in writing and request clarification or modification of the document. Modifications shall be made by addenda issued pursuant to Section 3.8, Addenda to RFP. Clarification shall be given by fax or e-mail to all parties who registered for the RFP, Section 3.3, without divulging the source of the request for same.

If a Provider fails to notify HCJFS prior to April 29, 2016 noon of an error in the RFP known to the Provider, or of an error which reasonably should have been known to the Provider, the Provider shall submit its proposal at the Provider's own risk. If awarded the Contract, the Provider shall not be entitled to additional compensation or time by reason of the error or its later correction.

### **3.8 Addenda to RFP**

HCJFS may modify this RFP by issuance of one or more addenda to all parties who registered for the RFP, Section 3.3. In the event modifications, clarifications, or additions to the RFP become necessary, all Providers who registered for the RFP Conference will be notified and will receive the addenda via fax or e-mail. In the unlikely event emergency addenda by telephone are necessary, the RFP Contact Person, or designee, will be responsible for contacting only those Providers who registered for the RFP Conference. All addenda to the RFP will be posted to <http://www.hcjfs.hamilton-co.org>



### **3.9 Availability of Funds**

Contract awards are conditioned upon the availability of federal, state, or local funds appropriated or allocated for payment for services provided. By sole determination of HCJFS, if funds are not sufficiently allocated or available for the provision of the services performed by Provider, HCJFS reserves the right to exercise one of the following alternatives:

1. Reduce the utilization of the services provided under the Contract, without change to the terms and conditions of the Contract; or
2. Issue a notice of intent to terminate the Contract.

HCJFS will notify Provider at the earliest possible time of such decision. No penalty will accrue to HCJFS in the event either provision is exercised. HCJFS will not be obligated or liable for any future payments due or for any damages as a result of termination.

## 4.0 SUBMISSION OF PROPOSAL

Provider must certify the proposal and pricing will remain in effect until January 1, 2017. Any agreement to hold prices beyond that date will be done in 30-day increments by mutual agreement of the parties.

### 4.1 Preparation of Proposal

Proposals must provide a straightforward, concise delineation of qualifications, capabilities, and experience to satisfy the requirements of the RFP. Expensive binding, colored displays, promotional materials, etc. are not necessary. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, completeness, and clarity of content. The proposal must include all costs relating to the services offered.

### 4.2 Cost of Developing Proposal

The cost of developing proposals is entirely the responsibility of the Provider and shall not be chargeable to HCJFS under any circumstances. All materials submitted in response to the RFP will become the property of HCJFS and may be returned only at HCJFS' option and at Provider's expense.

### 4.3 False or Misleading Statements

If, in the opinion of HCJFS, information included within Provider's proposal was intended to mislead the County in its evaluation of the proposal, the proposal will be rejected.

### 4.4 Delivery of Proposals

Proposals must be received by the RFP Contact Person at 222 E. Central Parkway, 3<sup>rd</sup> Floor, Cincinnati, OH 45202 by May 20, 2016 no later than 11:00 a.m. ***Proposals received after this date and time will not be considered.*** If Provider is not submitting the proposal in person, Provider should use certified or registered mail, UPS, or Federal Express with return receipt requested and email the RFP Contact Person the method of delivery. A receipt will be issued for all proposals received. No e-mail, facsimile, or telephone proposals will be accepted.

**It is absolutely essential that Providers carefully review all elements in their final proposals. Once received, proposals cannot be altered; however, HCJFS reserves the right to request additional information for clarification purposes only.**

## **4.5 Acceptance and Rejection of Proposals**

HCJFS reserves the right to:

- A. award a Contract for one or more of the proposed services;
- B. award a Contract for the entire list of proposed services;
- C. reject any proposal, or any part thereof; and
- D. waive any informality in the proposals.

The recommendation of HCJFS staff and the approval by the HCJFS Director shall be final. Waiver of an immaterial defect in the proposal shall in no way modify the RFP documents or excuse the Provider from full compliance with its specifications if Provider is awarded the Contract.

## **4.6 Evaluation and Award of Contract**

The review process shall be conducted in four stages. Although it is hoped and expected that a Provider will be selected as a result of this process, HCJFS reserves the right to discontinue the procurement process at any time.

### **Stage 1. Preliminary Review**

A preliminary review of all proposals submitted by the deadline listed in Section 3.1 Program Schedule will be performed to ensure the proposal materials adhere to the Mandatory Requirements specified in the RFP. Proposals which meet the Mandatory Requirements will be deemed Qualified. Those which do not, shall be deemed Non-Qualified. Non-Qualified proposals will be rejected. Qualified proposals in response to the RFP must contain the following Mandatory Requirements:

- A. Registry for RFP
- B. Timely Submission – The proposal is received at 222 E. Central Parkway, 3<sup>rd</sup> Floor, Cincinnati, OH 45202 by May 20, 2016 no later than 11:00 a.m. and according to instructions. Proposals mailed but not received at the designated location by the specified date shall be deemed Non-Qualified and shall be rejected.

- C. Signed and Completed Cover Sheet, Section 2.1;
- D. Responses to Program Components, Section 2.2.1;
- E. Completed Budgets, Section 2.3;
- F. Responses to System and Fiscal Administration Components, Section 2.8 (B)

## **Stage 2. Evaluation Committee Review**

All Qualified proposals shall be reviewed, evaluated, and rated by the Review Committee. Review Committee shall be comprised of HCJFS staff and other individuals designated by HCJFS. Review Committee shall evaluate each Provider's proposal using criteria developed by HCJFS. Ratings will be compiled using a Review Committee Rating Sheet. Responses to each question will be evaluated and ranked using the following scale:

Does Not Meet Requirement	A particular RFP requirement was not addressed in the Provider's proposal.
Partially Meets Requirement	Provider's proposal demonstrates some attempt at meeting a particular RFP requirement, but that attempt falls below an acceptable level.
Meets Requirement	Provider's proposal fulfills a particular RFP requirement in all material respects, potentially with only minor, non-substantial deviation.
Exceeds Requirement	Provider's proposal fulfills a particular RFP requirement in all material respects, and offers some additional level of quality in excess of HCJFS expectations.

## **Stage 3 Other Materials**

Review Committee members will determine what other information is required to complete the review process. All information obtained during Stage 3 will be evaluated using the scale set forth in Stage 2 Review and incorporated into the overall rating for the proposal. Review Committee may request information from sources other than the written proposal to evaluate Provider's programs or clarify Provider's proposal. Other sources of information may include but are not limited to the following:

- A. Written responses from Provider to clarify questions posed by Review Committee. Such information requests by Review Committee and Provider's responses must always be in writing;
- B. Oral presentations. If HCJFS determines oral presentations are necessary, the presentations will be focused to ensure all of HCJFS' interests or concerns are adequately addressed. The primary presentation must include Provider's key program personnel. HCJFS reserves the right to video tape the presentations.

#### **Stage 4      Evaluation Scoring**

Final scoring for each proposal will be calculated. For this RFP, the evaluation percentages assigned to each section are:

- A. Program Evaluation including responses to Section 2.2.1 Questions, Section 2.4 Customer References and Section 2.5 Personnel Qualifications are worth 60% of the total evaluation score.
- B. Fiscal Evaluation, Section 2.3 Questions, Cost Analysis and Project Budget are worth 20% of the total evaluation score.
- C. System and Fiscal Administration Evaluation including responses to Section 2.8 (B) Questions are worth 10% of the total evaluation score.
- D. Section 4.6, Stage 3, Other Materials considered are worth 10% of the total evaluation score.

If HCJFS determines that it is not necessary to conduct a Stage 3 review, the evaluation percentages assigned to each section are:

- A. Program Evaluation including responses to Section 2.2.1 Questions, Section 2.4 Customer References and Section 2.5 Personnel Qualifications are worth 70% of the total evaluation score.
- B. Fiscal Evaluation, Section 2.3 Questions, Cost Analysis and Project Budget are worth 20% of the total evaluation score.
- C. System and Fiscal Administration Evaluation including responses to Section 2.8 (B) Questions are worth 10% of the total evaluation score.

## **4.7 Proposal Selection**

Proposal selection does not guarantee a Contract for services will be awarded. The selection process includes:

- A. All proposals will be evaluated in accordance with Section 4.6 Evaluation & Award of Contract. The Review Committee's evaluations will be scored and sent through administrative review for final approval.
- B. Based upon the results of the evaluation, HCJFS will select Provider(s) for the services who it determines to be the responsible agency/company(s) whose proposal(s) is (are) most advantageous to the program, with price and other factors considered.
- C. HCJFS will work with selected Provider to finalize details of the Contract using Attachment B, Contract Sample, to be executed between the BOCC on behalf of HCJFS and Provider.
- D. If HCJFS and selected Provider are able to successfully agree with the Contract terms, the BOCC has final authority to approve and award Contracts. The Contract is not final until the BOCC has approved the document through public review and resolution through quorum vote.
- E. If HCJFS and successful Provider are unable to come to terms regarding the Contract, in a timely manner as determined by HCJFS, HCJFS will terminate the Contract discussions with Provider. In such event, HCJFS reserves the right to select another Provider from the RFP process, cancel the RFP or reissue the RFP as deemed necessary.
- F. If a proposal is selected with a Provider who has not yet received its licensure from the appropriate Board, the proposal will be disqualified unless the Provider receives its licensure within 60 days of acceptance of the proposal.

## **4.8 Post-Proposal Meeting**

The post-proposal meeting process may be utilized only by Providers who submitted Qualified Proposals, who wish to obtain clarifying information regarding their non-selection.

If a Provider wishes to discuss the selection process, the request for an informal meeting and the explanation for it must be submitted in writing and received by HCJFS within fourteen (14) business days after the date of notification of the decision.

All requests must be signed by an individual authorized to represent the Provider and be addressed to the RFP Contact Person at the address listed in Section 3.2. Certified or registered mail must be used unless the request is delivered in person, in which case the Provider should obtain a delivery receipt. A meeting will be scheduled within 21 calendar days of receipt of the request and will be for the purpose of discussing a Provider's non-selection.

## 4.9 Public Records

All proposals submitted shall become the property of HCJFS to use or, at its option, return such proposals. All proposals and associated documents will be considered to be public information and will be open for inspection to interested parties after the award of a contract unless identified as a trade secret or otherwise exempted from disclosure under the Ohio Public Records Act.

Trade secrets or otherwise exempted information must be clearly identified and marked as such in the proposal. Each page containing such material must:

1. Be placed in a sealed envelope;
2. Must have the basis for non-disclosure status stamped or written in the upper right hand corner of the page and the envelope; and
3. Be placed in the required order of the response format.

**For example** if Pages 1-5 are not trade secrets or otherwise exempted from disclosure and Page 6 contains a trade secret then

- the word "Trade Secret" would be stamped in the corner of Page 6;
- Page 6 would be placed in an envelope; and
- The envelope is stamped as containing a "Trade Secret" is placed after page 5.

**DO NOT MARK EVERY PAGE OF YOUR PROPOSAL AS TRADE SECRET  
OR OTHERWISE EXEMPTED FROM DISCLOSURE OR YOUR PROPOSAL  
MAY BE REJECTED**

If HCJFS is requested by a third party to disclose those documents which are identified and marked as Trade Secret or Otherwise Exempted from disclosure, HCJFS will notify Provider of that fact. Provider shall promptly notify HCJFS, in writing, that either a) HCJFS is permitted to release these documents, or b) Provider intends to take immediate legal action to prevent its release to a third party. A failure of Provider to respond within five (5) business days shall be deemed permission for HCJFS to release such documents.

It is Provider's sole responsibility to legally defend the actions of HCJFS for withholding Provider's documents as trade secrets or otherwise exempted information if the issue is challenged.

#### **4.10 Provider Certification**

HCJFS reserves the right to complete the Provider Certification process for selected Providers. The purpose of the process is to provide some assurance to HCJFS that Provider has the administrative capability to effectively and efficiently manage the Contract. The process covers three (3) key areas: Section A - basic identifying information; Section B - financial and administrative information; and Section C - quality assurance information. The process may be abbreviated for Providers already certified through another process, such as Medicaid, JCAHO, COA, CARF, etc.

#### **4.11 Public Record Requests Regarding this RFP**

Per ORC 307.862 (C), in order to ensure fair and impartial evaluation, proposals and any documents or other records related to a subsequent negotiation for a final Contract that would otherwise be available for public inspection and copying under section 149.43 of the Revised Code, shall not be available until after the award of the Contract(s). Award is defined as when the Contract is fully executed by all parties.



# ATTACHMENT A

## Cover Sheet

**ATTACHMENT A**  
**PROPOSAL COVER SHEET FOR**  
**Comprehensive Case Management and Employment Plan RFP**  
**Bid No: RFP #SC07-16R**

Name of Provider : \_\_\_\_\_

Provider Address: \_\_\_\_\_

*Include city, state and zip code*

Contact Person : \_\_\_\_\_  
*(Please Print or type name)* *Title*

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Additional Names:** Provider must include the names of individuals authorized to negotiate with HCJFS

**Person(s) authorized to negotiate with HCJFS:**

(1) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*(Please Print)* *(Please Print)*

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*(Please Print)* *(Please Print)*

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Initial Term for 1 <sup>st</sup> Twelve (12) Months 7/1/16 - 06/30/2017	Renewal Year 1 for 2 <sup>nd</sup> Twelve (12) Months 7/1/17 - 06/30/18	Renewal Year 2 For 3 <sup>rd</sup> Twelve (12) Months 7/1/18 - 06/30/19	Renewal Year 3 for 4 <sup>th</sup> Twelve (12) Months 7/1/19 - 06/30/20
CCMEP Program Expenses: \$ _____ Estimated # of Participants: _____ Projected Cost per Participant: \$ _____	CCMEP Program Expenses: \$ _____ Estimated # of Participants: _____ Projected Cost per Participant: \$ _____	CCMEP Program Expenses: \$ _____ Estimated # of Participants: _____ Projected Cost per Participant: \$ _____	CCMEP Program Expenses: \$ _____ Estimated # of Participants: _____ Projected Cost per Participant: \$ _____

**Certification:** I hereby certify the information and data contained in this proposal are true and correct. The Provider's governing body has authorized this application and document.

\_\_\_\_\_  
Signature - Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Financial Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

++Please see back of form for checklist to verify everything required to be submitted is included.

### RFP Submission Checklist

Pursuant to Section 4.6 of the RFP, the following items are to be included if your proposal is to be deemed qualified. Please indicate that the items are included by checking the corresponding column.

<b>Action Required</b>	<b>RFP Section</b>	<b>Included</b>
Did you register for the RFP process?	3.3	
Will your Proposal be submitted by 11:00 a.m. on May 20, 2016?	4.4	
Did you include all the Contact Information on the Cover Sheet?	2.1	
Did you include the CCMEP Program Expenses and the Projected cost per Participant for the Initial Term on the Cover Sheet?	2.1	
Did you include the CCMEP Program Expense and the Projected cost per Participant for the First, Second, and Third Renewal Terms on the Cover Sheet?	2.1	
Did you sign the Cover Sheet?	2.1	
Is a response to each Program Component included?	2.2.1	
Is a response to each System and Fiscal Administration Component included?	2.8	

# ATTACHMENT B

## Contract Sample

**Contract #**

**HAMILTON COUNTY DEPARTMENT OF JOB  
AND FAMILY SERVICES  
PURCHASE OF SERVICE SUBRECIPIENT AGREEMENT**

This Contract is entered into on \_\_\_\_\_ between the Board of County Commissioners of Hamilton County, Ohio through the Hamilton County Department of Job & Family Services (Hereinafter "HCJFS") and **Name of organization**, (Hereinafter "Provider") doing business as **enter only if different name**, with an office at **Name and Street address, City State, zip**, whose telephone number is **(XXX) XXX-XXXX**, for the purchase of **Comprehensive Case Management And Employment Program (the "Contract")**.

**1. TERM**

This Contract will be effective from **MM/DD/YYYY** through **MM/DD/YYYY** (the "Initial Term") inclusive, unless otherwise terminated or extended by formal amendment.

The total amount of the Contract cannot exceed **\$000,000.00** over the life of this Contract.

This Contract is a result of RFP SC07-16R....

The anticipated expenditure for the period Month/day, 201\_ to Month/day, 201\_ is \$XX, 000.00 and for the period Month/day, 201\_ to Month/day, 201\_ is \$XX, XXX.00 XX.00.

In addition to the Initial Term described above, this Contract may be renewed, at the option of HCJFS, for three (3) additional, one (1) year terms (the "Renewal Term(s)"). If HCJFS determines it will not enter into any Renewal Term, it will give Provider written notice not less than sixty (60) days prior to the expiration of the term then in effect, of its intention not to renew.

**2. SCOPE OF SERVICE**

**1. EXHIBITS**

Subject to terms and conditions set forth in this Contract and the attached exhibits, Provider agrees to perform the CCMEP services for CCMEP eligible participants, which may be referred by HCJFS (the "Consumer") as more particularly described in Exhibit nn – Request for Proposal, Exhibit nn – Provider's Proposal, and Exhibit nn – Scope of Work, (individually, the "Service", collectively the "Services"). The parties agree that a billable unit of service is defined in Exhibit nn – Scope of Work. The following exhibits are deemed to be a part of this Contract as if fully set forth herein:

1. Exhibit nn – Scope of Work
2. Exhibit nn – Budget
3. Exhibit nn – The Request for Proposal
4. Exhibit nn – Provider's Proposal
5. Exhibit nn – Protocol for Requests for a Budget Adjustment

6. Exhibit nn – Release of Personnel Records and Criminal Record Check
7. Exhibit nn - Data Sharing, Business Associate and Confidentiality Provisions
8. Exhibit nn -Ohio Department of Job and Family Services Comprehensive Case Management and Employment Plan for Hamilton County

## 2. ORDER OF PRECEDENCE

This Contract is based upon Exhibits I through nn as defined in 2.A. Exhibits above. This Contract and all exhibits are intended to supplement and complement each other and shall, where possible, be so interpreted. However, if any provision of this Contract irreconcilably conflicts with an exhibit, this Contract takes precedence over the exhibits. In the event there is an inconsistency between the exhibits, the inconsistency will be resolved in the following order:

1. Exhibit nn – Scope of Work
2. Exhibit nn – The Request for Proposal
3. Exhibit nn – Provider’s Proposal

### A. PROVIDER RESPONSIBILITY

1. Oversight and monitoring of all program activities, including collaborative partners.
2. Administering and reporting all funds paid as a result of the program.
3. Assisting in the collection of grant-funded eligibility documentation, reviewing and entering appropriate service information into the Ohio Workforce Case Management System (OWCMS) and other data collection system(s) determined by HCJFS, and submitting all performance documentation to HCJFS.
4. Collaborating with community organizations and government entities, including, but not limited to: local education agencies, social service agencies, public housing agencies, TANF/OWF, foster care, youth service Providers and other related programs, businesses and industry sectors, and workforce service system and its partners.
5. Coordinating with partners in program design, implementation and capacity building/staff development and ensuring that the program meets performance outcomes.
6. Conducting customer satisfaction surveys of participants and using the results to develop and implement a continuous improvement plan.
7. Disallowed costs – Costs in excess of the project budget, incurred outside of the Contract scope or timeframe, and prohibited costs will be the responsibility of the Contract holder.

### B. HCJFS RESPONSIBILITY

### 3. BILLING AND PAYMENT

- A. *Rates of Payment* – HCJFS agrees to reimburse Provider for actual expenses incurred, documented and invoiced during each month of service of the Agreement period. Provider acknowledges that it will be reimbursed for its actual expenses and not for the expense amounts set forth on any budget or projection. This rate of payment was established and supported by the attached program budget, Exhibit III.

Provider reserves the right, and HCJFS agrees that Provider may move or adjust from any line item, contained on Provider's Budget, Exhibit III, by an amount less than Ten Percent (10%), without prior approval of HCJFS, given that the adjustment does not impact the provider's overall budget amount. Any line item adjustment that is 10% or greater will require Provider to follow the guidelines defined in exhibit IV, HCJFS Budget Adjustment Protocol.

- B. *Billing and Payment* – Original invoices, signed by Provider, will be sent each month to HCJFS within thirty (30) days of the end of the service month. Provider shall make all reasonable efforts to include all service provided during the service month on the invoice.

HCJFS reserves the right to withhold payment until such time as requested and/or required reports are received.

1. HCJFS will not make payment for any service, either an initial invoice or a supplemental invoice, which is submitted to HCJFS more than thirty (30) calendar days from the end of the service month. The HCJFS Fiscal Department has the final authority in determining if an invoice is received timely and accurately. For invoices which are received timely but are not accurate, there will be no extension of the time limitations.
  2. For accurate invoices which are received timely, HCJFS will make reasonable efforts to affect payment within thirty (30) calendar days after receipt of the invoice for all invoices received in accordance with the terms of this Agreement.
  3. The monthly Agreement program financial report shall be submitted to the HCJFS Agreement Services Section no later than forty-five (45) days after the end of the service month. HCJFS reserves the right to withhold payment until such time as the report is received.
- C. Provider will indicate the vendor number on all invoices submitted for payment.
- D. Provider warrants that the following unallowable costs were not included in determining the rate of payment and that these costs will not be included in any invoice submitted for payment. For this project, unallowable costs are:
1. bad debt or losses arising from uncollectible accounts and other claims and related costs;
  2. bonding costs;
  3. contributions to a contingency(ies) reserve or any similar provision for unforeseen events;

4. contributions, donations or any outlay of cash with no prospective benefit to the facility or program;
  5. entertainment costs for amusements, social activities and related costs;
  6. costs of alcoholic beverages;
  7. goods or services for personal use;
  8. fines, penalties or mischarging costs resulting from violations of, or failure to comply with, laws and regulations;
  9. gains and losses on disposition or impairment of depreciable or capital assets;
  10. cost of depreciation on idle facilities, except when necessary to meet Agreement demands;
  11. costs incurred for interest on borrowed capital or the use of a governmental unit's own funds, except as provided in rule 5101:2-47-26.2 of the Administrative Code;
  12. losses on other Agreements;
  13. organizational costs such as incorporation, fees to attorneys, accountants and brokers in connection with establishment or reorganization;
  14. costs related to legal and other proceedings;
  15. goodwill;
  16. asset valuations resulting from business combinations;
  17. legislative lobbying costs;
  18. cost of organized fund raising;
  19. cost of investment counsel and staff and similar expenses incurred solely to enhance income from investments;
  20. any costs specifically subsidized by federal monies with the exception of federal funds authorized by federal law to be used to match other federal funds;
  21. advertising costs with the exception of service-related recruitment needs, procurement of scarce items and disposal of scrap and surplus;
  22. cost of insurance on the life of any officer or employee for which the facility is beneficiary;
  23. major losses incurred through the lack of available insurance coverage; and
  24. cost of prohibited activities from section 501(C) (3) of the Internal Revenue Code.
- E. Provider warrants that a separate General Ledger account has been established and will be maintained for the revenue and expenses of this Agreement program.
- F. Provider warrants that claims made to HCJFS for payment for services provided shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Provider to other sources of funding for the same service.

#### **4. ELIGIBILITY FOR SERVICES**

Eligibility will be determine as required in the most current Ohio Department of Job and Family Services Comprehensive Case Management and Employment Plan for Hamilton County, Exhibit nn.

#### **5. AVAILABILITY AND RETENTION OF RECORDS**

- A. Provider agrees that all records, documents, writing or other information, including but not limited to, financial records, census records, Consumer records and documentation of



compliance with Ohio Administrative Code rules, produced by Provider under this Agreement, and all records, documents, writings or other information, including but not limited to financial, census and Consumer records used by Provider in the performance of this Agreement are treated according to the following terms:

1. All records relating to costs, work performed and supporting documentation for invoices submitted to HCJFS by Provider.
  2. Copies of all deliverables submitted to HCJFS pursuant to this Agreement, will be retained and made available by the Provider for inspection and audit by HCJFS, or other relevant governmental entities including, but not limited to the Hamilton County Prosecuting Attorney, Ohio Department of Job and Family Services (ODJFS), the Auditor of the State of Ohio, the Inspector General of Ohio or any duly appointed law enforcement officials and the United States Department of Health and Human Services for a minimum of three (3) years after reimbursement for services rendered under this Agreement.
  3. If an audit, litigation or other action is initiated during the time period of the Agreement, the Provider shall retain such records until the action is concluded and all issues resolved or the three (3) years have expired, whichever is later.
- B. Provider agrees that it will not use any information, systems or records made available to it for any purpose other than to fulfill the contractual duties specified herein, without permission of HCJFS. Provider further agrees to maintain the confidentiality of all Consumers and families served. No information on Consumers served will be released for research or other publication without the express written consent of the HCJFS Director.
- C. Provider agrees to keep all financial records in a manner consistent with generally accepted accounting principles.
- D. Provider agrees that each financial transaction shall be fully supported by appropriate documentation. Provider further agrees that such documentation shall be available for examination.

## **6. NO ASSURANCES**

Provider acknowledges that, by entering into this Agreement, HCJFS is not making any guarantees or other assurances as to the extent, if any, that HCJFS will utilize Provider's services or purchase its goods. In this same regard, this Agreement in no way precludes, prevents, or restricts Provider from obtaining and working under additional contractual arrangement(s) with other parties, assuming the contractual work in no way impedes Provider's ability to perform the services required under this Agreement. Provider warrants that at the time of entering into this Agreement, it has no interest in nor shall it acquire any interest, direct or indirect, in any Agreement that will impede its ability to provide the goods or perform the services under this Agreement.

## **7. NON-EXCLUSIVE**

This is a non-exclusive Agreement, and HCJFS may purchase the same or similar item(s) from other Providers at any time during the term of this Agreement.

## **8. CONFLICT OF INTEREST**

Provider warrants that at the time of entering into this Agreement, it has no interest in nor shall it acquire any interest, direct or indirect, in any Agreement that will impede its ability to perform the services under this Agreement.

Provider further agrees that there is no financial interest involved on the part of any HCJFS officers, Board of County Commissioners or employees of the County involved in the development of the specifications or the negotiation of this Agreement. Provider has no knowledge of any situation that would be a conflict of interest. It is understood that a conflict of interest occurs when a County or a HCJFS employee or officer will gain financially or receive personal favors as a result of the signing or implementation of this Agreement. Provider will report the discovery of any potential conflict of interest to HCJFS. Should a conflict of interest be discovered during the term of this Agreement, HCJFS may exercise any right under the Agreement including termination of the Agreement.

Provider further agrees to comply with Ohio ethics laws as listed in the Ohio Revised Code Chapters 102 and 2921, and the Ohio Administrative Code Chapter 5101. By signing this Agreement, Provider certifies to be in compliance with these provisions.

## **9. ASSIGNMENT AND SUBCONTRACTING**

The parties expressly agree that this Agreement shall not be assigned by the Provider without the prior written approval of HCJFS. Provider may not subcontract any of the services agreed to in this Agreement without the express written consent of the HCJFS. At the time of Agreement signing, Provider warrants that Provider has a signed Agreement with all approved subcontractors or will execute a signed Agreement with all approved subcontractors within thirty (30) days of execution of Provider's Agreement with HCJFS.

All subcontracts are subject to the same terms, conditions, and covenants contained within this Agreement, including the insurance requirement in which Hamilton County, the BOCC, HCJFS and the Provider are listed as additional insured. Provider agrees it will remain primarily liable for the provision of all deliverables under this Agreement and it will monitor any approved subcontractors to assure all requirements under this Agreement are being met.

HCJFS acknowledges and agrees that the following subcontractors may perform services in relation to this Agreement: (identify any subcontractors anticipated to do work via the Agreement):

- 1.

Notwithstanding any other provisions of this Agreement that would afford Provider an opportunity to cure a breach, Provider agrees the assignment of any portion of this Agreement or use of any

subcontractor, without HCJFS prior written consent, is grounds for HCJFS to terminate this Agreement with one (1) day prior written notice.

Provider must notify HCJFS within one (1) business day when Provider knows or should have known that the subcontractor is out of compliance or unable to meet Agreement requirements. Should this occur, Provider will immediately implement a process whereby subcontractor is immediately brought into compliance or the subcontractor's Agreement with Provider is terminated. Provider shall provide HCJFS with written documentation regarding how compliance will be achieved. Under such circumstances, Provider shall notify HCJFS of subcontractor's termination and shall make recommendations to HCJFS of a replacement subcontractor. All replacement subcontractors are subject to the prior written consent of HCJFS. Provider is responsible for making direct payment to all subcontractors for any and all services provided by such subcontractor.

## **10. GOVERNING LAW**

This Agreement and any modifications, amendments, or alterations, shall be governed, construed, and enforced under the laws of Ohio.

## **11. INTEGRATION AND MODIFICATION**

This instrument including Exhibits embodies the entire Agreement of the parties. There are no promises, terms, conditions or obligations other than those contained herein; and this Agreement shall supersede all previous communications, representations or Agreements, either written or oral, between the parties to this Agreement. This Agreement shall not be modified in any manner except by an instrument, in writing, executed by the parties to this Agreement.

Provider acknowledges and agrees that only staff from the Contract Services Section of HCJFS may implement Agreement changes. In no event will an oral agreement with HCJFS be recognized as a legal and binding change to the Agreement.

## **12. SEVERABILITY**

If any term or provision of this Agreement or the application thereof to any person or circumstance shall, to any extent be held invalid or unenforceable, the remainder of this Agreement or the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby and each term and provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

## **13. TERMINATION**

### **A. Termination for Convenience**

This Contract may be terminated by HCJFS upon notice, in writing, delivered upon Provider thirty (30) calendar days prior to the effective date of termination.

## B. Termination for Cause by HCJFS

If Provider fails to provide the Services as provided in this Contract for any reason other than Force Majeure, or if Provider otherwise materially breaches this Contract, HCJFS may consider Provider in default. HCJFS agrees to give Provider thirty (30) days written notice specifying the nature of the default. Provider shall have seven (7) calendar days from receipt of such notice to provide a written plan of action to HCJFS to cure such default. HCJFS is required to approve or disapprove such plan within five (5) calendar days of receipt. In the event Provider fails to submit such plan or HCJFS disapproves such plan, HCJFS has the option to immediately terminate this Contract upon written notice to Provider.

If Provider fails to cure the default in accordance with an approved plan, then HCJFS may terminate this Contract at the end of the thirty (30) day notice period. Any extension of the time periods set forth above shall not be construed as a waiver of any rights or remedies that HCJFS may have under this Contract.

For purposes of the Contract, material breach shall mean an act or omission that violates or contravenes an obligation required under the Agreement and which, by itself or together with one or more other breaches, has a negative effect on, or thwarts the purpose of the Agreement as stated herein. A material breach shall not include an act or omission, which has a trivial or negligible effect on the quality, quantity, or delivery of the goods and services to be provided under the Contract.

Notwithstanding the above, in cases of substantiated allegations of: i) improper or inappropriate activities, ii) loss of required licenses iii) actions, inactions or behaviors that may result in harm, injury or neglect or a Consumer, iv) unethical business practices or procedures; and v) any other event that HCJFS deems harmful to the well being of a Consumer; HCJFS may immediately terminate this Contract upon delivery of a written notice of termination to Provider.

## C. Effect of Termination

1. Upon any termination of this Contract, Provider shall be compensated for (i) any outstanding invoices that have been issued in accordance with this Contract; and (ii) services satisfactorily performed in accordance with the terms and conditions of this Contract up to the date of termination. In addition, HCJFS shall receive credit for reimbursement made, as of the date of termination, when determining any amount owed to Provider.
2. Provider, upon receipt of notice of termination, shall take all necessary or appropriate steps to limit disbursements and minimize costs and furnish a report, as of the date of receipt of notice of termination, describing the status of all work under this Contract, including without limitation, results accomplished, conclusions resulting therefrom and any other matters as HCJFS may require.

Provider shall not be relieved of liability to HCJFS for damages sustained HCJFS by virtue of any breach of the Contract by Provider. HCJFS may withhold any compensation to Provider for the purpose of off-set until such time as the amount of damages due HCJFS from Provider is agreed upon or otherwise determined.

## 14. TRANSITION PLAN

The Transition Plan will be developed among all parties in the event of termination or expiration of the Contract. The goals of the Transition Plan are to: a) ensure continuity of care; b) not disrupt care unnecessarily; and c) ensure the safety of Customers and their families. The parties agree that each shall provide reasonable cooperation, which could include a ninety day (90) Contract extension, in the transitioning of responsibilities to any other person or entity selected by HCJFS to assume administration of such responsibilities. To ensure continuity of services to Customers and families, the Transition Plan, at a minimum, will include the following schedule:

- A. Consumer records will be provided to HCJFS thirty (30) days prior to the termination date of the Contract;
- B. A monthly Service Authorization report will be provided to HCJFS or designee until the termination date of the Contract; and
- C. “Data dump” to HCJFS of all consumer data from Provider’s electronic systems will occur within thirty (30) days after the termination date of the Contract.

HCJFS reserves the right to waive any of the above Transition Plan requirements and dates at its sole discretion.

## 15. COMPLIANCE

Provider certifies that Provider and all subcontractors who provide direct or indirect services under this Agreement will comply with all requirements of federal laws and regulations, applicable Code of Federal Regulations cites including, but not limited to 2CFR Part 215 (OMB A-110), 2CFR Part 225 (OMB A-87), 2CFR Part 230 (OMB A-122), and 2CFR Part 220 (OMB A-21), state statutes and Ohio Administrative Code rules in the conduct of work hereunder. The Provider accepts full responsibility for payment of any and all unemployment compensation premiums, all income tax deductions, pension deductions, and any and all other taxes or payroll deductions required for the performance of the work by the Provider's employees.

## 16. NON-DISCRIMINATION

Provider certifies it is an equal opportunity employer and shall remain in compliance with state and federal civil rights and nondiscrimination laws and regulations including, but not limited to Title VI, and Title VII of the Civil Rights Act of 1964 as amended, the Rehabilitation Act of 1973, the Americans with Disabilities Act, the Age Discrimination Act of 1975, the Age Discrimination in Employment Act, as amended, and the Ohio Civil Rights Law.

During the performance of this Agreement, Provider will not discriminate against any employee, Agreement worker, or applicant for employment because of race, color, religion, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief or place of birth. Provider will take affirmative action to ensure that during employment, all employees are treated without regard to race, color, religion, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief or place of birth. These provisions apply also to Agreement workers. Such action shall include, but is not limited to, the following: employment, upgrading,

demotion or transfer; recruitment or recruitment advertising, layoff, or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Provider agrees to post in conspicuous places, available to employees and applicants for employment, notices stating the Provider complies with all applicable federal and state non-discrimination laws.

Provider, or any person claiming through the Provider, agrees not to establish or knowingly permit any such practice or practices of discrimination or segregation in reference to anything relating to this Agreement, or in reference to any contractors or subcontractors of said Provider.

## **17. NON-DISCRIMINATION IN THE PERFORMANCE OF SERVICES**

Provider agrees to comply with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964, 42 USC Section 2000d, and any regulations promulgated thereunder. Provider further agrees that it shall not exclude from participation in, deny the benefits of, or otherwise subject to discrimination any HCJFS consumer in its performance of this Contract on the basis of race, color, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief, or place of birth.

Provider further agrees to comply with OAC 5151:9-02-01 and OAC 5101:9-02-05, as applicable, which require that contractors and sub-grantees receiving federal funds must assure that persons with limited English proficiency (LEP) can meaningfully access services. To the extent Provider provides assistance to LEP individuals through the use of an oral or written translator or interpretation services, in compliance with this requirement, Consumers shall not be required to pay for such assistance.

## **18. PROVIDER SOLICITATION OF HCJFS EMPLOYEES**

Provider warrants that for one (1) calendar year from the beginning date of this Agreement with HCJFS, Provider will not solicit or hire HCJFS employees to work for Provider. The term "Provider" includes all Provider staff.

## **19. RELATIONSHIP**

Nothing in this Agreement is intended to, nor shall it be deemed to constitute a partnership, association or joint venture with Provider in the conduct of the provisions of this Agreement. Provider shall at all times have the status of an independent subcontractor without the right or authority to impose tort, subcontractual or any other liability on HCJFS or the County.

## **20. DISCLOSURE**

Provider hereby covenants that it has disclosed any information that it possesses about any business relationship or financial interest that Provider has with a County employee, employee's business, or any business relationship or financial interest that a County employee has with Provider or in Provider's business.

## **21. WAIVER**

Any waiver by either party of any provision or condition of this Agreement shall not be construed or deemed to be a waiver of any other provision or condition of this Agreement, nor a waiver of a subsequent breach of the same provision or condition.

## **22. NO ADDITIONAL WAIVER IMPLIED**

If HCJFS or Provider fails to perform any obligations under this Agreement and thereafter such failure is waived by the other party, such waiver shall be limited to the particular matter waived and shall not be deemed to waive any other failure hereunder. Waivers shall not be effective unless in writing.

## **23. CONFIDENTIALITY**

Provider agrees to comply with all federal and state laws applicable to HCJFS and/or Consumers of HCJFS concerning the confidentiality of HCJFS' Consumers. Provider understands that any access to the identities of any HCJFS Consumers shall only be as necessary for the purpose of performing its responsibilities under this Agreement. Provider agrees that the use or disclosure of information concerning HCJFS Consumers for any purpose not directly related to the administration of this Agreement is prohibited. Provider will ensure that all Consumer documentation is protected and maintained in a secure and safe manner whether located in Provider's office or taken out of Provider's office.

## **24. AUDIT RESPONSIBILITY**

- A. Provider agrees to accept responsibility for receiving, replying to and/or complying with any audit exception by appropriate federal, state or local audit directly related to the provision of this Agreement.

Audits will be conducted using a "sampling" method. Depending on the type of audit conducted, the areas to be reviewed using the sampling method may include but are not limited to months, expenses, total units, and billable units. If errors are found, the error rate of the sample period will be applied to the entire audit period.

Provider agrees to repay HCJFS the full amount of payment received for duplicate billings, erroneous billings, or false or deceptive claims. Provider recognizes and agrees that HCJFS may withhold any money due and recover through any appropriate method any money erroneously paid under this Agreement if evidence exists of less than full compliance with this Agreement. When an overpayment is identified and the overpayment cannot be repaid in one month, Provider will be asked to sign a REPAYMENT OF FUNDS AGREEMENT (the "Repayment Agreement"). If payments are not made according to the agreed upon terms, future checks may be held until the repayment of funds is current. Checks held more than sixty (60) days will be cancelled and will not be re-issued.

HCJFS also reserves the right to not increase the rate(s) of payment or the overall Agreement amount for services purchased under this Agreement if there is any outstanding or unresolved issue related to an audit finding.

HCJFS may allow a change in the terms of the Repayment Agreement. Any change will require a formal amendment to the Repayment Agreement that will be signed by all parties. An amendment to the Repayment Agreement may also be processed if any additional changes or issues develop or need to be addressed.

- B. Provider shall cause to be conducted an annual independent audit report. Within fifteen (15) days of receipt, Provider agrees to give HCJFS a copy of Provider's most recent annual report, most recent annual independent audit report and any report associated management letters.
- C. HCJFS reserves the right to evaluate programs of contracted providers. Evaluation activities may include, but are not limited to reviewing records, observing programs, and interviewing program employees and consumers. Such evaluations will be deemed at Provider's own time and expense.
- D. Provider will cause a single or program-specific audit in accordance with OMB Circular A-133, depending upon the total amount of Federal funds received by Provider, including but not exclusively received from HCJFS or solely for the services delivered in this Agreement. Provider should submit a copy of the above described completed audit report to HCJFS within forty-five (45) days after receipt from the accounting firm performing such audit.

## **25. WARRANTIES AND REPRESENTATION**

Provider warrants and represents that its services shall be performed in a professional and work like manner in accordance with applicable professional standards.

Provider warrants and represents that at all times during the contract term, Provider shall maintain in good standing, any license or certification required for Provider's performance in carrying out the terms of this Contract. Additionally, Provider shall immediately notify HCJFS of any action, modification or issue relating to said licensure or certification.

Provider warrants that separate books and records, including, but not limited to the general ledger account journals and profit/loss statements have been established and will be maintained for the revenue and expenses of this program.

Provider warrants and represents that they have followed the procurement and bidding practices set forth in the Administrative Procedure Manual ("APM"), Chapter 4000, Ohio Administrative Code Sections, and 45 CFR part 92.

## **26. AVAILABILITY OF FUNDS**

This Agreement is conditioned upon the availability of federal, state, or local funds that are appropriated or allocated for payment of this Agreement. If funds are not allocated and available



for the continuance of the function performed by the Provider hereunder, the products or services directly involved in the performance of that function might be terminated by HCJFS at the end of the period for which funds are available.

HCJFS will notify the Provider at the earliest possible time of any products or services that will or may be affected by a shortage of funds. No penalty shall accrue to HCJFS in the event this provision is exercised, and HCJFS shall not be obligated or liable for any future payments due or for any damages as a result of termination under this section.

## **27. FORCE MAJEURE**

If by reason of force majeure, the parties are unable in whole or in part to act in accordance with this Agreement, the parties shall not be deemed in default during the continuance of such inability provided, however, that Provider shall only be entitled to the benefit of this paragraph for fourteen (14) days if the event of force majeure does not affect HCJFS' property or employees which are necessary to Provider's ability to perform.

The term "Force Majeure" as used herein shall mean without limitation: acts of God; strikes or lockout; acts of public enemies; insurrections; riots; epidemics; lightning; earthquakes; fire; storms; flood; washouts; droughts; arrests; restraint of government and people; civil disturbances; and explosions.

Provider shall, however, remedy with all reasonable dispatch any such cause to the extent within its reasonable control, which prevents Provider from carrying out its obligations contained herein.

## **28. COORDINATION**

Provider will advise HCJFS of any significant fund raising campaigns contemplated by the Provider within Cincinnati and Hamilton County for supplementary operating or capital funds during the term of this Agreement so that the same may be coordinated with any planned promotion of public or private funds by HCJFS for the benefit of this and other agencies within the community.

## **29. LEGAL ACTION**

Any legal action brought pursuant to the Agreement will be filed in the courts located in Hamilton County, Ohio and Ohio law will apply.

## **30. PUBLIC RECORDS**

This Agreement is a matter of public record under the laws of the State of Ohio. Provider agrees to make copies of this Agreement promptly available to any requesting party. Upon request made pursuant to Ohio law, HCJFS shall make available the Agreement and all public records generated as a result of this Agreement.

By entering into this Agreement, Provider acknowledges and understands that records maintained by Provider pursuant to this Agreement may be deemed public record and subject to disclosure under Ohio law. Provider shall comply with the Ohio public records law.

### **31. DRUG-FREE WORKPLACE**

Provider certifies and affirms that Provider will comply with all applicable state and federal laws regarding a drug-free workplace as outlined in 45 CFR Part 76, Subpart F. Provider will make a good faith effort to ensure that all employees performing duties or responsibilities under this Agreement, while working on state, county or private property, will not purchase, transfer, use or possess illegal drugs or alcohol, or abuse prescription drugs in any way.

### **32. PUBLIC ASSISTANCE WORK PROGRAM PARTICIPANTS**

Pursuant to Chapter 5107 of the Ohio Revised Code and Prevention, Retention, and Contingency Program established under Chapter 5108 of the Revised Code, Provider agrees to not discriminate in hiring and promoting against applicants for and participants for the Ohio Works Program. Provider also agrees to include such provision in any such Agreement, subcontract, grant or procedure with any other party which will be providing services, whether directly or indirectly, to HCJFS consumers.

### **33. MEDIA RELATIONS, PUBLIC INFORMATION, AND OUTREACH**

Although information about and generated under this Agreement may fall within the public domain, Provider will not release information about or related to this Agreement to the general public or media verbally, in writing, or by any electronic means without prior approval from the HCJFS Communications Director, unless Provider is required to release requested information by law. HCJFS reserves the right to announce to the general public and media: award of the Agreement, Agreement terms and conditions, scope of work under the Agreement, deliverables and results obtained under the Agreement, impact of Agreement activities, and assessment of Provider's performance under the Agreement. Except where HCJFS approval has been granted in advance, the Provider will not seek to publicize and will not respond to unsolicited media queries requesting: announcement of Agreement award, Agreement terms and conditions, Agreement scope of work, government-furnished documents HCJFS may provide to Provider to fulfill the Agreement scope of work, deliverables required under the Agreement, results obtained under the Agreement, and impact of Agreement activities.

If contacted by the media about this Agreement, Provider agrees to notify the HCJFS Communications Director in lieu of responding immediately to media queries. Nothing in this section is meant to restrict Provider from using Agreement information and results to market to specific clients or prospects.

### **34. AMENDMENTS**

This writing constitutes the entire agreement between Provider and HCJFS with respect to all matters herein. This Agreement may be amended only in writing and signed by Provider and HCJFS; however, it is agreed by Provider and HCJFS that any amendments to laws or regulations

cited herein will result in the correlative modification of this Agreement, without the necessity for executing written amendments.

The impact of any applicable law, statute, or regulation not cited herein and enacted after the date of execution of this Agreement will be incorporated into this Agreement by written amendment signed by Provider and HCJFS and effective as of the date of enactment of the law, statute, or regulation. Any other written amendment to this Agreement is prospective in nature.

### **35. INSURANCE**

Provider agrees to procure and maintain for the term of this Contract the insurance set forth herein. The cost of all insurance shall be borne by Provider. Insurance shall be purchased from a company licensed to provide insurance in Ohio. Insurance is to be placed with an insurer provided an A.M. Best rating of no less than A-: VII. Waiver of subrogation shall be maintained by Provider for all insurance policies applicable to this contract, as further defined in paragraph F. 7. of this section and as required by ORC 2744.05. Provider shall purchase the following coverage and minimum limits:

- A. Commercial general liability insurance policy with coverage contained in the most current Insurance Services Office Occurrence Form CG 00 01 or equivalent with limits of at least One Million Dollars (\$1,000,000.00) per occurrence and One Million Dollars (\$1,000,000.00) in the aggregate and at least One Hundred Thousand Dollars (\$100,000.00) coverage in legal liability fire damage. Coverage will include:
  - 1. Additional insured endorsement;
  - 2. Product liability;
  - 3. Blanket contractual liability;
  - 4. Broad form property damage;
  - 5. Severability of interests;
  - 6. Personal injury; and
  - 7. Joint venture as named insured (if applicable).

Endorsements for physical abuse claims and for sexual molestation claims must be a minimum of Three Hundred Thousand Dollars (\$300,000.00) per occurrence and Three Hundred Thousand Dollars (\$300,000.00) in the aggregate.

- B. Business auto liability insurance of at least One Million Dollars (\$1,000,000.00) combined single limit, on all owned, non-owned, leased and hired automobiles. If the Contract contemplates the transportation of the users of Hamilton County services (such as but not limited to HCJFS consumers) "Consumers" and Provider provides this service through the use of its employees' privately owned vehicles "POV", then the Provider's Business Auto Liability insurance shall sit excess to the employees' "POV" insurance and provide coverage above its employee's "POV" coverage. Provider agrees the business auto liability policy will be endorsed to provide this coverage.
- C. Professional liability (errors and omission) insurance of at least One Million Dollars (\$1,000,000.00) per claim and in the aggregate.

D. Umbrella and excess liability insurance policy with limits of at least One Million Dollars (\$1,000,000.00) per occurrence and in the aggregate, above the commercial general and business auto primary policies and containing the following coverage:

1. Additional insured endorsement;
2. Pay on behalf of wording;
3. Concurrency of effective dates with primary;
4. Blanket contractual liability;
5. Punitive damages coverage (where not prohibited by law);
6. Aggregates: apply where applicable in primary;
7. Care, custody and control – follow form primary; and
8. Drop down feature.

The amounts of insurance required in this section for General Liability, Business Auto Liability and Umbrella/Excess Liability may be satisfied by Bidder purchasing coverage for the limits specified or by any combination of underlying and umbrella limits, so long as the total amount of insurance is not less than the limits specified in General Liability, Business Auto Liability and Umbrella/Excess Liability when added together.

E. Workers' Compensation insurance at the statutory limits required by Ohio Revised Code.

F. The Provider further agrees with the following provisions:

1. All policies, except workers' compensation and professional liability, will endorse as additional insured the Board of County Commissioners Hamilton County, Ohio and Hamilton County Department of Job & Family Services, and their respective officials, employees, agents, and volunteers. The additional insured endorsement shall be on an ACORD or ISO form.
2. The insurance endorsement forms and the certificate of insurance forms will be sent to: Risk Manager, Hamilton County, Room 707, 138 East Court Street, Cincinnati, Ohio 45202, Fax number (513) 946- 4720; and to HCJFS, Contract Services, 3<sup>rd</sup> floor, 222 East Central Parkway, Cincinnati, Ohio 45202. The forms must state the following: "Board of County Commissioners, Hamilton County, Ohio and Hamilton County Department of Job & Family Services, and their respective officials, employees, agents, and volunteers are endorsed as additional insured as required by Contract on the commercial general, business auto and umbrella/excess liability policies."
3. Each policy required by this clause shall be endorsed to state that coverage shall not be canceled or materially changed except after thirty (30) days prior written notice given to: Risk Manager, Hamilton County, Room 707, 138 East Court Street, Cincinnati, Ohio 45202; and to HCJFS, Contract Services, 3<sup>rd</sup> floor, 222 East Central Parkway, Cincinnati, Ohio 45202.
4. Provider shall furnish the Hamilton County Risk Manager and HCJFS with original certificates and amendatory endorsements effecting coverage required by this clause. All certificates and endorsements are to be received by Hamilton County before the Contract commences. Hamilton County reserves the right at any time to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications.

- Failure of HCJFS to demand such certificate or other evidence of full compliance with these insurance requirements or failure of HCJFS to identify a deficiency from evidence provided shall not be construed as a waiver of Provider's obligation to maintain such insurance.
5. Provider shall declare any self-insured retention to Hamilton County pertaining to liability insurance. Provider shall provide a financial guarantee satisfactory to Hamilton County and HCJFS guaranteeing payment of losses and related investigations, claims administration and defense expenses for any self-insured retention.
  6. If Provider provides insurance coverage under a "claims-made" basis, Provider shall provide evidence of either of the following for each type of insurance which is provided on a claims-made basis: unlimited extended reporting period coverage which allows for an unlimited period of time to report claims from incidents that occurred after the policy's retroactive date and before the end of the policy period (tail coverage), or; continuous coverage from the original retroactive date of coverage. The original retroactive date of coverage means original effective date of the first claim-made policy issued for a similar coverage while Provider was under Contract with the County on behalf of HCJFS.
  7. Provider will require all insurance policies in any way related to the work and secured and maintained by Provider to include endorsements stating each underwriter will waive all rights of recovery, under subrogation or otherwise, against the County and HCJFS. Provider will require of subcontractors, by appropriate written contracts, similar waivers each in favor of all parties enumerated in this section.
  8. Provider, the County, and HCJFS agree to fully cooperate, participate, and comply with all reasonable requirements and recommendations of the insurers and insurance brokers issuing or arranging for issuance of the policies required here, in all areas of safety, insurance program administration, claim reporting and investigating and audit procedures.
  9. Provider's insurance coverage shall be primary insurance with respect to the County, HCJFS, their respective officials, employees, agents, and volunteers. Any insurance maintained by the County or HCJFS shall be excess of Provider's insurance and shall not contribute to it.
  10. If any of the work or Services contemplated by this Contract is subcontracted, Provider will ensure that any subcontractors comply with all insurance requirements contained herein.

### **36. INDEMNIFICATION & HOLD HARMLESS**

To the fullest extent permitted by and in compliance with applicable law, Provider agrees to protect, defend, indemnify and hold harmless the County, HCJFS and their respective members, officials, employees, agents, and volunteers (the "Indemnified Parties") from and against all damages, liability, losses, claims, suits, actions, administrative proceedings, regulatory

proceedings/hearings, judgments and expenses, subrogation's (of any party involved in the subject of this Contract), attorneys' fees, court costs, defense costs or other injury or damage (collectively "Damages"), whether actual, alleged or threatened, resulting from injury or damages of any kind whatsoever to any business, entity or person (including death), or damage to property (including destruction, loss of, loss of use of resulting without injury damage or destruction) of whatsoever nature, arising out of or incident to in any way, performance of the terms of this Contract including, without limitation, by Provider, its subcontractor(s), Provider's or its subcontractor's (s') employees and agents, assigns, and those designated by Provider to perform the work or services encompassed by the Contract. Provider agrees to pay all damages, costs and expenses of the Indemnified Parties in defending any action arising out of the aforementioned acts or omissions.

### **37. SCREENING AND SELECTION**

#### **A. Criminal Record Check:**

Provider warrants and represents it will comply with ORC 2151.86 and will annually complete criminal record checks on all individuals assigned to work with, volunteer with or transport Consumers. Provider will obtain a statewide conviction record check through the Bureau of Criminal Identification and Investigation ("BCII") and obtain a criminal record transcript from the Cincinnati Police Department, the Hamilton County Sheriff's Office and any law enforcement or police department necessary to conduct a complete criminal record check of each individual providing Services.

Provider shall not assign any individual to work with or transport Consumers until a BCII report and a criminal record transcript has been obtained. A BCII report must be dated within six (6) months of the date an employee or volunteer is hired.

Provider shall not utilize any individual who has been convicted or plead guilty to any violations contained in ORC 5153.111(B)(1), ORC 2919.24, and OAC Chapters 5101:2-5, 5101:2-7, 5101:2-48.

#### **B. Bureau of Motor Vehicle transcript:**

Any individual transporting Consumers shall possess the following qualifications:

1. a satisfactory Bureau of Motor Vehicle ("BMV") transcript from the State of Ohio;
2. a satisfactory BMV transcript from the individual's state of residence; and
3. a current and valid driver's license.

In addition to the requirements set forth above, Provider will not permit any individual to transport a Consumer if:

1. the individual who has a condition which would affect safe operation of a motor vehicle;
2. the individual has five (5) or more points on his/her driver's license; or

3. the individual has been convicted of driving while under the influence of alcohol or drugs.

**C. Verification of Job or Volunteer Application:**

Provider will check and document each applicant's personal and employment references, general work history, relevant experience, and training information. Provider further agrees it will not employ an individual to provide Services in relation to this Contract unless it has received satisfactory employment references, work history, relevant experience, and training information.

### **38. LOBBYING RESTRICTIONS**

A. Provider affirms that no federal funds paid to Provider by HCJFS through this Contract or any other agreement has been or will be used to influence, attempt to influence, or otherwise lobby Congress or any federal agency in connection with any contract, grant, cooperative agreement, or loan. Provider further certifies compliance with all lobbying restrictions, including Title 13, Section 1352 of the United States Code (USC), 2 USC 1601, 29 CFR 93, and any other federal law or rule pertaining to lobbying.

B. Provider certifies compliance with the Ohio executive agency lobbying restrictions contained in ORC 121.60 to 121.69.

Provider further warrants that Provider shall disclose any lobbying with any non-Federal funds that takes place in connection with obtaining any Federal award. Upon receipt of notice, HCJFS will issue a termination notice in accordance with the terms of this Contract. If Provider fails to notify HCJFS, HCJFS reserves the right to immediately suspend payment and terminate the Contract.

### **39. DEBARMENT AND SUSPENSION**

A. Provider certifies that neither Provider nor any of its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in covered transactions by any Federal department or agency, as set forth in 29 CFR Part 98. Provider also affirms that within three (3) years preceding this agreement neither Provider nor any of its principals:

1. Have been convicted of, or had a civil judgment rendered against them for commission of fraud or other criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; for violation of federal or state antitrust statutes; for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements; or for receiving stolen property;
2. Are presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) for the commission of any of the offenses listed in this Section and have not had any public transactions (Federal, State, or local) terminated for cause or default.

- B. Provider will, upon notification by any federal, state, or local government agency, immediately notify HCJFS of any debarment or suspension of the Provider being imposed or contemplated by the federal, state or local government agency. Provider will immediately notify HCJFS if it is currently under debarment or suspension by any federal, state, or local government agency.

#### **40. MAINTENANCE OF SERVICE**

Provider certifies the services being reimbursed are not available from the Provider on a non-reimbursable basis or for less than the unit cost and that the level of service existing prior to the Agreement shall be maintained. Provider further certifies that Federal funds will not be used to supplant non-federal funds for the same service.

#### **41. GRIEVANCE PROCESS**

Provider will notify HCJFS in writing on a monthly basis of all grievances initiated by Consumers that involve the services provided through this Agreement. Provider shall submit any and all facts pertaining to the grievance and the resolution of the grievance. The monthly report will be submitted to the assigned Agreement Manager.

Provider will post the grievance policy and procedure in a public or common area at each contracted site so all participants are aware of the process.

#### **42. PROPERTY OF HAMILTON COUNTY**

Any Deliverable provided or produced by Provider under this Agreement or with funds hereunder, including any documents, data, photographs and negatives, electronic reports/records, or other media, are the property of HCJFS which has an unrestricted right to reproduce, distribute, modify, maintain, and use the Deliverables. Provider will not obtain copyright, patent, or other proprietary protection for the Deliverables. Provider will not include in any Deliverable any copyrighted matter, unless the copyright owner gives prior written approval for HCJFS and Provider to use such copyrighted matter in the manner provided herein. Provider agrees that all Deliverables will be made freely available to the general public unless HCJFS determines that, pursuant to state or federal law; such materials are confidential or otherwise exempted from disclosure.

The Deliverable(s) and any item(s) provided or produced pursuant to this Agreement (collectively "Deliverables") shall be considered "works made for hire" within the meaning of copyright laws of the United States of America and the State of Ohio. HCJFS is and shall be deemed the sole author of the Deliverable(s) and sole owner of all rights therein. If any portion of the Deliverable(s) is/are deemed not to be a "work made for hire," or if there are any rights in the Deliverable(s) not so conveyed to HCJFS, then Provider agrees to and by executing this Agreement hereby does assign to HCJFS all worldwide rights, title, and interest in and to the Deliverables. HCJFS acknowledges that its sole ownership of the Deliverable(s) under this Agreement does not affect Provider's right to use general concepts, algorithms, programming techniques, methodologies, or technology that have been developed by Provider prior to or as a result of this Agreement or that are generally known and available.



#### **43. FAITH BASED ORGANIZATIONS**

Provider agrees that it will perform the duties under this Agreement in compliance with section 104 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and in a manner that will ensure that the religious freedom of Consumers is not diminished and that it will not discriminate against any Consumer based on religion, religious belief, or refusal to participate in a religious activity. No funds provided under this Agreement will be used to promote the religious character and activities of Provider. If any Consumer objects to the religious character of the organization, Provider will immediately refer the individual back to HCJFS for an alternative Provider.

#### **44. CHILD SUPPORT ENFORCEMENT**

Provider agrees to cooperate with HCJFS, ODJFS and any other Child Support Enforcement Agency in ensuring that Provider's employees meet child support obligations established under state law. Further, by executing this Agreement, Provider certifies present and future compliance with any order for the withholding of support that is issued pursuant to sections 3113.21 and 3113.214 of the Ohio Revised Code.

#### **45. HCJFS AGENCY BADGES**

Badges supplied by HCJFS to temporary or contracted employees must be returned to the HCJFS Agreement Liaison within 10 days of Agreement termination or contractor employee termination. Failure to return the badges may result in the withholding from Provider's final payment of a \$10.00 charge for each badge not returned.

#### **46. DEFAULT BY PROVIDER**

In the event of a Material Breach of this Agreement by Provider, HCJFS may terminate this Agreement, upon thirty (30) day prior written notice to Provider specifying the nature of the breach; provided that Provider shall have the opportunity to cure such breach within the thirty (30) day notice period. HCJFS reserves the right to invoke immediate termination as defined in Section 14, Termination.

**MATERIAL BREACH** shall mean an act or omission by a party which violates or contravenes an obligation required of the party under this Agreement and which, by itself or together with one or more other breach (es), has a substantial negative effect on, or thwarts, the purpose of this Agreement. Material Breach shall not include an act or omission which is merely a technical or immaterial variation from the form of the Agreement, or which has a trivial or negligible effect on quality, quantity, or delivery of the goods or services to be provided under this Agreement, to the extent that in the opinion on the non-breaching party such technical or non-material variation does not rise to the level of a Material Breach when viewed in light of the breaching party's overall conduct under this Agreement. Any extension of time to cure any breach given to Provider by HCJFS shall be in writing and will not operate to preclude the future exercise of any rights HCJFS may have under this Agreement.

**47. CONTACT INFORMATION****HCJFS**

<b>NAME</b>	<b>PHONE #</b>	<b>DEPARTMENT</b>	<b>RESPONSIBILITY</b>
Contract Manager	946-nnnn	Contract Services	Contract changes, Contract language, Contract budget, audits
Accounts Payable	946-nnnn	Fiscal	billing and payment
Program Manager	946-1840	Workforce Development	Scope of service, service eligibility, program outcomes

**Provider**

<b>NAME</b>	<b>PHONE #</b>	<b>DEPARTMENT</b>	<b>RESPONSIBILITY</b>
Business Contact			Contract changes, Contract language, Contract budget, audits
Budget and Finance			billing and payment
Program Manager			Scope of service, service eligibility, program outcomes

**48. CLEAN AIR AND FEDERAL WATER POLLUTION CONTROL ACT**

Provider agrees to comply with all applicable standards, orders or regulations issued pursuant to section 306 of the Clean Air Act (42 U.S.C. 7401), section 508 of the Clean Water Act (33 U.S.C. 1386), Executive Order 11738, and environmental protection agency regulation (40 C.F.R. Part 30). Provider understands that violations of all applicable standards, orders or regulations issued pursuant to section 306 of the Clean Air Act (42 U.S.C. 7401), section 508 of the Clean Water Act (33 U.S.C. 1386), Executive Order 11738, and environmental protection agency regulation (40 C.F.R. Part 30) must be reported to the Federal awarding agency and the Regional Office of Environmental Protection Agency (EPA).

**49. ENERGY POLICY AND CONSERVATION ACT**

Provider agrees to comply with all applicable standards; orders or regulations issued relating to energy efficiency which is contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (Pub. L. 94-163, 89 Stat. 871).

**50. AGREEMENT CLOSEOUT**

At the discretion of HCJFS, an Agreement Closeout may occur within ninety (90) days after the completion of all contractual terms and conditions. The purpose of the Agreement Closeout is to verify there are no outstanding claims or disputes and to ensure all required forms; reports and deliverables were submitted to and accepted by HCJFS in accordance with Agreement requirements.

## **51. SUBRECIPIENT**

Provider is designated as a “subrecipient” as referenced by OAC 5101:9-1-88. A subrecipient is defined as a non-federal entity that expends federal awards received from a pass-through entity to carry out a federal program, but does not include an individual that is a beneficiary of such a program.

Provider will have some of the same restrictions and requirements as the federal, state, and local governments/organizations, such as the auditing standards set forth in Office of Management and Budget (OMB) Circular A-133 (210) (b) budgeting protocols, and federal budget/cost guidelines are all applicable to the Provider.

## **52. RETENTION OF PROCUREMENT RECORDS**

Financial, programmatic, statistical, recipient records and supporting documents must be retained by the Provider for a minimum of three (3) years after the ODJFS acceptance of the final closeout expenditure report, or as otherwise provided by any minimum retention requirements specified by applicable state or federal law.

If any litigation, claim, negotiation, audit or other action involving the records has started before the expiration of the three (3) year period, the records must be retained until the completion of the action and resolution of all issues that arise for it or until the end of the regular three (3) year period, whichever is later.

## **53. REPORTING**

Provider agrees to comply with all applicable standards; orders or regulation issued relating to awarding agency requirements pertaining to reporting (O.A.C. 5101:9-4-07(K) (8) and (C.F.R. 92.36(i) (7)).

## **54. PATENT RIGHTS**

Provider agrees to comply with all applicable standards, orders or regulation issued relating to awarding agency requirements pertaining to patent rights with respect to any discovery or invention which arises or is developed in the course of or under such Agreement (O.A.C. 5101:9-4-07(K)(7) and (45 C.F.R. 92.36(i)(8)).

## **55. COPYRIGHTS AND RIGHTS IN DATA**

Provider agrees to comply with all applicable standards, orders or regulation issued relating to awarding agency requirements pertaining to copyrights and rights in data (O.A.C. 5101:9-4-07(K) (9) and 45 C.F.R. 92.36(i) (9)).

## **56. DECLARATION OF PROPERTY TAX DELINQUENCY**

As part of its submitted proposal, Provider completed a notarized Declaration of Property Tax Delinquency form, which states the Provider was not charged with any delinquent personal property taxes on the general tax list of personal property for Hamilton County, Ohio or that the Provider was charged with delinquent personal property taxes on said list, in which case the statement shall set forth the amount of such due and unpaid delinquent taxes as well as any due and unpaid penalties and interest thereon. If the form indicated any delinquent taxes, a copy of the notarized form has been transmitted to the county treasurer within thirty (30) days of the date it was submitted. A copy of the notarized form shall be attached hereto and incorporated herein by reference as Attachment E to Exhibit IV, Provider's Proposal.

Provider further agrees it will complete a notarized Declaration of Property Tax Delinquency form prior to the commencement of any renewal term. Provider understands and agrees that payment will be withheld for any Services rendered during such renewal term until this requirement has been met.

## **57. WIOA RULES AND REGULATIONS**

Provider acknowledges that funding for this Contract is provided pursuant to the Workforce Innovation and Opportunity Act ("WIOA"). Provider agrees to accommodate all reasonable requests by HCJFS and SWORWIB in complying with any rules, regulations, and pronouncements required by federal and state officials in their administration of the WIOA. Provider further agrees to follow all federal and state rules and regulations applicable to the WIOA and its status as a subrecipient under this Contract.

In this same regard, Provider agrees that it will cooperate with any amendments to this Contract which are necessary for SWORWIB, the BOCC, HCJFS or the Mayor of the City of Cincinnati to comply with WIOA laws, rules and regulations.

The terms of this Agreement are hereby agreed to by both parties, as shown by the signatures of representatives of each.

### SIGNATURES

In witness whereof, the parties have hereunto set their hands on this \_\_\_\_ day of \_\_\_\_, 20yy.

Provider:

By: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Board of County Commissioners,  
Hamilton County, Ohio:

By: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended By:

\_\_\_\_\_  
Maira Weir, Director  
Hamilton County Department of Job & Family Services

Date: \_\_\_\_\_

Approved as to form:

By: \_\_\_\_\_ Date: \_\_\_\_\_

Prosecutor's Office  
Hamilton County, Ohio

Prepared By: \_\_\_\_\_

Checked By: \_\_\_\_\_

Approved By: \_\_\_\_\_

# ATTACHMENT C

## Budget & Instructions

## CONTRACT BUDGET INSTRUCTIONS

When contracting with the Hamilton County Department of Job & Family Services (HCJFS), it is required that a budget be completed for each program/service being proposed. In order to facilitate the process, HCJFS requests that the attached budget be used.

These instructions are designed to assist in the completion the budget. Should you have any questions, please submit them to the HCJFS Contact Person in one of the following ways:

- 1) Fax:

Fax: (513) 946-2384

- 2) E-mail:

[HCJFS\\_RFP\\_COMMUNICATIONS@jfs.hamilton-co.org](mailto:HCJFS_RFP_COMMUNICATIONS@jfs.hamilton-co.org)

- 3) Mail:

Contract Services  
Hamilton County Department of Job & Family Services  
222 East Central Parkway, 3<sup>rd</sup> Floor  
Cincinnati, OH 45202

## PAGE 1 - SUMMARY PAGE

Page 1 is the summary page for all information entered on pages 2 through 9. If you are not using the Excel spreadsheet for the budget, the summary page should be completed after all other budget pages (pages 2 through 9) are finalized. The total amounts for each expense type on this page (A through J) should equal the total amounts of each section on pages 2 through 8.

As the amounts are entered on pages 2 through 9, the total amounts on the summary page will be populated, if using the Excel spreadsheet to complete the budget.

### Mgmt Indirect Cost

A rationale or basis for the allocation of Mgmt Indirect cost which details how the amount charged to the proposed service was determined must be included. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct cost of service proposed, and/or time studies. Records substantiating development of the means of these costs must be provided with your budget submittal and also maintained by your agency. Mgmt Indirect costs, allocated to the proposed service(s) should not exceed 15% of the total proposed service(s) cost. After allocating Mgmt Indirect costs between Other Direct Services and the proposed service(s), total program expenses for Mgmt Indirect should equal zero.

The Summary Page, once completed, should give a total budget for the service being proposed as well as a picture of your agency's total budget.

### HCJFS CONTRACT BUDGET

**AGENCY:** (Enter legal name of your agency)

**BUDGET PREPARED FOR PERIOD**

**NAME OF CONTRACT PROGRAM:** (Enter name of program, e.g. Foster Care) **(Enter Begin Date of Budget) TO (Enter End Date of Budget)**

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
EXPENSES BY PROGRAM SERVICES						
A. STAFF SALARIES						
B. EMPLOYEE PAYROLL TAXES & BENEFITS						
C. PROFESSIONAL & CONTRACTED SERVICES						
D. CONSUMABLE SUPPLIES						
E. OCCUPANCY						
F. TRAVEL						
G. INSURANCE						
H. EQUIPMENT						
I. MISCELLANEOUS						
J. PROFIT MARGIN						
K SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION						
ALLOCATION OF MGT/INDIRECT COSTS						
<b>TOTAL PROGRAM EXPENSES</b>						

1

**\*\*ESTIMATED NUMBER OF PARTICIPANTS**

TO BE SERVED: \_\_\_\_\_

**\*\*TOTAL CCMEP PROGRAM COSTS \$** \_\_\_\_\_

**COST PER PARTICIPANT:** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**\*\*If the proposed service is Cost Reimbursement, do not complete.**

<b>TOTAL REVENUE*</b>						
-----------------------	--	--	--	--	--	--

\*As the amounts for revenue are entered on page 9 of the budget, total revenue will be populated here.



Instructions:

Column 1: Description of expenses by type.

Columns 2-4: Totals of the direct costs entered for each section on pages 2 through 8. **Direct costs** are those that can be identified specifically to the service being proposed.

Column 5: Totals of management, administrative, and indirect costs for each section on pages 2 through 8. **Indirect costs** are those costs incurred for a common or joint purpose benefiting more than one service area or cost center. It is not possible to specify the types of costs which may be considered as indirect cost in all situations due to the diverse characteristics and accounting practices of nonprofit organizations. However, typical examples of indirect cost for many nonprofit organizations may include the costs of operating and maintaining facilities, personnel administration, salaries and expenses of executive officers, and accounting functions such as payroll, and accounts payable.

Column 6: Totals for all other direct and indirect costs of your agency not associated with the service being proposed to HCJFS on pages 2 through 8. For example, if your agency provides both Traditional and Therapeutic Foster Care and Residential Treatment and you are responding to a Request For Proposals (RFP) for Traditional and Therapeutic Foster Care, all costs associated with Residential Treatment would be entered under "Other Direct Services".

Column 7: Column 7 is the sum of Columns 2 through 6.

## PAGE 2 - SECTION A - STAFF SALARIES

This section is used to list all positions by position title, number of staff per position, hours per week per position, annual salary per position, and salaries per position included in the proposed service. All management and administrative positions indirectly associated with the service being proposed should be listed with their corresponding salaries listed under the column, “Mgmt Indirect”. All other positions **not** directly or indirectly associated with the service being proposed may be grouped together and listed as “All Other Positions” with their total salaries listed under the column “Other Direct Services”.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
POSITION TITLE	# STAFF	HRS WEEK	ANNUAL COST	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
<b>TOTAL SALARIES</b>									

2

### Instructions:

Column 1: List all position titles of staff that will be associated with the service being proposed. All other positions not associated with the proposed service may be grouped together and labeled as “Other Personnel”.

Column 2: Indicate the number of staff for the position title identified in Column 1.

Column 3: Indicate the number of hours each staff will work each week for the proposed service.

Column 4: Enter the annual salary for each position listed in Column 1. For the positions grouped as “Other Personnel”, you may enter the sum of the salaries.

Columns 5-7: List the salary costs that are directly associated with the position titles for the proposed service.

Column 8: Enter the salary costs that are indirectly associated with the service being proposed.

Column 9: Enter the total salaries for staff employed by your agency but are **not** directly or indirectly associated with the proposed service.

Column 10: Column 10 is the sum of Columns 5 through 9.

### PAGE 3 – SECTION B – EMPLOYEE PAYROLL TAXES & BENEFITS

This section is used to calculate the employee payroll taxes and benefits.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
B. PAYROLL TAXES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
FICA _____ %						
WORKER'S COMP. _____ %						
UNEMPLOYMENT _____ %						
<b>BENEFITS</b>						
RETIREMENT _____ %						
HOSPITAL CARE						
OTHER (SPECIFY)						
<b>TOTAL EMPLOYEE PAYROLL TAXES &amp; BENEFITS</b>						

3

#### Instructions:

Column 1: List the percents used to calculate the amounts withheld for payroll taxes and benefits. Please list separately any other employee deduction not listed under "Other".

Columns 2-4: Calculate the payroll taxes and benefits by multiplying the percent listed in Column 1 by the Total Salary in the corresponding columns on Page 2. **Please Note:** Unemployment taxes should only be calculated up to the first \$7,000.00 of an employee's salary.

Column 5: Calculate the payroll taxes and benefits by multiplying the percent listed in Column 1 by the Total Salary for Mgmt Indirect on Page 2.

Column 6: Calculate the payroll taxes and benefits by multiplying the percent listed in Column 1 by the Total Salary for Other Direct Services on Page 2.

Column 7: Column 7 is the sum of Columns 2 through 6.

### PAGE 3 - SECTION C – PROFESSIONAL FEES & CONTRACTED SERVICES

This section is used to list any contracted services such as janitorial, pest control, and security; as well as any professional fees such as consultants and auditors. Also, if you have any contracted employees from a temporary agency who are performing duties either directly or indirectly related to the service proposed; those costs should be entered here. Foster care agencies should enter their Foster Parent fees here. Any subcontractor's costs should be entered here.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
C. PROFESSIONAL FEES & CONTRACTED SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
<b>TOTAL PROFESSIONAL FEES &amp; CONTRACTED SERVICES</b>						

3

Instructions:

Column 1: List all professional fees and contracted services.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

## PAGE 4 - SECTION D – CONSUMABLE SUPPLIES

This section is used to enter costs for items that will be directly used or consumed in the proposed service. These items must be used or consumed within one (1) Consumable supplies that are more of a general supply used within your agency should be entered in the “Mgmt Indirect” column. Examples of some of these costs are janitorial supplies (cleaning supplies, paper towels, floor cleaner, mops, brooms, etc.). Program supplies such as pamphlets, text books, and computer software directly related to the proposed service should be entered in this section as well.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
D.CONSUMABLE SUPPLIES						
OFFICE						
CLEANING						
PROGRAM						
OTHER (SPECIFY)						
<b>TOTAL CONSUMABLE SUPPLIES</b>						

4

### Instructions:

Column 1: List of consumable supplies by expense type. List any other consumable supplies separately under “Other”.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

## PAGE 4 - SECTION E – OCCUPANCY COSTS

This section is used to enter occupancy costs that will be associated with the proposed service. If your agency is renting the entire building and using all of the space for the proposed service, enter the total rental amount for the building. If your agency is renting the entire building and not using all of the space for the proposed service, the rental cost for the proposed service is calculated by multiplying the Cost per Square Foot by the total Square Footage of the space used for the proposed service. The remaining rental cost should be entered under “Other Direct Services”.

If your agency owns the building, a charge for depreciation **or** usage allowance is allowable. Depreciation or usage allowance should be applied to the original acquisition cost of the building. Depreciation should be calculated using the straight-line method. The lifespan of a nonresidential building is 31.5 years for property placed in service before May 13, 1993. If the property was placed in service after May 13, 1993 the lifespan is 39 years per the Internal Revenue Service (IRS) (Publication 946). If the building has been fully depreciated, the usage allowance method should be used. The usage allowance is limited to 2% of the original acquisition cost.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
E. OCCUPANCY COSTS						
RENTAL @ _____ PER SQ. FT. SQ. FT. _____						
USAGE ALLOWANCE OF BLDG. OWNED @ 2% OF ORIGINAL ACQUISITION COST						
MAINTENANCE & REPAIRS						
UTILITIES (MAY BE INCLUDED IN RENT) HEAT & ELECTRICITY _____ WATER _____						
TELEPHONE						
OTHER (SPECIFY)						
<b>TOTAL OCCUPANCY COSTS</b>						

4

### Instructions:

Column 1: Rental – Enter the amount per square foot and the total square footage used for the proposed service.

Usage Allowance of Building – Should be used when building has been fully depreciated. Usage Allowance is limited to 2% of the original acquisition cost.

Maintenance & Repairs – Enter any projected building maintenance and repair costs.

Utilities – Enter the projected utility costs on the appropriate lines. If heat and electricity is included in the rent, write “included” on this line. If water is included in the rent, write “included” on this line.

Telephone – Enter the projected telephone costs including long distance. Cell phone costs should be entered on this line, also.

Other – List separately any other costs associated with occupancy.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

## PAGE 5 - SECTION F – TRAVEL COSTS

This section is used to enter the costs of operation, maintenance, and repairs of agency vehicles when relevant to the delivery of the proposed service. Such costs may be charged on an actual cost basis, a per diem or mileage basis in lieu of actual costs incurred, or a combination of the two, provided the method used is applied to an entire trip and not to selected days of the trip, and results in charges consistent with those normally allowed in like circumstances in the non-profit organization's non-federally sponsored activities. The amount paid for mileage reimbursement should not exceed HCJFS' reimbursement rate, which is the rate determined by the IRS. The reimbursement rate can be found on the IRS website.

Conference and meeting costs are allowable if the primary purpose is the dissemination of technical information relating to the proposed service. Purchased transportation is allowable if required for the delivery of the proposed service.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
F. TRAVEL COSTS						
GASOLINE & OIL						
VEHICLE REPAIR						
VEHICLE LICENSE						
VEHICLE INSURANCE						
OTHER (PARKING)						
MILEAGE REIMBURSE. @ PER MILE						
CONFERENCES & MEETINGS, ETC.						
PURCHASED TRANSPORTATION						
<b>TOTAL TRAVEL COSTS</b>						

5

### Instructions:

Column 1: List of travel costs by expense type. List any other travel costs separately under, "Other".

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.



## PAGE 5 - SECTION G – INSURANCE COSTS

This section is used to enter insurance costs relevant to the delivery of the proposed service. Some agencies allocate all insurance costs to the Mgmt Indirect column of their budgets, and then allocate them along with all the other shared type of costs. If one service operated by the agency has disproportionate insurance costs (either higher or lower) than the other agency services, then a more appropriate method would be to show the insurance costs in the column for that service. Records substantiating development of the means of allocating must be provided with your budget submittal and also maintained in your agency.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
G. INSURANCE COSTS						
LIABILITY						
PROPERTY						
ACCIDENT						
OTHER						
<b>TOTAL INSURANCE COSTS</b>						

5

### Instructions:

Column 1: List of insurance costs by expense type. List any other insurance costs separately under, "Other".

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

## PAGE 6 - SECTION H – EQUIPMENT COSTS

This section is used to enter small equipment (items costing under \$5,000.00 and will be purchased during the budget period); equipment maintenance and repair; equipment lease costs; and depreciation costs for capital equipment (any item or group of like items costing \$5,000.00 or more) relevant to the delivery of the proposed service. Leased equipment in excess of \$5,000.00 must be depreciated. If your agency has, or acquires equipment costing \$5,000.00 or more with an anticipated useful life in excess of one (1) year a charge for depreciation is allowable.

Depreciation should be calculated using the straight-line method. Refer to IRS guidelines to determine the useful life of equipment. Follow the instructions on Page 7 of Budget Form to calculate depreciation.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
H. EQUIPMENT COSTS						
SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed)						
TOTAL SMALL EQUIPMENT COSTS						
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)						
TOTAL EQUIPMENT & REPAIR						
EQUIPMENT LEASE COSTS (DETAIL)						
TOTAL LEASE COSTS						
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)						
TOTAL EQUIPMENT COSTS						

6

Instructions:

Column 1: List of equipment costs by expense type.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

## PAGE 7 - LARGE EQUIPMENT DEPRECIATION COSTS

Any individual equipment item costing \$5,000 or more at time of purchase may be included in the budget and must be depreciated. The exception to the “individual equipment item” is for computer components which are purchased as a group, e.g. hard drive, monitor, keyboard, printer, etc. If the total cost for all the components is \$5,000 or greater, the equipment must be depreciated. Any items of equipment used by the Management Indirect activities of the Agency for which costs are included in this budget must also be itemized on this sheet. If needed, extra copies may be made and numbered 7A, 7B, & 7C, etc.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Item(s) To Be Depreciated	New or Used	Date of Purchase	Total Actual Cost	Salvage Value	Total To Depreciate	Useful Life	Chargeable Annual Depreciation	Percent Used By Service Proposed	Amount Charged to Service Proposed	Which Service Proposed
<b>Total</b>										

7

### Instructions:

Column 1: Enter item to be depreciated.

Column 2: Enter “N” for new equipment or “U” for used equipment.

Column 3: Enter date of purchase.

Column 4: Enter acquisition cost of item.

Column 5: Enter salvage value.

Column 6: Subtract value entered in Column 5 from the value entered in Column 4.

Column 7: Enter useful life per IRS guidelines.

Column 8: Divide value in Column 6 by value in Column 7.

Column 9: Enter percent item will be used in the service proposed.

Column 10: Multiply value in Column 8 by percent in Column 9.

Column 11: Enter name of service proposed.

## PAGE 8 – SECTION I - MISCELLANEOUS COSTS

This is the section to enter anticipated miscellaneous costs incidental to the delivery of the service proposed. Allowable miscellaneous include costs such as printing, advertising, postage, FBI background checks, and drug testing.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
I. MISCELLANEOUS COSTS						
<b>TOTAL MISCELLANEOUS COSTS</b>						

8

### Instructions:

Column 1: List miscellaneous costs separately.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

## PAGE 8 – SECTION J - PROFIT MARGIN

This section is for for-profit entities only. Enter the amount of anticipated profit being charged to the service proposed. The profit margin will be negotiated during contract negotiations.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
<b>J. PROFIT MARGIN</b> (For profit entities only- indicate the amount)						

8

## PAGE 8 – SECTION K – SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION

This is the grand total of Sections A through J for each column. The values on this line should equal Sub-Total of Expenses Before Mgmt Indirect Allocation on Page 1 - Summary Page.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
<b>K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION</b>						

8

## PAGE 9 – REVENUE BY PROGRAM SERVICES

Projected revenues of your agency should be entered for the same time period of the budget for expenses. Government contracts, including revenues expected to be received from HCJFS, should be listed separately (e.g. HCJFS, Butler County, etc.). “Fees From Clients” should only represent monies received directly from clients. These are not fees paid by third parties (insurance, Medicaid, contracts). Contributions from individual benefactors need not be listed individually unless they represent a significant proportion or amount of donated funds.

Total revenues shown MUST equal or exceed the total expenses shown on Page 1 – Summary Page.

REVENUE PREPARED FOR PERIOD  
(Enter Begin Date of Budget) **TO** (Enter End Date of Budget)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
REVENUE BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL REVENUE
<b>A. GOVERNMENTAL AGENCY FUNDING (specify agency)</b>						
HCJFS						
<b>B. OTHER FUNDING</b>						
Fees From Clients						
Contributions						
Awards & Grants						
Other (specify)						
<b>TOTAL REVENUE</b>						

9

Instructions:

Column 1: List funding sources.

Columns 2-4: Enter the revenues that are directly associated with the service proposed.

Column 5: Enter revenue such rental of facilities, interest income, investment income, contributions, etc.

Column 6: Enter all other revenues that are not associated with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

## PAGE 10 – RENEWAL YEAR ESTIMATED COST SHEET

Please estimate the total cost and the cost per participant by program for each renewal year listed in the RFP. These estimates will be used in helping HCJFS determine increases for the renewal years.

### BCCS CONTRACT BUDGET HCJFS CONTRACT BUDGET

#### RENEWAL YEAR ESTIMATED COST SHEET

(1)	(2)	(3)	(4)
PROGRAM	RENEWAL YEAR 1 COST	RENEWAL YEAR 1 COST PER PARTICIP ANT	NARRATIVE - Please describe in detail the reasons for increased costs/expenses. This narrative will be used to help determine the amount of increase Provider may receive if HCJFS awards increases in renewal years 1 and 2.
PROGRAM 1			
PROGRAM 2			
PROGRAM 3			
PROGRAM 4			
PROGRAM	RENEWAL YEAR 2 COST	RENEWAL YEAR 2 COST PER PARTICIP ANT	NARRATIVE - Please describe in detail the reasons for increased costs/expenses. This narrative will be used to help determine the amount of increase Provider may receive if HCJFS awards increases in renewal years 1 and 2.
PROGRAM 1			
PROGRAM 2			
PROGRAM 3			
PROGRAM 4			

- Column 1: Please list the program name (ie Traditional Foster Care, Therapeutic Foster Care Level 1, etc.)
- Columns 2: Please enter the estimated total cost for renewal year 1 by program. Further down under the second set of headings, please list the estimated total cost for renewal year 2 by program.
- Column 3: Please enter the estimated cost per participant for renewal year 1 by program. Further down under the second set of headings, please list the estimated cost per participant for renewal year 2 by program.
- Column 4: Please write a detailed narrative of justifying the increased costs.

**EXHIBIT II**

AGENCY:

BUDGET PREPARED FOR PERIOD

NAME OF CONTRACT PROGRAM:

\_\_\_\_\_ TO \_\_\_\_\_

**INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW**

<b>EXPENSES BY PROGRAM SERVICES</b>				<b>MGMT INDIRECT</b>	<b>OTHER DIRECT SER</b>	<b>TOTAL EXPENSE</b>
<b>A. STAFF SALARIES</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>B. EMPLOYEE PAYROLL TAXES &amp; BENEFITS</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>C. PROFESSIONAL &amp; CONTRACTED SERVICES</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>D. CONSUMABLE SUPPLIES</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>E. OCCUPANCY</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>F. TRAVEL</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>G. INSURANCE</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>H. EQUIPMENT</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>I. MISCELLANEOUS</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>J. PROFIT MARGIN</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>ALLOCATION OF MGT/INDIRECT COSTS</b>						0.00
<b>TOTAL PROGRAM EXPENSES</b>	0.00	0.00	0.00	0.00	0.00	0.00

ESTIMATED NUMBER OF PARTICIPANTS  
TO BE SERVED:

TOTAL \_\_\_\_\_

TOTAL CCMEP PROGRAM COSTS  
COST PER PARTICIPANT

\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____

<b>TOTAL REVENUE</b>	0.00	0.00	0.00	0.00	0.00	0.00
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## EXHIBIT II

**A. STAFF SALARIES - Attach Extra Pages for Staff, if needed.**

[illegible]

**Salaries Narrative.** Describe how each position relates to the service proposed.

Please type narrative here.

## EXHIBIT II

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>B.PAYROLL TAXES</b>						
FICA %						0.00
WORKER'S COMP. %						0.00
UNEMPLOYMENT %						0.00
<b>BENEFITS</b>						
RETIREMENT						0.00
HOSPITAL CARE						0.00
OTHER (SPECIFY)						0.00
						0.00
<b>TOTAL EMPLOYEE PAYROLL TAXES &amp; BENEFITS</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Employee Payroll Taxes & Benefits Narrative.**

Please type narrative here.

**NOTE: You must list the percentage amount on the FICA, Worker's Comp and Unemployment lines. Remember - Unemployment Taxes are based ONLY on the first \$7,000 of the employees salary.**

C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate type, function performed, and				MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
						0.00
						0.00
						0.00
						0.00
<b>TOTAL PROFESSIONAL FEES &amp; CONTRACTED SERVICES</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Professional Fees & Contracted Services Narrative**

Please type narrative here.

## EXHIBIT II

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>D.CONSUMABLE SUPPLIES</b>						
OFFICE						0.00
CLEANING						0.00
PROGRAM						0.00
OTHER (SPECIFY)						0.00
						0.00
						0.00
<b>TOTAL CONSUMABLE SUPPLIES</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Consumable Supplies Narrative**

Please type narrative here.

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>E. OCCUPANCY COSTS</b>						
RENTAL @ PER SQ. FT.						0.00
USAGE ALLOWANCE OF BLDG. OWNED @2% OF ORIG. ACQUISITION COST						0.00
MAINTENANCE & REPAIRS						0.00
UTILITIES (MAY BE INCLUDED IN RENT)						
HEAT & ELECTRICITY WATER						0.00
TELEPHONE						0.00
OTHER (SPECIFY)						0.00
						0.00
						0.00
<b>TOTAL OCCUPANCY COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Occupancy Costs Narrative**

Please type narrative here.

## EXHIBIT II

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
F.TRAVEL COSTS						
GASOLINE & OIL						0.00
VEHICLE REPAIR						0.00
VEHICLE LICENSE						0.00
VEHICLE INSURANCE						0.00
OTHER (PARKING)						0.00
MILEAGE REIMBURSE.@ _____ PER MILE						0.00
CONFERENCES & MEETINGS, ETC.						0.00
PURCHASED TRANSPORTATION						0.00
<b>TOTAL TRAVEL COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Travel Costs Narrative**

Please type narrative here.

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
G. INSURANCE COSTS						
LIABILITY						0.00
PROPERTY						0.00
ACCIDENT						0.00
OTHER						0.00
<b>TOTAL INSURANCE COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Insurance Costs Narrative**

Please type narrative here.

## EXHIBIT II

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SERV	TOTAL EXPENSE
<b>H.EQUIPMENT COSTS</b>						
SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed)						
						0.00
						0.00
						0.00
<b>TOTAL SMALL EQUIPMENT COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)						0.00
						0.00
						0.00
						0.00
<b>TOTAL EQUIPMENT &amp; REPAIR</b>	0.00	0.00	0.00	0.00	0.00	0.00
EQUIPMENT LEASE COSTS (DETAIL)						
						0.00
						0.00
						0.00
<b>TOTAL LEASE COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL EQUIPMENT COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Total Equipment Costs Narrative (Small Equipment, Equipment Maintenance & Repair, Equipment Lease, Equipment Depreciation)**

Please type narrative here.

## EXHIBIT II

## LARGE EQUIPMENT DEPRECIATION COSTS

Any individual equipment item costing \$5,000 or more at time of purchase may be included in the budget and must be depreciated. The exception to the "individual equipment item" is for computer components which are purchased as a group, I.e. hard drive, monitor, keyboard, printer, etc. If the total cost for all the components is \$5,000 or greater, the equipment must be depreciated. Any item which was full depreciated on the agency's books prior to the beginning date of the contract may not be used as a basis for determining costs of the program proposed for a contract, even though that item of equipment is used by the program. Any items of equipment used by the Management and Indirect activities of the Agency for which costs are included in this budget must also be itemized on this sheet. If needed, extra copies may be made and numbered 7A, 7B, & 7C.

ITEM(S) TO BE DEPRECIATED	NEW OR USED	DATE OF PURCHASE	TOTAL ACTUAL COST	SALVAGE VALUE	TOTAL TO DEPRECIATE	USEFUL LIFE	CHARGEABLE ANNUAL DEPRECIATION	*PERCENT USED BY CONTRACT PROGRAM	AMOUNT CHARGED TO CONTRACT PROGRAM	WHICH CONTRACTED PROGRAM
			0.00	0.00	0.00	0	0.00	100.00%	0.00	
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
Total			0.00		0.00		0.00		0.00	

## EXHIBIT II

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>I. MISCELLANEOUS COSTS</b>						
						0.00
						0.00
						0.00
						0.00
						0.00
<b>TOTAL MISCELLANEOUS COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>J. PROFIT MARGIN (For profit entities only)</b>						0.00
<b>K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Miscellaneous Costs Narrative.**

Please type narrative here.

A rationale or basis for the allocation of Mgmt Indirect cost which details how the amount charged to the proposed service was determined must be included. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct cost of service proposed, and/or time studies. Records substantiating development of the means of these costs must be provided with your budget submittal and also maintained by your agency.

**Mgmt/Indirect Cost Narrative.**

Please type narrative here.

**Profit Margin Narrative (for profit entities only).**

Please type narrative here.

## EXHIBIT II

REVENUES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL REVENUES
A. GOVERNMENTAL AGENCY FUNDING (specify agency & type)						
						0.00
						0.00
						0.00
B. OTHER FUNDING						
FEES FROM CLIENTS						0.00
CONTRIBUTIONS						0.00
						0.00
						0.00
						0.00
						0.00
AWARDS & GRANTS						0.00
						0.00
OTHER (specify)						0.00
						0.00
TOTAL REVENUE	0.00	0.00	0.00	0.00	0.00	0.00

**Revenue Narrative**

Please type narrative here.



**EXHIBIT II****RENEWAL YEAR ESTIMATED COST SHEET**

<b>PROGRAM</b>	<b>RENEWAL YEAR 1 EXPENSE</b>	<b>RENEWAL YEAR 1 UNIT RATE</b>	<b>NARRATIVE - Please describe in detail the reasons for increased costs/expenses. This narrative will be used to help determine the amount of increase Provider may receive if HCJFS awards increases in renewal years 1, 2 and 3.</b>
<b>PROGRAM 1</b>			
<b>PROGRAM 2</b>			
<b>PROGRAM 3</b>			
<b>PROGRAM 4</b>			

<b>PROGRAM</b>	<b>RENEWAL YEAR 2 EXPENSE2</b>	<b>RENEWAL YEAR 2 UNIT RATE</b>	<b>NARRATIVE - Please describe in detail the reasons for increased costs/expenses. This narrative will be used to help determine the amount of increase Provider may receive if HCJFS awards increases in renewal years 1, 2 and 3</b>
<b>PROGRAM 1</b>			
<b>PROGRAM 2</b>			
<b>PROGRAM 3</b>			
<b>PROGRAM 4</b>			

**Renewal years 1 2**

# ATTACHMENT C-1

## Sample Budget

## ATTACHMENT C-1

## HCJFS CONTRACT SAMPLE BUDGET

(for reference purposes only)

AGENCY: Acme Foster Care

BUDGET PREPARED FOR PERIOD

NAME OF CONTRACT PROGRAM: Traditional &amp; Therapeutic Foster Care

January 1, 2010 TO December 31, 2010

## INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
A. STAFF SALARIES	154,750.00	218,750.00	0.00	44,350.00	359,400.00	777,250.00
B. EMPLOYEE PAYROLL TAXES & BENEFITS	38,355.38	54,225.38	0.00	10,830.59	89,055.54	192,466.88
C. PROFESSIONAL & CONTRACTED SERVICES	167,900.00	164,250.00	0.00	15,900.00	32,100.00	380,150.00
D. CONSUMABLE SUPPLIES	500.00	1,200.00	0.00	4,500.00	10,600.00	16,800.00
E. OCCUPANCY	13,400.00	20,100.00	0.00	0.00	90,500.00	124,000.00
F. TRAVEL	29,625.00	29,625.00	0.00	0.00	23,250.00	82,500.00
G. INSURANCE	2,790.00	1,860.00	0.00	500.00	3,150.00	8,300.00
H. EQUIPMENT	1,900.00	1,900.00	0.00	0.00	1,900.00	5,700.00
I. MISCELLANEOUS	7,750.00	5,300.00	0.00	500.00	3,750.00	17,300.00
J. PROFIT MARGIN	0.00	0.00	0.00	0.00	0.00	0.00
SUB-TOTAL OF EACH COLUMN	416,970.38	497,210.38	0.00	76,580.59	613,705.54	1,604,466.88
ALLOCATION OF MGT/INDIRECT COSTS	20,632.02	13,645.48		-45,484.94	11,207.44	0.00
TOTAL PROGRAM EXPENSES	437,602.40	510,855.86	0.00	31,095.65	624,912.98	1,604,466.88

ESTIMATED TOTAL UNITS OF SERVICE  
TO BE PROVIDED:

8,395.00

5,475.00

UNIT = 1 dayTOTAL PROGRAM COST/TOTAL UNITS  
OF SERVICE = UNIT COST:\$52.13\$93.31 \_\_\_\_\_

TOTAL REVENUE	438,000.00	511,000.00	0.00	29,000.00	627,000.00	1,605,000.00
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## ATTACHMENT C-1

## A. STAFF SALARIES - Attach Extra Pages for Staff, i

POSITION TITLE	# STAFF	HRS WK	Annual Cost	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SERVICE	TOTAL EXPENSE
Program Director	1.00	40.0	56,000.00	14,000.00	14,000.00			28,000.00	56,000.00
Case Manager	10.00	400.0	320,000.00	128,000.00	192,000.00				320,000.00
Clerical Specialist	1.00	40.0	25,500.00	12,750.00	12,750.00				25,500.00
Clerical Specialist	1.00	40.0	25,500.00					25,500.00	25,500.00
Other Personnel			195,250.00					195,250.00	195,250.00
Executive Director	1.00	10.0	85,000.00				21,250.00	63,750.00	85,000.00
Human Resource Director	1.00	13.2	70,000.00				23,100.00	46,900.00	70,000.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
<b>TOTAL SALARIES</b>	15.00	543.2	777,250.00	154,750.00	218,750.00	0.00	44,350.00	359,400.00	777,250.00

**Salaries Narrative.** Describe how each position relates to the service proposed.

The budget shows the positions associated with our Foster Care program. Staffing consists of the following:

1 Program Director - 25% allocated Traditional Foster Care; 25% allocated to Therapeutic Foster Care; remaining 50% allocated to other services not associated with foster care.

1 Program Director -  
25% allocated to Traditional Foster Care  
25% allocated to Therapeutic Foster Care 3  
50% allocated to other services not associated with foster care.

10 Case Managers  
40% allocated to Traditional foster Care  
60% allocated to Therapeutic Foster Care 3

1 Clerical specialist  
50% allocated to Traditional Foster Care  
50% allocated to Therapeutic Foster Care 3

1 Executive Director  
25% allocated to Foster Care Program

1 Human Resource Director  
33% allocated to Foster Care Program.

## ATTACHMENT C-1

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
<b>B.PAYROLL TAXES</b>						
FICA 7.65 %	11,838.38	16,734.38		3,392.78	27,494.10	59,459.63
WORKER'S COMP. 1.9%	2,940.25	4,156.25		842.65	6,828.60	14,767.75
UNEMPLOYMENT 2.3 %	983.25	1,397.25		120.06	2,260.44	4,761.00
<b>BENEFITS</b>						
RETIREMENT 1%	1,547.50	2,187.50		443.50	3,594.00	7,772.50
HOSPITAL CARE 13%	20,117.50	28,437.50		5,765.50	46,722.00	101,042.50
OTHER Life/Disability .6%	928.50	1,312.50		266.10	2,156.40	4,663.50
						0.00
<b>TOTAL EMPLOYEE PAYROLL TAXES &amp; BENEFITS</b>	38,355.38	54,225.38	0.00	10,830.59	89,055.54	192,466.88

**Employee Payroll Taxes & Benefits Narrative.**

Payroll taxes are based on on current FICA, Worker's Comp and Unemployment percentages. Unemployment taxes are calculated on the first \$9,000.00 of each employee's salary. Benefits for full time employees include hospitalization, retirement, group life and disability insurance.

C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate type, function performed, and estimate of use (hours, days, etc.)	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
Foster Parent Fees	167,900.00	164,250.00				332,150.00
Accounting Services				6,000.00	12,000.00	18,000.00
Janitorial Services				9,900.00	20,100.00	30,000.00
						0.00
<b>TOTAL PROFESSIONAL FEES &amp; CONTRACTED SERVICES</b>	167,900.00	164,250.00	0.00	15,900.00	32,100.00	380,150.00

**Professional Fees & Contracted Services Narrative**

Professional and contracted services include fees paid to our Foster Parents. We currently have 38 foster parents. Other contracted services include accounting and janitorial.

## ATTACHMENT C-1

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>D.CONSUMABLE SUPPLIES</b>						
OFFICE		900.00			4,500.00	5,400.00
CLEANING						0.00
PROGRAM	500.00	300.00			600.00	1,400.00
OTHER - Food					10,000.00	10,000.00
						0.00
						0.00
<b>TOTAL CONSUMABLE SUPPLIES</b>	500.00	1,200.00	0.00	4,500.00	10,600.00	16,800.00

**Consumable Supplies Narrative**

Program expenses include gifts for children and youth activities. Office supplies are allocated based on the number of FTE's in each service.

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>E. OCCUPANCY COSTS</b>						
RENTAL @ \$10.00 PER SQ. FT. 10,000	10,000.00	15,000.00			75,000.00	100,000.00
USAGE ALLOWANCE OF BLDG. OWNED @2% OF ORIG. ACQUISITION COST						0.00
MAINTENANCE & REPAIRS	1,200.00	1,800.00			9,000.00	12,000.00
UTILITIES (MAY BE INCLUDED IN RENT) HEAT & ELECTRICITY WATER						0.00
TELEPHONE	2,200.00	3,300.00			6,500.00	12,000.00
OTHER (SPECIFY)						0.00
						0.00
						0.00
<b>TOTAL OCCUPANCY COSTS</b>	13,400.00	20,100.00	0.00	0.00	90,500.00	124,000.00

**Occupancy Costs Narrative**

Rental expense is allocated by square footage of office space. This expense is further allocated between Traditional Foster Care and Therapeutic Foster Care 3 based on the number of FTE's in each service.

Telephone expense includes office phones and company cell phones used by employees. This expense is further allocated between Traditional Foster and Therapeutic Foster Care based on the number of FTE's in each service.

Maintenance & Repairs expense is allocated by square footage of office space. This expense is further allocated between Traditional Foster Care and Therapeutic Foster Care 3 based upon the number of FTE's in each service.

Utilities are included in the rent.

## ATTACHMENT C-1

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
F. TRAVEL COSTS						
GASOLINE & OIL						0.00
VEHICLE REPAIR						0.00
VEHICLE LICENSE						0.00
VEHICLE INSURANCE						0.00
OTHER (PARKING)						0.00
MILEAGE REIMBURSE. @ \$.50 PER MILE	28,125.00	28,125.00			18,750.00	75,000.00
CONFERENCES & MEETINGS, ETC.	1,500.00	1,500.00			4,500.00	7,500.00
PURCHASED TRANSPORTATION						0.00
<b>TOTAL TRAVEL COSTS</b>	<b>29,625.00</b>	<b>29,625.00</b>	<b>0.00</b>	<b>0.00</b>	<b>23,250.00</b>	<b>82,500.00</b>

**Travel Costs Narrative**

Travel costs include mileage reimbursement of \$.50 per mile. Estimated number of miles are 150,000. Conference and meetings expense include costs for 4 employees to attend conference on Foster Care.

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
G. INSURANCE COSTS						
LIABILITY	2,460.00	1,640.00		500.00	2,900.00	7,500.00
PROPERTY	330.00	220.00			250.00	800.00
ACCIDENT						0.00
OTHER						0.00
<b>TOTAL INSURANCE COSTS</b>	<b>2,790.00</b>	<b>1,860.00</b>	<b>0.00</b>	<b>500.00</b>	<b>3,150.00</b>	<b>8,300.00</b>

**Insurance Costs Narrative**

Insurance costs include liability insurance for foster parents and executive officers of the agency. Insurance costs are allocated to the services based on number of FTE's in each service.

## ATTACHMENT C-1

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>H.EQUIPMENT COSTS</b>						
SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased)						0.00
						0.00
						0.00
<b>TOTAL SMALL EQUIPMENT COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)						0.00
						0.00
						0.00
						0.00
<b>TOTAL EQUIPMENT &amp; REPAIR</b>	0.00	0.00	0.00	0.00	0.00	0.00
EQUIPMENT LEASE COSTS (DETAIL)						
Copiers	900.00	900.00			900.00	2,700.00
						0.00
						0.00
<b>TOTAL LEASE COSTS</b>	900.00	900.00	0.00	0.00	900.00	2,700.00
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)	1,000.00	1,000.00	0.00	0.00	1,000.00	3,000.00
<b>TOTAL EQUIPMENT COSTS</b>	1,900.00	1,900.00	0.00	0.00	1,900.00	5,700.00

**Total Equipment Costs Narrative (Small Equipment, Equipment Maintenance & Repair, Equipment Lease, Equipment Depreciation)**

Equipment Costs include lease charges for copiers and depreciation of computer system purchased in March, 2008.



## ATTACHMENT C-1

**LARGE EQUIPMENT DEPRECIATION CO.**

Any individual equipment item costing \$5,000 or more at time of purchase may be included in the budget and must be depreciated. The exception to the "individual equipment item" is for computer components which are purchased as a group, i.e. hard drive,

If the total cost for all the components is \$5,000 or greater, the equipment must be depreciated. Any item which was full depreciated on the

agency's books prior to the beginning date of the contract may not be used as a bas

even though that item of equipment is used by the program. Any items of equipment used by the Management and Indirect activities of the Agency

for which costs are included in this budget must also be itemized on this sheet. If needed, extra copies may be made and numbered 7A, 7B, & 7C.

ITEM(S) TO BE DEPRECIATED	NEW OR USED	DATE OF PURCHASE	TOTAL ACTUAL COST	SALVAGE VALUE	TOTAL TO DEPRECIATE	USEFUL LIFE	CHARGEABLE ANNUAL DEPRECIATION	*PERCENT USED BY CONTRACT PROGRAM	AMOUNT CHARGED TO CONTRACT PROGRAM	WHICH CONTRACTED PROGRAM
Computer system	N	3/3/2008	15,000.00	0.00	15,000.00	5	3,000.00	100.00%	3,000.00	1/3 to Trad,TFC3, RT
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
Total			15,000.00		15,000.00		3,000.00		3,000.00	

\* Enter as a decimal.

## ATTACHMENT C-1

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>I.MISCELLANEOUS COSTS</b>						
Postage	1,000.00	800.00			500.00	2,300.00
Dues/Subscriptions	2,000.00	1,000.00			1,000.00	4,000.00
Background checks	2,250.00	1,500.00			1,250.00	5,000.00
Recruitment	2,500.00	2,000.00			1,500.00	6,000.00
						0.00
<b>TOTAL MISCELLANEOUS COSTS</b>	7,750.00	5,300.00	0.00	500.00	3,750.00	17,300.00
<b>J. PROFIT MARGIN (For profit entities only)</b>						0.00
<b>TOTAL OF ALL EXPENSES</b>	416,970.38	497,210.38	0.00	76,580.59	613,705.54	#####

**Miscellaneous Costs Narrative.**

Miscellaneous costs include postage, professional dues, foster parent recruitment, and background checks on foster parents and employees. Miscellaneous costs are allocated based on the number of FTE's in each service.

A rationale or basis for the allocation of Mgmt Indirect cost which details how the amount charged to the proposed service was determined must be included. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct cost of service proposed, and/or time studies. Records substantiating development of the means of these costs must be provided with your budget submittal and also maintained by your agency.

**Mgmt/Indirect Cost Narrative.**

Management/Indirect costs are allocated to all services based on the percent of total direct salaries of each service to total agency salaries.

**Profit Margin Narrative (for profit entities only).**

Please type narrative here.

N/A.

## ATTACHMENT C-1

REVENUES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SER	TOTAL REVENUES
<b>A. GOVERNMENTAL AGENCY FUNDING</b> (specify agency & type)						
Hamilton County Job & Family Services	375,000.00	455,000.00			620,000.00	1,450,000.00
Butler County Job & Family Services	58,000.00	51,000.00				109,000.00
						0.00
<b>B. OTHER FUNDING</b>						0.00
FEES FROM CLIENTS						0.00
CONTRIBUTIONS -						0.00
donations				6,000.00		6,000.00
endowment				23,000.00		23,000.00
						0.00
						0.00
AWARDS & GRANTS						0.00
						0.00
OTHER (specify)						0.00
Fundraising	5,000.00	5,000.00			7,000.00	17,000.00
<b>TOTAL REVENUE</b>	438,000.00	511,000.00	0.00	29,000.00	627,000.00	1,605,000.00

**Revenue Narrative**

Revenues are projected based upon the per diem rate and the number of children in each service.

## EXHIBIT II

## RENEWAL YEAR ESTIMATED COST SHEET

PROGRAM	RENEWAL YEAR 1 EXPENSE	RENEWAL YEAR 1 UNIT RATE	NARRATIVE - Please describe in detail the reasons for increased costs/expenses. This narrative will be used to help determine the amount of increase Provider may receive if HCJFS awards increases in renewal years 1 and 2.
Traditional Foster Care	\$435,383.12	\$51.87	Requesting a 2.5 percent increase. Salaries and contracted services are anticipated to increase 3 percent and supplies, insurance, equipment should increase 2 percent. Other costs should be stable.
Therapeutic Foster Care 3	\$279,300.06	\$51.01	Requesting a 2.5 percent increase. Salaries and contracted services are anticipated to increase 3 percent and supplies, insurance, equipment should increase 2 percent. Other costs should be stable.
PROGRAM 3			
PROGRAM 4			

PROGRAM	RENEWAL YEAR 2 EXPENSE2	RENEWAL YEAR 2 UNIT RATE	NARRATIVE - Please describe in detail the reasons for increased costs/expenses. This narrative will be used to help determine the amount of increase Provider may receive if HCJFS awards increases in renewal years 1 and 2.
Traditional Foster Care	\$448,444.61	\$53.43	Requesting a 3 percent increase. Salaries and contracted services are anticipated to increase 3 percent. In addition, an upgrade to computer equipment is needed that will increase costs by 3 percent. All other costs should increase by approximately the cost of living (2.5%).
Therapeutic Foster Care 3	\$287,679.06	\$52.54	Requesting a 3 percent increase. Salaries and contracted services are anticipated to increase 3 percent. In addition, an upgrade to computer equipment is needed that will increase costs by 3 percent. All other costs should increase by approximately the cost of living (2.5%).
PROGRAM 3			
PROGRAM 4			

# ATTACHMENT D

## Provider Certification

# Hamilton County Department of Job and Family Services

## Provider Certification Process

RFP Page 118

(Revised 5/10)

### I. Overview

The purpose of the **Hamilton County Department of Job and Family Services (HCJFS) Provider Certification Process** is to assess a service provider's administrative capacity to effectively manage an HCJFS contract. The process is designed strictly for internal HCJFS decision making and should not be seen as an official accreditation, licensing or endorsement of a provider program or agency. The process is divided into three (3) sections -**A. Program Identifying Information, B. Administrative Capacity and C. Quality Assurance**. Sections A. and B. may be completed prior to contract signing. Section C. within six (6) months of contract signing. A six (6) month period is given for Section C. to allow time for smaller agencies who may not have all of the quality assurance components in place. As with any process, there are always exceptions so consult with management if certain portions of the document are not applicable to a specific provider.

#### A. **Program Identifying Information (Section A)** - identifies key information such as:

1. agency name and address;
2. director's name;
3. service being purchased;
4. hours/days of operation, etc.

#### B. **Administrative Capacity (Section B)** - identifies administrative areas which are key to an effective operation such as:

1. accounting and record keeping systems;
2. copies of important documents such as the table of organization, Articles of Incorporation, insurance, etc.;
3. review of provider personnel files for proof of drivers' licenses, insurance, professional credentials, etc.;
4. tour of the provider's facility.

None of this information is to be released to anyone other than the provider without HCJFS management approval.

#### C. **Quality Assurance (Section C)** - identifies processes and procedures for ensuring quality service such as:

1. program staff training plan;
2. staff policy and procedure manual;
3. quality assurance plan/activities.

Refer to detailed instructions for completing the certification document.

## II. INSTRUCTIONS FOR THE PROVIDER CERTIFICATION PROCESS

### Section A. Program Identifying Information

ITEM	EXPLANATION
1. Reviewer's Name and Title	Staff name(s)/title(s) who completed the certification review.
2. Initiation of Certification Process (Date)	Date the certification process began.
3. Completion of Certification Process (Date)	Date the certification process was completed - all 3 sections completed..
4. Certification Status	Select the applicable answer as the certification process is completed. Select: in process, approved, denied.
5. Tax I.D. # (aka Vendor #)	Tax I.D. (Vendor) number used in Performance.
6. Oracle Contract #	Contract number used in Oracle
7. Agency Name	Official name of the contract agency.
8. Agency Address	Address for the location of the agency's administrative office. Indicate if there is a separate mailing address.
9. Phone #	Phone number for the agency's administrative office.
10. Fax #	Fax number for the agency's administrative office.
11. Program Name	Program name for the purchased service, if applicable.
12. Service Name	Service name from the Contract Services database picklist.
13. Program Address, if different	Program address if different from the administrative office.
14. Program Phone #, if different	Program phone number if different from the administrative office.
15. Program Fax #	Program fax number if different from the administrative office.
16. Agency's Hours/Days of Operation	Agency's hours of operation (begin/end times) and days of the week the agency is open for service.
17. Program's Hours/Days of Operation	Contracted program's hours of operation (begin/end times) and the days of the week the program is open for service.
18. Seasonal Hours, if applicable	Indicate if the program has seasonal (summer, holiday, etc) days and hours of operation.
19. Agency Director's Name	Name of the Executive Director for the contracted agency.
20. Agency Director's E-Mail Address	E-mail address for the Agency Director.
21. Program Director's Name, if different	Name of the Program Director for the contracted program/service if different from the Executive Director.
22. Program Director's Phone #, if different	Phone number for the Program Director if different from the agency or program phone numbers listed above in #9 and #14.
23. Program Director's E-Mail Address	E-mail address for the Program Director if different from the Agency Director.
24. Program Contact Person, if different	Name of the program Contact Person if different from the Program Director listed above in #20.
25. Program Contact Person's Phone number, if different	Phone number for the program Contact Person if different from the phone number for the Program Director listed above in #21.
26. Program Contact Person's E-Mail Address	E-mail address for the program contact person if different from the Program Director.

**Section B. Administrative Capacity - This section must be completed prior to contract signing.**

ITEM	EXPLANATION
1. Other Provider certifications	Ask Provider if the agency is currently certified by another entity. This could be Medicaid, JACHO, COA, etc. Obtain information regarding the type, time period and particular services covered by the certification and discuss findings with Section management.
2. Reviewed and accepted: <ul style="list-style-type: none"> <li>a. Most recent annual independent audit or comparable financial documents;</li> <li>b. audit management letter, if applicable;</li> <li>c. SAS61 (auditor's communication to the board's audit committee), if applicable;</li> <li>d. most recent 990 and Schedule A ;</li> <li>e. most recent federal income tax return;</li> <li>f. written internal financial controls.</li> </ul>	This information is used to determine the financial status of an agency. Things to look for are: <ol style="list-style-type: none"> <li>1. Did the audit firm issue an unqualified opinion on the report? If not, a further review of the agency's financial status should be conducted. If the audit report is not for the prior calendar year, ask when the report will be finished and follow-up with provider to obtain a copy.</li> <li>2. Do the attachments/exhibits indicate problems, recommendations, etc.?</li> <li>3. Does the audit management letter indicate a problem or areas that need improvement?</li> <li>4. Does the SAS61 indicate problems, concerns, etc.?</li> <li>5. The 990 repeats much of the information in the independent audit but also includes the salaries for the top 5 positions earning over \$50,000.00 per year.</li> <li>6. Were taxes filed timely? If not, why? Were extensions requests done timely?</li> <li>7. Do the controls indicate a separation of duties? Is there a clear understanding of duties and roles? For assistance in developing internal financial controls, providers can consult the standards issued by the GAO in the booklet titled <b><i>Government Auditing Standards</i></b>. The information is also available on the GAO website at: <b><a href="http://www/gao.gov/policy/guidance.htm">http://www/gao.gov/policy/guidance.htm</a></b></li> </ol>
3. Indicate Provider's filing status with the IRS: <ul style="list-style-type: none"> <li>a. 501C3 (not-for-profit);</li> <li>b. sole proprietor;</li> <li>c. corporation (for profit);</li> <li>d. government agency;</li> <li>e. other (specify).</li> </ul>	The filing status is important because of filing and tax conditions which are unique to each category.



<p>4. Received current copies of:</p> <ul style="list-style-type: none"> <li>a. Articles of Incorporation, if applicable;</li> <li>b. job descriptions for all staff in program budget;</li> <li>c. insurance with the correct amount, type of coverage and additional insureds listed;</li> <li>d. Worker's Compensation insurance;</li> <li>e. table of organization including advisory boards &amp; committees;</li> <li>f. service/attendance form, sign-in sheet, etc.</li> <li>g. contract service contingency plan, if applicable.</li> </ul>	<p>Copies of all the documents must be received prior to contract signing.</p> <ol style="list-style-type: none"> <li>1. Job description titles should match to the salaried positions in the budget and to the positions in the T.O.</li> <li>2. Insurance amounts are the standard amounts listed in the boiler plate contract. Work with management for unusual coverage amounts for unusual services. Indicate the expiration date so HCJFS can do timely follow-up to ensure the insurance coverage remains current.</li> <li>3. Table of organization should show the relationship of the contracted service to the entire organization. The T.O. may reference programs for positions.</li> <li>4. The service/attendance form is the sheet used to document units of service. Determine if information maintained is adequate - client names, date, begin/end time, unit(s) of service, name of teacher/case worker, etc.</li> <li>5. The contract service contingency plan is to detail how service will be provided to HCJFS clients should the provider be unable to comply with the contract terms. What is the provider's back-up plan?</li> </ol>
<p>5. Reviewed 3 of the last 12 months board minutes</p>	<p>Review for problems which could reflect on the administrative capacity of the agency, i.e. issues with the contracted programs, staff issues, funding issues, etc.</p>

<p>6. Reviewed accounting/record keeping system:</p> <ul style="list-style-type: none"> <li>a. financial record keeping method             <ul style="list-style-type: none"> <li>1) is a separate account set up for our program?</li> <li>2) are invoices filed for easy reference?</li> </ul> </li> <li>b. cash or accrual system;</li> <li>c. revenue source during start-up period;</li> <li>d. ability to issue accurate and timely reports</li> <li>e. maintenance of client service records .             <ul style="list-style-type: none"> <li>1) method for documenting client service;</li> <li>2) method for compiling data for reports;</li> <li>3) method for tracking performance indicators;</li> </ul> </li> <li>f. how will the Provider manage cash flow during the first 3 months of the contract?</li> </ul>	<p>1. The agency must show how the expenses and revenue for each contracted program will be reported/tracked in a separate account.</p> <p>2. Determine how financial invoices will be filed. Is this adequate for audit purposes?</p> <p>3. Identify the accounting system used - cash vs. accrual. This is important in an audit for determining how expenses and revenues are reported.</p> <p>4. Determine how the agency will meet payroll and other contract related expenses during the start-up period, prior to receiving the first contract reimbursement.</p> <p>5. Review the process for reporting expenses, service and performance goals. Does provider have the administrative capacity to manage the contract in an accurate and timely fashion? In the program area? In the financial area?</p> <p>6. Review the process for documenting and maintaining client service records. Is it acceptable for audit purposes? Can invoiced services be easily tracked to a source document? Is the information in the source document legible, complete, etc?</p> <p>7. Since the initial reimbursement will be approximately 2 months from the end of the first service month, discuss with provider how program expenses will be paid during that time.</p>
<p>7. When applicable, review personnel files for proof of required documentation including, but not limited to:</p> <ul style="list-style-type: none"> <li>a. current professional license/certification;</li> <li>b. driver's license with &lt; 5 points;</li> <li>c. proof of car insurance;</li> <li>d. police/BCII check completed within the last 12 months.</li> </ul>	<p>Based on the work performed by the contract agency's staff, conduct a sampled review of personnel files to ensure required documentation is current and on file. Indicate discrepancies and develop an action plan with the agency to ensure compliance prior to contract signing.</p>
<p>8. Transportation Issues (when applicable)</p> <ul style="list-style-type: none"> <li>a. is public transportation readily available?</li> <li>b. how far from the program site is the public transportation stop?</li> <li>c. indicate the type of available parking facilities:             <ul style="list-style-type: none"> <li>1) private lot;</li> <li>2) municipal/public lot;</li> <li>3) on-street parking;</li> <li>4) client/staff pay to park.</li> </ul> </li> </ul>	<p>This section is to identify potential problems for the program area in client access of service.</p>

<p>9. Interior - Public Areas</p> <ul style="list-style-type: none"> <li>a. indicate general impression of appearance cleanliness, neatness, safety, etc.</li> <li>b. is facility handicapped accessible?</li> <li>c. are bathrooms handicapped accessible?</li> <li>d. does facility design ensure client confidentiality?</li> <li>e. is the facility adequate for our program?</li> <li>f. ask provider if a negative building safety report has been issued by the fire department.</li> </ul>	<p>Purchased services are to be provided in an appropriate setting and accessible to all referred clients. This area is subjective and open to interpretation. The question to ask yourself is if you'd feel comfortable referring a client to this location. The fire department only issues a report when there are building safety issues. Ask to see any negative safety report and, if any, ask for proof of compliance - repair invoices, etc. Calls can be made to the fire department if the status is in doubt.</p>
<p>10. Contract Management Plan - review provider's written plan for contract management.</p> <ul style="list-style-type: none"> <li>a. how will provider ensure integrity and accuracy of the financial system for reporting to HCJFS?</li> <li>b. how will provider ensure integrity of record keeping for documenting and reporting units of service and performance objectives to HCJFS?</li> <li>c. how will provider ensure administrative and program staff are fully aware of and comply with contract requirements?</li> <li>d. what is provider's plan for conducting self-reviews to ensure contract compliance?</li> <li>e. what is provider's plan for ensuring receipt of client authorization forms prior to invoicing?</li> <li>f. what is provider's plan to remain in compliance with contract requirements for timely invoicing to HCJFS?</li> <li>g. what is provider's plan for monitoring contract utilization?</li> </ul>	<p>The purpose of the plan is to ensure the provider is fully aware of the contractual obligations and has a pro-active plan for managing the various contract components. At a minimum, the provider's written plan must address these seven (7) areas.</p>

**Section C. Quality Assurance - If unavailable prior to contract signing, items in this section must be obtained and/or reviewed within the first 6 months of the contract.**

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ITEM	EXPLANATION
1. Training plan for program area staff. Are provider staff aware of contract requirements?	Provider must have a written plan for ensuring provider's staff is aware of contract/amendment requirements and conditions. Staff must be aware of the target population, special need clients, reporting requirements, etc.
2. Written program policies	Review program policies to ensure contract conditions are maintained.
3. Policy & procedure manual for staff a. provider's overall operation policy; b. personnel policies; c. policy for using volunteers; d. affirmative action; e. cultural diversity training.	The manual is for the entire provider agency. Is cultural diversity part of agency wide training?
4. Received copy of provider's brochures or literature regarding their programs.	How are cultural sensitivity issues addressed in the literature? Does provider serve specific cultural and/or ethnic populations?
5. Received copy of provider's QA/QI plan or activities. At a minimum, the following must be included: a. consumer program satisfaction results (define method(s) to be used); b. HCJFS & provider staff satisfaction feedback mechanism (defined in plan); c. unduplicated monthly & YTD data on # of referrals from HCJFS, # of consumers engaged in services, outreach efforts for no-show consumers, service contact dates and units; d. how goal/performance standard attainment will be documented and reported on an individual & aggregate basis; e. written information regarding service programs operated by provider & how the information is disseminated to consumers; f. provider's publicized complaint & grievance system to include written policies & procedures for handling consumer and family grievances, QI report to include individual and program related grievance summaries; g. detailed safety plan; h. detailed written procedure for maintaining the security and confidentiality of client records.	1. Does the agency have a Quality Improvement program?  2. Is there a <u>current</u> QI plan that incorporates involvement of all program areas, front line staff representation, fiscal, administration, clinical staff, families served?  3. Is there a client satisfaction mechanism in place?  4. How are client contacts, referrals, service delivery measured and tracked?  5. Are service goals articulated clearly? Are there mechanisms in place to track and report individual and aggregate data on client activities/outcomes? Financial outcomes?  6. Service brochures that describe program availability? Quality Improvement information that is distributed to stakeholders and utilized for program decision making?  7. Grievance process available - easily accessible to clients? Process for tracking and reporting individual and aggregate data on grievances?  8. Safety plan available and mechanisms in place to evaluate, monitor, and report safety issues?  9. How are client records maintained for security and confidentiality in provider's office? Can records be taken off site? If yes, how is the security and confidentiality guaranteed?

## **Hamilton County Department of Job and Family Services**

### **Provider Certification Document**

**Section A. Program Identifying Information** - This process is designed strictly for internal HCJFS decision making and should not be seen as an official accreditation, licensing or endorsement of a provider program or agency.

<b>1. Reviewer's Name and Title</b>	
<b>2. Initiation of Certification Process (Date)</b>	
<b>3. Completion of Certification Process (Date)</b>	
<b>4. Certification Status</b>	
<b>5. Tax I.D. #</b>	
<b>6. Oracle Contract #</b>	
<b>7. Agency Name</b>	
<b>8. Agency Address</b>	
<b>9. Phone #</b>	
<b>10. Fax #</b>	
<b>11. Program Name</b>	
<b>12. Service Name</b>	
<b>13. Program Address, if different</b>	
<b>14. Program Phone #, if different</b>	
<b>15. Program Fax #, if different</b>	

<b>16. Agency's Hours/Days of Operation</b>	RFP Page 126
<b>17. Program's Hours/Days of Operation</b>	
<b>18. Indicate seasonal hours/days of operation, if applicable</b>	
<b>19. Agency Director's Name</b>	
<b>20. Agency Director's E-Mail Address</b>	
<b>21. Program Director's Name, if different</b>	
<b>22. Program Director's Phone #, if different</b>	
<b>23. Program Director's E-Mail Address</b>	
<b>24. Program Contact Person, if different</b>	
<b>25. Program Contact Person's Phone #, if different</b>	
<b>26. Program Contact Person's E-Mail Address</b>	

**NOTES:**

**Section B. Administrative Capacity - This section must be completed prior to contract signing**

Item	Comments	Date Rec'd.	Date Complete
<b>1. Other Provider certifications, i.e., Medicaid, JACHO, COA, etc.</b>			
<b>2. Reviewed and accepted:</b>			
a. most recent annual indep. audit or comparable financial documents;.			
b. audit management letters, is applicable;			
c. SAS61 (auditor's communication to the board's audit committee), if applicable;			
d. most recent 990 and Schedule A;			
e. most recent federal income tax return;			
f. written internal financial controls. For assistance in developing internal financial controls, providers can consult the standards issued by the General Accounting Office (GAO) in the booklet titled <i><b>Government Auditing Standards</b></i> . The information is also available on the GAO website at <a href="http://www.gao.gov/policy/guidance.htm">http://www.gao.gov/policy/guidance.htm</a>			
<b>3. Indicate Provider's filing status with the IRS</b>			
a. 501C3 (not-for-profit);			
b. sole proprietor;			
c. corporation (for profit);			
d. government agency;			
e. other (specify).			
<b>4. Received current copies of:</b>			
a. Articles of Incorporation, if applicable;			
b. job descriptions for all staff in program budget;			
c. insurance with the correct amount, type of coverage and add'l. insureds listed; Expiration Date:			

d. Worker's Compensation insurance;			RFP Page 128
e. table of organization including advisory boards & committees;			
f. service/attendance form, sign-in sheet, etc.			
g. copy of the contract service contingency plan, if applicable for this service.			
<b>5. Reviewed 3 of the last 12 months board minutes</b>			
<b>6. Reviewed accounting/record keeping system:</b>			
a. financial record keeping method			
1) is a separate account set up for our program?			
2) are invoices filed for easy reference?			
b. cash or accrual system;			
c. revenue source during start-up period;			
d. ability to issue accurate and timely reports			
e. maintenance of client service records .			
1) method for documenting client service;			
2) method for compiling data for reports;			
3) method for tracking performance indicators;			
f. how will provider manage cash flow during the first 3 months of the contract?			
<b>7. When applicable, reviewed personnel files for proof of required documentation including, but not limited to:</b>			
a. current professional license/certification;			
b. driver's license with < 5 points;			
c. proof of car insurance;			



d. police/BCII check completed w/in last 12 mons.			RFP Page 129
<b>8. Transportation Issues (when applicable)</b>			
a. is public transportation readily available?			
b. how far from the program site is the public transportation stop?			
c. indicate the type of available parking facilities:			
1) private lot;			
2) municipal/public lot;			
3) on-street parking;			
4) client/staff pay to park.			
<b>9. Interior - Public Areas</b>			
a. indicate general impression of appearance - cleanliness, neatness, safety, etc.			
b. is facility handicapped accessible?			
c. are bathrooms handicapped accessible?			
d. does facility design ensure client confidentiality?			
e. is the facility adequate for our program?			
f. ask Provider if a negative building safety report was issued by the fire department.			
<b>10. Contract Management Plan - review provider's written plan for contract management.</b>			
a. how will provider ensure integrity and accuracy of the financial system for reporting to HCJFS?			
b. how will provider ensure integrity of record keeping for documenting and reporting units of service and performance objectives to HCJFS?			
c. how will provider ensure administrative and program staff are fully aware of and comply with contract requirements?			

d. what is provider’s plan for conducting self-reviews to ensure contract compliance?			RFP Page 130
e. what is provider’s plan for ensuring receipt of client authorization forms prior to invoicing?			
f. what is provider’s plan to remain in compliance with contract requirements for timely invoicing to HCJFS?			
g. what is provider’s plan for monitoring contract utilization?			

**Additional comments/notes for Section B:**

**Section C. Quality Assurance - If unavailable prior to contract signing, items in this section must be obtained and/or reviewed within the first 6 months of the contract.**

<b>Item</b>	<b>Comment</b>	<b>Date Rec'd.</b>	<b>Date Complete</b>
1. <b>Training plan for program area staff.</b> a. proof provider staff are aware of contract requirements.			
2. Written program policies			
3. <b>Policy &amp; procedure manual for staff</b> a. provider's overall operation policy;			
b. personnel policies;			
c. policy for using volunteers;			
d. affirmative action;			
e. cultural diversity training;			
f. police check policy.			
4. Received copy of provider's brochures or literature regarding their programs. How are cultural sensitivity issues addressed in the literature? Does provider serve specific cultural and/or ethnic populations?			
5. <b>Received copy of providers's QA/QI plan or activities. At a minimum, the following should be included:</b> a. consumer program satisfaction results (define method(s) to be used);			
b. HCJFS & provider staff satisfaction feedback mechanisms (defined in plan);			
c. unduplicated monthly & YTD data on # of referrals from HCJFS, # of consumers engaged in services, outreach efforts for no-show consumers, and contact dates and units;			

d. how goal/performance standard attainment will be documented and reported on an individual & aggregate basis;		RFP	Page 132
e. written information regarding service programs operated by provider & how the information is disseminated to consumers;			
f. provider's publicized complaint & grievance system to include written policies & procedures for handling consumer and family grievances and individual and program related grievance summaries;			
g. detailed safety plan;			
h. detailed written procedure for maintaining the security and confidentiality of client records.			

**Additional comments/notes for Section C:**

# ATTACHMENT E

## Declaration of Property Tax Delinquency

## Declaration of Property Tax Delinquency

(ORC 5719.042)

I, \_\_\_\_\_, hereby affirm that the Proposing Organization herein, \_\_\_\_\_, is \_\_\_\_ / is not \_\_\_\_ (**check one**) at the time of submitting this proposal charged with delinquent property taxes on the general tax list of personal property within the County of Hamilton. If the Proposing Organization is delinquent in the payment of property tax, the amount of such due and unpaid delinquent tax and any due and unpaid interest is \$\_\_\_\_\_.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

### **State of Ohio - County of Hamilton Notary**

Before me, a notary public in and for said County, personally appeared \_\_\_\_\_, authorized signatory for the Proposing Organization, who acknowledges that he/she has read the foregoing and that the information provided therein is true to the best of his/her knowledge and belief.

IN TESTIMONY WHEREOF, I have affixed my hand and seal of my office at \_\_\_\_\_, Ohio this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

# ATTACHMENT F

## Personnel Records



222 East Central Parkway • Cincinnati, Ohio 45202-1225

**General Information:** (513) 946-1000

**General Information TDD:** (513) 946-1295

**FAX:** (513) 946-2250

[www.hcjfs.org](http://www.hcjfs.org)

[www.hcadopt.org](http://www.hcadopt.org)

[www.hcfoster.org](http://www.hcfoster.org)

Employer Name:			
Employee Name:			
Employee Address:			
Authorization Date:		Expiration Date:	

#### RELEASE OF PERSONNEL RECORDS AND CRIMINAL RECORD CHECKS

Whereas R.C. 2151.86 requires the Hamilton County Department of Job and Family Services (HCJFS) to obtain a criminal records check on each employee and volunteer of a HCJFS Provider who is responsible for a consumer's care during service delivery, and

Whereas HCJFS, and HCJFS' funding organizations, may be required to audit the records of Providers to ensure compliance with provisions relating to criminal record checks of Providers' employees who are responsible for a consumer's care during service delivery, and

#### NOW THEREFORE

I authorize HCJFS, and those entitled to audit its records, to review my personnel records, including, but not limited to, criminal records checks. This authorization is valid for this, and the three subsequent fiscal years of HCJFS.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### A. Criminal Record Check

Provider shall comply with R.C. Sections 2151.86 and 5153.111. Generally these require that every employee or volunteer of Provider who has contact with a Consumer have an effective criminal record check. Notwithstanding the aforesaid, an employee or volunteer, without an effective criminal record check, may have contact with a Consumer if he/she is accompanied by an employee with an effective criminal record check. As used in this section an "effective criminal record check" is a criminal record check performed by the Ohio Bureau of Criminal Identification and Investigation, done in compliance with ORC 2151.86, which demonstrates that the employee or volunteer has not been convicted of any offense listed in R.C. Section 2151.86(C).



# ATTACHMENT G

## Provider Registration

**REGISTRATION FORM****RFP: SC07-16R, CCMEP, 2016**

**All inquiries regarding this RFP are to be in writing and are to be mailed, e-mailed or faxed to:**

**Sandra Carson  
Hamilton County Job and Family Services  
222 E. Central Parkway Contract Services, 3rd Floor  
Cincinnati, OH 45202  
Fax#: (513) 946-2384  
Email: carsos01@jfs.hamilton-co.org**

The Hamilton County Job and Family Services (HCJFS) will not entertain any oral questions regarding this RFP. *Other than to the above specified person, no bidder may contact any HCJFS employee, county official, project team member or evaluation team member.* Providers are not to schedule appointments or have contact with any of the individuals connected to or having decision-making authority regarding the award of this RFP. **Inappropriate contact may result in rejecting of the Providers Proposal, including attempts to influence the RFP process, evaluation process or the award process by Providers who have submitted bids or by others on their behalf.**

By e-mailing, mailing or faxing this completed page to the HCJFS Contract Services Department, you will be registering your company's interest in this RFP, attendance at the RFP Conference and all ensuing addenda. Your signature is an acknowledgement that you have read and understand the information contained on this page. Due date for Registration Form is **April 29, 2016, no later than noon.**

<b>DATE:</b>	
<b>COMPANY NAME:</b>	
<b>ADDRESS (including city/state/zip code):</b>	
<b>REPRESENTATIVE'S NAME:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>FACSIMILE NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	
<b>NUMBER OF PEOPLE ATTENDING RFP CONFERENCE:</b>	
<b>SIGNATURE:</b>	

Registration helps insure that providers will receive any addenda to or correspondence regarding this RFP in a timely manner. The HCJFS will not be responsible for the timeliness of delivery via the U.S. Mail.

**E-mail, mail or fax this completed page to HCJFS Contract Services at (513) 946-2384.**

# ATTACHMENT H

## Self-Sufficiency Plan

## **Hamilton County**

### **Ohio Works First (OWF)**

#### **Work/Self-Sufficiency Activities Plan**

1 May 2012

Effective Date

State and Federal laws and regulations and departmental policy govern the operation of the programs described in this plan. The Hamilton County Job and Family Services acknowledges its responsibility to adhere to OWF laws and regulations regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed in this plan are sometimes paraphrases, excerpts or incomplete quotations from the full text.

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## **3900 PURPOSE AND OPERATING PRINCIPLES**

### **3901 Goal**

Ohio Works First (OWF) is the program adopted by Ohio to meet the objectives of (and be funded by) the federal Temporary Assistance to Needy Families (TANF) Act. The goal of OWF is to help participants transition toward personal responsibility, employment and self-sufficiency. Where this goal cannot be realized immediately, we can best advance toward it by combining and maximizing public and community resources to efficiently support needy families in their progress.

### **3902 Administration**

As the state IV-A agency, the Ohio Department of Job and Family Services (ODJFS) is designated to administer, through the county Departments of Job and Family Services, the Ohio Works First (OWF) Program. The director of the ODJFS and the director of the Hamilton County Job and Family Services (HCJFS) shall implement and enforce the requirements of the OWF program. Other State agencies shall cooperate with HCJFS to the maximum extent possible (and in conformity with their responsibilities under H.B. 408, H.R. 3734, H.R. 2015, Am. Sub.H.B.283 and the Deficit Reduction Act of 2005) in the implementation of the OWF program.

HCJFS shall administer and/or operate the OWF program. HCJFS shall provide staff with the training and direction necessary to effectively operate the OWF program

### **3903 Administration of Time Limits for Receipt of Benefits**

Federal regulation allows a parent to receive OWF (or equivalent TANF-funded cash assistance from other states) for themselves, their spouse and their dependent children for a maximum of 60 months during their lifetime. Where an Assistance Group (AG) contains two married parents, the spouse with the greater number of months on assistance governs this determination while for two unmarried parents, a head-of-household must be designated in order to make this determination (refer to OAC 5101: 1-23-01). *NOTE: children are ineligible only when living with an ineligible parent.* Not counted toward this time limit are months where the OWF AG is closed or, even when the AG remains open but no cash was received, including:

- SEP cases;
- Reduction of the grant to zero due to a LEAP sanction;
- Reduction of the grant to zero because it would have been less than \$10;
- Reduction of the grant to zero because of an overpayment recoupment.

Ohio has placed a sub-limit of 36 months on this receipt of benefits. However, after not receiving assistance for 24 months, a parent can reapply and become eligible for up to 24 additional months if HCJFS determines that “good cause” exists for the restoration of benefits. (See section 3905 for Good Cause Policy.)

NOTE: While any months of OWF received due to a Hardship Extension count toward the 60 month limitation, the Federal 60 month limitation does **not** apply to parents who continue to meet the “Hardship” extension criteria, referenced below in Section 3904, provided that the priority of their extension basis can be accommodated within the number of extensions available under the County policy.

### **3904 Administration of the Hardship Extension**

A county can declare up to 20% of its average caseload (during a prior Federal Fiscal Year) under “hardship” and continue their assistance indefinitely. Hamilton County, at its sole discretion, will extend benefits to no more than 20% of its average caseload and only under these specific circumstances:

#### **Priority A**

**A1** An Assistance Group whose parent or caretaker has a serious physical/mental illness or condition rendering them incapacitated for employment. To qualify for this hardship the following criteria must be met:

1. The incapacity must be verified by a physician/psychologist on a completed Basic Medical form (JFS 07302) or on a Mental/Medical Functional Capacity Assessment form (JFS 07308). Or on a document with similarly comprehensive information.
2. Items below will be strongly considered in any fuller HCJFS determination of disability hardship
  - Strength of current disability documentation
  - History of disability and documentation
  - History of efforts to establish a permanent income other than OWF
  - History of efforts of consumer to contribute to their own economic independence
  - Denial of disability status by third parties (SSI)
  - Cooperation with the Disability Determination Unit (DDU) process.

HCJFS reserves the right to secure and rely upon a second opinion from a medical provider of its choice in determining whether incapacity for employment exists.

In rare instances this hardship may be granted for up to 24 months. Nothing in this guideline establishes an entitlement to or expectation of 24 month hardship approvals. Each case shall be judged individually, and approval of any hardship shall be subject to assessments of suitability to be made by HCJFS staff only.

**A2** An Assistance Group whose parent or caretaker must provide medically necessary full-time care for a family member residing in their home (examples; child, spouse, parent or sibling). This extension

is for a period not to exceed 18 months. To qualify for this hardship following criteria must be met:

1. The medical necessity of remaining in the home to provide 24-hour care for the disabled individual must be verified by a physician's statement.
2. The individual must be fulfilling their Self-Sufficiency Assignment.
3. All other supportive resources must be explored, including application of waiver and access to community resources.

HCJFS reserves the right to secure and rely upon a second opinion from a medical provider of its choice in determining whether presence of the parent or caretaker in the home is medically necessary.

### **Priority B**

- B1** An Assistance Group whose adult caretaker is medically verified to be 6 or more months pregnant or caring for a child less than 3 months of age and to have had a reduction or loss of employment due to a medical condition during the pregnancy. Fulfillment of assigned Work Activity (regular or alternative) is required.
- B2** An Assistance Group whose parent or caretaker's capacity to retain employment is disrupted by domestic violence or is at risk of becoming a victim of domestic violence as verified by available records(including, but not limited to: police, courts, shelters, medical professionals, and various other methods listed in 5101:1-3-20 (F)), or the individual's credible allegation. These individuals will be referred to counseling and supportive services, but are not subject to penalty or sanction if they choose to decline the referral or stop participating in counseling or supportive services. Once an extension is approved, it should be reviewed every 6 months.
- B3** An Assistance Group whose parent or caretaker's capacity to retain employment is being compromised by chemical dependency and is actively seeking help, as evidenced by current participation in an approved residential substance abuse treatment program. This extension is for a period not to exceed 2 months and the adult caretaker must be fulfilling any self-sufficiency assignment they are given.
- B4** An Assistance Group whose teen parent is enrolled and in good standing in High School. Those who are not attending high school full-time must be assigned to and fulfilling their self-sufficiency activity requirement.

### **Priority C**

- C1** An Assistance Group whose parent or caretaker has so many dependent children that employment alone may not be economically feasible (4 or more children aged 13 and under). To qualify for this hardship the following criteria must be met:
1. The parent or caretaker must be assigned to and consistently fulfilling their self-sufficiency activity requirement.
  2. The parent or caretaker must:



- Be employed 15 hours per week through verified paid employment and be earning at least minimum wage; and
- Have established employment that has been retained for at least 30 calendar days with at least 60 paid hours in that period.

Hardship eligibility will terminate in the case of a quit, job abandonment, or 90 day period of unemployment following establishment of hardship eligibility. Eligibility for this hardship type is limited to 12 months during your lifetime (the 12 months do not have to be consecutive).

In any case where an OWF recipient has been granted this exemption on or before 01/31/11, their hardship status will be dependent on the progress required below.

1. Within 90 days of notice from HCJFS, this assistance group will be required to verify 10 weekly hours of ongoing paid employment earning at least minimum wage.
2. 90 days later, the assistance group will be required to verify 15 hours of weekly ongoing employment earning at least minimum wage.
3. Eligibility for this hardship type is limited to 12 months during your lifetime (hardship months begin to count upon consumer's notification of this change).

**C2** An Assistance Group whose only or youngest parent/caretaker is 55 or more years of age. The parent or caretaker must be assigned to and fulfilling their self-sufficiency activity requirement.

**C3** An Assistance Group whose parent or caretaker is enrolled and in good standing in an education or training program that, by itself or in combination with other assignments, meets their work participation requirement. The participant must have completed at least 50% of the program. This hardship extension is for completion of core classes only (internships and coops are excluded). The maximum extension allowed is 12 months.

#### **Priority D**

**D1** An Assistance Group whose parent or caretaker has not received the benefit of participation in the county self-sufficiency plan as evidenced by the fact that, although the Assistance Group has received OWF, they have never been assigned to a self-sufficiency activity by HCJFS. This extension applies to individuals who do not meet any of the extension criteria listed above and is for a period not to exceed 6 months. The adult caretaker must be fulfilling any self-sufficiency assignment they are given.

#### **3904.1 Prioritization in the Continued Receipt of Assistance**

If and when ODJFS notifies HCJFS that exceeding the 20% tolerance is imminent, continued assistance will be given first to those with a "Priority A;" second to those with a "Priority B;" third to those with a "Priority C" and finally to those with "priority D." When not all Assistance Groups in any priority group can be given an extension due to the operation of the 20% limitation, priority within that group will be given to those who have received the lesser number of months of OWF assistance since October 1, 1997.

### **3905 Administration of Good Cause for Restoration of Benefits**

After not receiving OWF assistance for 24 months, a parent or caretaker can reapply and become eligible for up to 24 additional months if HCJFS determines that "good cause" exists. Any months in receipt of OWF due to a "hardship extension" (or TANF assistance from another state) will reduce the number of additional months that can be received under this "good cause" provision. When a parent or caretaker reapplies after not having received OWF for 24 or more months (since the expiration of the original 36-month time limit) HCJFS will consider the Assistance Group for benefits under the "good cause" provision. Good cause restoration of OWF benefits is only available to assistance groups that meet the criteria identified below.

- The parent or caretaker must:
  - Be employed 15 hours per week through verified paid employment and be earning at least minimum wage; and
  - Have established employment that has been retained for at least 30 calendar days with at least 60 paid hours in that period. or
- The parent or caretaker must demonstrate that they have made reasonable efforts toward self-sufficiency by documenting gross earnings at least equal to the OWF payment standard for 12 of the previous 24 months. and
- The parent or caretaker must provide verification of any income from employment and other sources during the most recent period in which the assistance group was not receiving OWF cash assistance.

#### **3905.1 Applicability of Hardship Provisions to Good Cause for Restoration of Benefits**

If an Assistance Group that has received 36 or more months of OWF and qualifies under the provisions of Section 3904 for a hardship extension, reapplies for assistance after 24 or more months since the expiration of the 36-month time limit, it shall be treated as having good cause for restoration of OWF benefits. When the full 60 months of benefits have been exhausted, the eligibility of the AG for an extension (under the hardship provisions of Section 3904) shall be determined.

## **3910 CUSTOMER TARGETING AND PROCESSING**

### **3911 Target Population**

HCJFS will target this Self-Sufficiency program to OWF single and two-parent work-eligible households.

*NOTE: please refer to the FSCH at 5101: 4-3-28 through 4-3-38 for information concerning the Food Stamp Employment and Training program targeted to non- OWF households.*

### **3912 Customer Flow and Appraisal Process**

All OWF applicants are appraised within 30 days of application, on the date of application or as shortly thereafter as possible. The Personal Responsibility Agreement or “PRA” (a self-sufficiency contract and plan) will initially be discussed and signed during the appraisal interview with all adult caretakers or minor heads of households. The PRA includes both responsibilities common to all OWF recipients and commitments to specific activities by the individual participant (See *Appendix for PRA form*). A Reappraisal will be conducted at each reapplication.

Note: Each work-eligible individual, minor head of household and adult member of the **AG must enter into a written self-sufficiency contract prior to the authorization of OWF benefits.** *ACT 254 effective January 27, 2012.*

### **3913 Assessment/ Reassessment**

Assessment will be conducted by the professional staff of a contracted community service provider. It will consist of in-depth identification of domestic violence, substance abuse, mental health issues, disability/handicaps and other barriers to employment and the adoption of strategies and plans to overcome them. Reassessment of employability prospects and barriers will be made as indicated to be necessary during the progress of a work activity program.

### **3914 Case Management/ Barrier Removal**

Case management is available to individuals participating in OWF from the contracted provider. The Case Manager conducts in-depth interviews to survey, monitor and make arrangements, as necessary, regarding issues such as: physical and mental health of family members, education levels, housing needs, language barriers and required social and supportive services. When a participant is not prepared for participation or there have been failures in respect to personal responsibility and/or work assignments, it may be appropriate to engage the participant full-time in barrier-removal activity.

### **3915 Work Activity Requirements**

A custodial parent or caretaker relative is required to participate in regular work activities according to the hours required for either a single parent or a two-parent family. Fair Labor Standards Act (FLSA) Deeming rules apply (See *section 3917 for exceptions*). Non-subsidized employment hours will be counted toward the work activity requirement. *Note: These are **minimum***

*requirements, however no participant is to work/ participate more than 40 hours per week (other than in gainful employment).*

***Single Parent (ADC-R & ADC-I) Requirement***

- 20 weekly core/total hours for AGs with a child under age 6;
- 20 weekly core hours and 10 core or non-core hours (30 total weekly) for AGs with no child under 6.

***Two-Parent (ADC-U) Requirement***

- 30 weekly core hours and 5 core or non-core hours (35 total weekly) when the AG is not receiving federally funded child care;
- 50 weekly core hours and 5 core or non-core hours (55 total weekly) when the AG is receiving federally funded child care.

**3916 Work Activities**

**3916.1 Regular work activities meet federal participation requirements and include:**

**a) Core Activities**

- Unsubsidized Employment;
- Subsidized Public and Private Employment;
- Work Experience Program (WEP);
- On-the-Job Training (OJT) ;
- Job Search and Job Readiness;
- Community Service;
- Vocational Education;
- Providing Child Care Services to an individual who is participating in a Community Service program;

**b) Non-Core Activities**

- Job skills training directly related to employment;
- Education directly related to employment (when a recipient has not received a high school diploma or a certificate of high school equivalency) and;
- Secondary school or program leading to a certificate of general equivalence (for recipients who have not completed secondary school or received a certificate)

***CAUTION: Please see sections 3920 through 3929 for further information about these activities and restrictions/limitations on their utilization to meet Federal participation requirements.***

**3916.2 Alternative Activities**

Alternative Activities are reserved for individuals with significant barriers to participating or short term disabling conditions where physician and/or rehabilitation appointments are the norm. The

number of hours will be determined by the Agency and/or contracted provider.

Alternative Exercises may include:

- Caring for a severely disabled family member living in the home;
- Medically verified personal long or short term disabilities;
- Substance abuse counseling;
- Mental health counseling;
- Rehabilitation;
- Vocational Education;
- Post-Secondary Education;
- Job Readiness Activities;
- Limited English Proficiency classes;
- Child Care Services;
- ABLE (for individuals aged 20 and over);
- Parenting Classes or Activities;
- Life Skills training;
- Participation in Children's Services Activities; and
- Other activities to help lead an individual to self-sufficiency.

### 3917 Exceptions to Regular Work Activity

Hamilton County has determined that the interests of individuals (and the program) may, under the following circumstances, be best served by wholly or partially excluding them from (full) participation in work activities:

- **An individual incapacitated for employment** as verified by a Basic Medical form (JFS 07302) or Medical Function Capacity form (JFS 07308) in connection with the Request for Limited Medical Data (HCJFS 3362) is to be assigned to an appropriate alternative activity for disabled individuals.
- **The primary caretaker of a disabled household family member** who has medical verification of the need to remain in their own home to care for family member(s) should have their hours of regular work participation based upon their relief from care. In the case of a disabled child who is out of the home (i.e. in childcare or school) an assignment of the caretaker to the site at which the child is in attendance should be explored. Exemption from an assignment is not appropriate in a case where a parent is requesting to be exempt from work participation to care for a child who attends school on a full-time basis. Alternative activities may be substituted in whole or in part where (a full schedule of) an appropriate regular work activity is not possible. *NOTE: In a two-parent AG, one of the parents must participate in regular work activities to meet the 35 hour per week requirement.*
- **An individual subjected to domestic violence or who is at risk of becoming a victim of domestic violence** as verified by available records (including, but not limited to: police, courts, shelters, medical professionals, and various other methods listed in 5101:1-3-20 [F]), or the individual's credible allegation will be referred to counseling and supportive services. There is no penalty or sanction imposed if the

individual declines the referral or stops participating in counseling or supportive services.

- **Temporary relief from the obligation to perform a regular work assignment may be granted due to the inability to locate appropriate, affordable and accessible child care arrangements which would allow participation.** The determination will be made with the advice of the HCJFS Child Care Section. This relief will be granted only after all resources to allow participation have been explored. The following definitions must be observed:
  - Appropriate: an informal arrangement deemed suitable by the parent **or** any provider licensed by ODJFS or certified by HCJFS;
  - Affordable: an informal arrangement satisfactory to the parent or a subsidized arrangement with co-payments based on income and family size;
  - Accessible: child care within a reasonable distance will allow the parent to be at their job site within one and one half hours of departure from their home.

*Note: ineligibility for childcare vouchers due to a consumer's failure to cooperate with childcare rules, does not constitute good cause or warrant relief from regular work assignment.*

### **3917.1 Participants Who Have Received 24 or More Months of OWF Assistance**

Notwithstanding the provisions of 3917, those participants who are within twelve months of the 36 month limit for receiving OWF assistance (see Section 3903) must be assigned to some activity that contributes to their imminent need to achieve self-sufficiency. If reason for an exception to work activity is evident (based on the criteria specified in Section 3917) and therefore regular activities are inappropriate, alternative activities must be required instead.

### **3917.2 Treatment of Teen Parents**

Teen Parents (who have neither completed their High School education or equivalent **nor** taken the “work option” by dropping out of school after reaching the age 18) are subject to the LEAP Program and their participation requirements are governed by OAC 5101:1-23-50. The provisions of section 3917 do **not** apply to LEAP participants but they **do** apply to teen parents who have completed their H.S. education or who have taken the “work option” after reaching age 18.

### **3917.3 Children's Services Involvement**

Upon the written request of HCJFS Children's Services Staff, time engaged directly with Children's Services and/or participation in activities required by Children's Services may be recognized as an alternative activity in the case plan for a required participant for up to 10 hours per week. The balance of the required hours must be in a regular work activity.

Documentation of the request must be maintained in the HCJFS case file or in the case file of the community service provider, as appropriate, depending on which agency reflected the reduction in the assigned hours in their self-sufficiency plan.

#### **3917.4 Clarification of “Receipt of OWF Benefits”**

See section 3903 above for those who are not considered to be in receipt of OWF assistance (and therefore are not required to participate).

### **3920 OWF REQUIRED WORK ACTIVITY COMPONENTS**

#### **3921 Gainful Employment**

Hours spent in unsubsidized employment are recorded on CRIS-E screens AEIEI and AEISE.

##### **Regular Employment (AEIEI)**

Hours to be credited for participant’s work requirement are the gross earnings divided by hourly rate of pay or the state Minimum Wage (whichever is higher). Round up to the next whole hour.

##### **Self-Employment (AEISE)**

Hours to be credited for participant’s work requirement are the net earnings divided by the federal Minimum Wage. Round up to the next whole hour.

**Caution:** If gross earnings (net earnings for self-employment) are not at least the required number of hours times the minimum wage (federal for self-employment), a supplementary assignment to another activity will be required to make up the difference between the hours credited and the participant’s work requirement.

#### **3922 Subsidized Employment and PRC Employer Subsidy Program**

HCJFS operates the Subsidized Employment and PRC Subsidy Program through agreements with employers and/or contractual relationships with provider(s) to administer the program, as deemed appropriate.

HCJFS assures the following related policies are implemented:

- Placement not to exceed 6 months;
- Full time positions (averaging at least thirty hours per week) are pursued;
- Positions will result in gross participant wages consistent with planned self-sufficiency (i.e. functioning without OWF cash benefits);

The SEP program is marketed through contracts, HCJFS job developers, brochures, etc.



### 3923 Work Experience Program (WEP)

WEP opportunities are provided through HCJFS assignment with public and private (for-profit and nonprofit) sponsors. Documentation is required twice monthly (i.e., 15<sup>th</sup> and 30<sup>th</sup>).

HCJFS (or contracted provider) will maintain premiums for Public Work Relief Compensation (administered by the Bureau of Workmen's Compensation) in the event a WEP participant incurs participation-related injuries or disabilities.

HCJFS assures that the following standards have been met in scheduling WEP assignments:

- Prior training, experience, existing skills and proficiency of the participant are considered;
- Participants with significant barriers are first assigned to activities geared toward overcoming those barriers with the assistance of case management;
- Assignment of participants to a WEP site will not result in the displacement of current workforce members; and
- First priority is given to public agencies, second priority to private nonprofit organizations and third priority to private for-profit organizations. Within these priorities, preference is given to sponsors who give participants first consideration for employment.

*Note: Hours assigned are subject to FLSA requirements.*

### 3924 Job Search/ Job Readiness Activities

Job Search/ Job Readiness (JS/JR) activities ensure participants are becoming familiar with general workplace expectations and exhibit behavior and attitudes which permit successful competition in the labor market. JS/JR activities are motivational in nature, focus job seekers' expectations and assist them in anticipating employer expectations, serving as a prelude to comprehensive assessment. JS/JR also involves actively seeking and obtaining employment. JS/JR activities are limited to a maximum of 6 weeks per rolling 12-month period with no more than 4 of those weeks being consecutive. Therefore, a different activity must be assigned after 4 consecutive weeks of JS/JR before additional weeks of JS/JR may be used. Daily documentation is required.

A work eligible individual **applying for** OWF may be required to complete Job Search and Job Readiness applicant assignments as part of their eligibility determination. The OWF application will pend until the applicant assignment is completed. Eligibility determinations will be made no later than 30 days following the submission of the application for OWF benefits. **ACT 254**

*Note: This assignment may be applicable while an OWF applicant is awaiting approval and participation may be required as a condition of eligibility.*

### 3925 Vocational Education



A twelve (12) month lifetime limit exists for Vocational and Post Secondary Educational activities. Daily supervision by the employer, work site sponsor or other responsible party is required with documentation required twice monthly (i.e., 15<sup>th</sup> and 30<sup>th</sup>).

### **3926 Job Skills Training**

This training must be directly related to employment and may only be approved when in connection with required core hours. Job Skills Training includes, but is not limited to, customized training to meet the needs of an employer, general training that prepares an individual for employment, and can include literacy/language instruction explicitly focusing on skills needed to obtain employment. Post-Secondary education is not included in this activity. Daily supervision by the employer, work site sponsor or other responsible party is required. Documentation is required twice monthly (i.e. 15<sup>th</sup> and 30<sup>th</sup>).

### **3927 Education Directly Related to Employment**

Education directly related to employment is designed only for those without a High School Diploma or GED and may only be approved when in connection with core hour participation. Unsupervised homework/study time is not included. Additionally, demonstrated progress must be documented. Daily supervision by the employer, work site sponsor or other responsible party is required. Documentation is required twice monthly (i.e. 15<sup>th</sup> and 30<sup>th</sup>). Note: Secondary school attendance is permissible. However, consistent with other educational activities, this activity may only be approved when in connection with required core hours and progress documentation is provided.

### **3928 On the Job (OJT) Training**

OJT must be in conjunction with paid employment. Daily supervision by the employer, work site sponsor or other responsible party is required with documentation projected 6 months in advance based on actual hours.

### **3929 Community Service**

Community Service for this purpose is defined as services which directly benefit the community and are designed to improve the employability prospects of the recipient. Daily supervision by the employer, work site sponsor or other responsible party is required. Documentation is required twice monthly (i.e. 15<sup>th</sup> and 30<sup>th</sup>). *Note: Hours assigned are subject to FLSA requirements.*

## **3940 SANCTIONS**

### **3941 Sanctions**

A sanction is a period of ineligibility for assistance under the OWF and/or Food Stamp programs, imposed because an individual, without good cause, refused or failed to honor conditions in their Personal Responsibility Agreement (PRA). The sanction process is explained in the PRA (HCJFS 0400). (***See the Appendix for the PRA form.***)

*NOTE: LEAP required participants, except for those who have elected the “work option,” are subject to the sanctions prescribed in the LEAP regulations (OAC: 5101:1-23-50) and activity failures are dealt with as described therein. However, **all** LEAP participants who are required to sign a PRA are subject to the 3 tier sanction process for violations of PRA provisions other than LEAP Participation.*

### **3942 Good Cause**

The HCJFS policy for good cause is described in the PRA. It is to be used for work activity failures and any other situations where the participant fails to meet requirements common to all OWF participants in the HCJFS self-sufficiency plan.

### **3943 Dispute Resolution**

The HCJFS grievance process, referred to in the PRA, has both informal and formal components. It is intended that most disputes about the appropriateness of assignments, hours of participation required, conditions at an activity/job site, good cause for failure to complete an assignment, etc. be resolved informally and routinely between the participant and the worksite/provider. The provider is committed to reschedule missed assignments, to the extent possible within the month of the assignment, in order to allow participants to meet their work requirement. In addition, HCJFS has a staff of Ombudspersons (Consumer Services Representatives) assigned to receive and mediate participants' complaints/concerns.

## **3950 PENALTIES**

Certain situations are not subject to the 3 tier sanction policy set forth in rule 5101:1-3-15 of the Administrative Code, but continue to be subject to existing statutory and administrative rule penalties even if the requirement is included as part of the assistance group's Personal Responsibility Agreement (PRA). Specific to work activities, the following list of penalties shall result in the denial or termination of OWF benefits.

- Failure or refusal by a work eligible individual to sign the PRA
- Failure without good cause to attend an appraisal or assessment interview
- Termination of employment without just cause

## **3960 SUPPORTIVE SERVICES**

### **3961 Coordination and Provision of Supportive Services**

HCJFS coordinates the provision of its supportive services and related services provided by other agencies. To avoid duplication of services, prior to granting supportive services to an OWF participant, HCJFS verifies that the services are not otherwise available free of charge in the community.

### 3962 Method of Payment of Supportive Services

HCJFS secures supportive services, including: child care, transportation, incidentals and other work related expenses. This may be accomplished through direct pay, purchase of service, or at no cost to the HCJFS.

### 3963 Types of Supportive Services

HCJFS will provide the following types of supportive services:

- Child Care (help in both locating and payment);
- Medical Coverage;
- Interpreter and other LEP services or training;
- Assistance with Commercial Driver's License (CDL), GED, Licensed Practical Nurse (LPN) application/testing fees;
- Special purchases to support participant's education and training; and
- Special purchases for a participant to obtain/retain verified employment.

### 3964 Participant Expense Allowance

Participants in OWF regular work activities are potentially eligible to receive transportation assistance. Participants in alternative activities may be provided transportation assistance where the site has made a written request to HCJFS and/or their contracted provider documenting that it is necessary.

Transportation assistance may be provided in the form of bus tokens, bus cards, gas cards and/or a flat monthly expense allowance as deemed appropriate by HCJFS and/or their contracted provider.

When an individual walks to a site or uses a non-internal combustion or non-electric powered conveyance, or otherwise incurs no expense for transportation, an allowance will not be paid.

### 3965 Child Care

Child care services are an essential ingredient to facilitate participation, especially for those with children under 6 years of age. Child care should be:

- **Accessible:** the child care must allow the participant to be at their jobsite within 90 minutes of departing from their home;
- **Appropriate;** the child care must be an informal arrangement the participant deems suitable or a provider licensed by ODJFS or certified by HCJFS; and
- **Affordable:** the cost of an informal arrangement must be acceptable to the participant or HCJFS must provide a subsidized arrangement with co-payments that are based on the participant's income and family size.

NOTE: The lack of accessible, appropriate and affordable child care is good cause for failure to participate for those participants with a child under 6 years of age.

**3966 Transitional Supportive Services**

HCJFS may provide the following transitional supportive services for those participants who have obtained gainful employment:

- Special Purchases (Work clothing, tools, equipment, etc.)
- Substance Abuse Treatment
- Others, as designated by HCJFS

**3967 Supportive Services for Sanctioned Assistance Groups**

Case Management to address barriers to participation is available for AGs that would be eligible for OWF if it were not for the fact that they are currently serving a sanction.

Prevention, Retention and Contingency (PRC) funds may also be available to support efforts toward self-sufficiency. ***CAUTION: PRC may not be used to (prospectively or retroactively) meet living expenses which would have been met by the sanctioned OWF grant.***



# Personal Responsibility Agreement

Ohio Works First Self-Sufficiency Contract - Part One

Hamilton County's Ohio Works First (OWF) program expects participants to become employed, take care of their families and take charge of their futures. If you cannot support your family without cash assistance, OWF can provide temporary support while you prepare for self-sufficiency. If this cash assistance is necessary:

- ▶ **To become or remain eligible for OWF cash assistance, every adult member (or minor head of household) in your assistance group (AG) must sign a Personal Responsibility Agreement (PRA). If each required individual in your assistance group does not sign a PRA, OWF assistance will be denied or terminated.**
- ▶ You and Community Link (an organization of local service providers) must review the Personal Responsibility Agreement together. Community Link will explain each part of the agreement. If you don't understand, stop and ask questions. This agreement lists:
  - The steps you are responsible for taking toward supporting yourself and your family without OWF cash assistance.
  - The steps Hamilton County Department of Job and Family Services (HCJFS) will take to assist you in meeting this goal.

- ▶ **To become or remain eligible for OWF cash assistance, every adult member (or minor head of household) must also complete a Self-Sufficiency Case Plan with Community Link.** The case plan will detail the activities you are required to pursue toward your self-sufficiency. NOTE: participants under the age of 19 may instead continue to work toward their HS diploma through the LEAP (Learning, earning and parenting) program.

- ▶ Your responsibilities may change as you carry out these steps. You and Community Link (or your LEAP Case Manager) will evaluate your progress at reapplication or any other time needed. Any changes to your self-sufficiency plan will become part of this agreement when signed by both you and Community Link (or your LEAP Case Manager).

- ▶ You are entitled to a copy of your PRA and self-sufficiency plan free of charge.

- ▶ Be sure you understand the actions you are required to take to receive OWF assistance. **If you fail or refuse to carry out any part of this agreement or the related self-sufficiency plan, you and your family will lose cash, food assistance and, in some situations, medical coverage.**

**Consequences:** You and your family will lose benefits if you refuse or fail to carry out any requirement in this PRA or your self-sufficiency plan.

**The first time** you do not carry out any part of your PRA or Case Plan:

- Your entire family's **cash benefits stop for 1 month or until you comply whichever is later.**
- Often, YOUR food assistance will also be reduced.

**The second time** you do not carry out any part of your PRA or Case Plan:

- Your entire family's **cash benefits stop for 3 month or until you comply whichever is later.**
- Often, YOUR food assistance will also be reduced.

**The third time** you do not carry out any part of your PRA or Case Plan:

- Your entire family's **cash benefits stop for 6 months or until you comply whichever is later.**
- Often, YOUR food assistance will also be reduced.
- The work eligible individual will lose Medicaid coverage, **but may regain it at any time (even before the 6 months are up) if they comply.**

**Quitting a job** without just cause will cause:

- Your entire family to lose **cash benefits for 6 months.**
- YOUR Food Assistance may also be reduced.

## Medical Benefits

- Non-cooperation with Child Support Enforcement or Paternity Establishment will make the adult who fails **ineligible for Medicaid.**
- Non-cooperation with a work activity will make the adult who fails **ineligible for Medicaid** beginning with the third time their OWF cash assistance is terminated.

**LEAP Participants** who fail or refuse to meet program requirements:

- If enrolled in school, will **lose** the \$62 monthly school attendance incentive and will suffer a \$62 **reduction** in their cash assistance as well.
- If not enrolled in school (or in an acceptable alternative) and under age 18, **the teen parent will be ineligible for OWF.**
- If not enrolled in school (or in an acceptable alternative) and 18 years of age, will be **required to participate in a work activity. Failure to complete the self-sufficiency assessment and Case Plan with Community Link will result in denial/termination of OWF for the teen parent and child(ren).**



### I understand that under Ohio Works First:

- I may only receive a total of 60 months of OWF in my lifetime.
- Initially, I may receive a total of only 36 months (not necessarily consecutive). After 36 months, I will be ineligible for 24 consecutive months.
- If HCJFS determines that I have 'good cause', (that is, made a good faith effort to maintain my self-sufficiency during the past 24 months), I may then be eligible for OWF for up to an additional 24 months, not to exceed the 60 month total limit.

**NOTE: The 36 and 60 month limits are applicable even where HCJFS is unable to provide supportive services such as Child Care.**

It is also possible that Hamilton County may determine that I have a 'hardship' and continue assistance beyond the 36 or 60 month limit. This 'hardship' status is allowed for a maximum of 20% of the average number of OWF participants. I understand that Hamilton County is not obligated to extend benefits through this hardship provision in any case, but will assess and discuss my eligibility for an extension based on hardship with me before my 36-month time limit expires. *A copy of hardship and good cause criteria is available upon request.*

### HCJFS agrees to work with you and to provide (or arrange through Community Link) services that include:

- Explaining and, if necessary, reading this agreement to you;
- Assessing your family's barriers to self-sufficiency; reviewing your progress as needed and affording you the opportunity to revise your plan to meet changes in your circumstances;
- Identifying and providing training, work experience and supportive services needed to help you find and retain employment as quickly as possible within the 36-month time limitation for cash assistance;
- Accommodating your plan and activities to barriers, especially disability or limited/no proficiency with English;
- Providing free and competent translation services for oral and written communication if you have impaired hearing or limited English proficiency;
- Providing assistance to you in locating and/or paying for child care;
- Determining eligibility for receipt of Medicaid, child care, food assistance or other services even if you (or members of your AG) fail to comply with requirements in this agreement (that are not relevant to these other programs);
- Treating you and all members of your assistance group with courtesy and respect and without discrimination;
- Providing you equal access to the benefits of the OWF program and opportunities to achieve self-sufficiency and gain income security;
- Affording you the right to a county conference and/or state hearing when you believe you have good cause for failing to keep a commitment in this agreement or do not believe the assigned activities are appropriate.

### While participating in Ohio Works First, I understand that I am responsible for carrying out ALL parts of this agreement including:

- Looking for and accepting a job;
- Attending all scheduled appointments and being on time, including (but not limited to) those with Community Link and HCJFS Child Care, Child Support and OWF staff;
- Cooperating with HCJFS in establishing eligibility for Ohio Works First including giving true and correct answers to all questions about my family, income and other eligibility requirements;
- Reporting all job, income and family changes to HCJFS within 10 days of the change;
- Reporting all employment and income (keeping ALL pay stubs to verify income to HCJFS);
- Developing an individualized Self-Sufficiency Case Plan with Community Link;
- Meeting with Community Link when I have a change that may require my case plan to be amended;
- Working with Community Link to resolve obstacles to my employability;
- Performing all work activities listed in my Self-Sufficiency Case Plan and reporting all absences to my Community Link contact person;
- Following instructions and rules at the assigned worksite;
- Contacting the appropriate Community Link or HCJFS staff person **each time** (and **no later than one (1) hour after the scheduled start time of any activity or appointment**) to explain why I am not participating as scheduled.
- Not quitting any job (NOTE: HCJFS may determine that I had just cause);
- Identifying, reporting everything I know and providing documents regarding any absent parent;
- Cooperating in establishing paternity (fatherhood) for any child born where I was not married to the father;
- Assigning my rights to and cooperating in the recovery of any cash or medical support due me or claims I may have against a third party;
- Turning in any child support payments received directly from the absent parent after OWF is approved;
- Cooperating with repayment requirements for any overpayments of Child Support and/or OWF cash assistance I receive;

**NOTE:** You may not have to cooperate with child support if you have 'good cause'; that is: cooperation may result in serious physical emotional harm to yourself or your child; or if your child was conceived as a result of incest or rape; or legal proceedings for adoption are pending before a court; or you are currently being assisted by an agency to decide whether to give your child up for adoption. The CSEA will need documents to show that you have 'good cause' and will let you know if you have to cooperate or if you have 'good cause' not to cooperate.

## Good Cause

If, at any time after you have signed a Personal Responsibility Agreement (PRA), you fail or refuse to participate in work activities or meet any other commitments you have made in the agreement or your Self-Sufficiency Case Plan, HCJFS and/or Community Link must determine if you had 'good cause' for your failure or refusal.

**Good Cause** is defined as an acceptable reason for a participant to refuse or fail to participate with Ohio Works First requirements. Reasonable discretion will be exercised to evaluate your personal circumstances in considering your claim for good cause. **NOTE: worksite closure** (when the work or training site is closed due to a holiday, weather emergency or other disaster) is **not** a failure to participate. However, you may be required to make-up these missed hours.

It is your responsibility to contact your Community Link Worksite/Service Coordinator, LEAP Case Manager, Support Enforcement or Children's Services worker **each time** (and **no later than one (1) hour after** the scheduled start time of any activity or appointment) to explain why you are not participating as scheduled. This reporting time can be extended if you verify that compelling circumstances prevented timely contact.

If you claim good cause (and the reason does not involve a failure by HCJFS or Community Link), documentation is required to verify your reason for non-participation. **Documentation must be provided** to your Community Link Worksite/Service Coordinator, HCJFS Support Enforcement or Children's Services worker **within ten calendar days**. If you report circumstances beyond your control and were timely in making contact, an extension to provide documentation **may** be granted.

If good cause is not established, a sanction will be imposed. **NOTE:** work sites are encouraged to work with you to make up missed assignments even if you had no good cause.

If good cause is established, the sanction will not be initiated or, if it has been initiated, it will be retracted by HCJFS. The following are **good cause** reasons and documentation that may be required for you to establish that good cause existed:

- **Failure of Community Link to Make the Assignment:** failure to timely inform you of the date, time and/or place to report or failure to arrange for your participation with the site.
- **Failure of HCJFS or Community Link to Provide Support Services:** you are entitled to receive support services for transportation and child care, where necessary.  
**NOTE:** Failure to access or use available support services is **not** good cause.
- **Inability to obtain Child Care:** child care is a necessary support service for a single custodial parent. Good cause exists if the parent is unable to obtain child care that meets all of the following criteria:

- **Accessible:** the child care must allow you to be at your jobsite within 90 minutes of departing from your home;
- **Appropriate:** the child care must be either an informal arrangement you deem suitable or a provider licensed by ODJFS or certified by HCJFS; and
- **Affordable:** the cost of an informal arrangement must be acceptable to you or HCJFS must provide a subsidized arrangement with co-payments that are based on your income and family size.

If you are unable to participate for lack of child care, you must discuss the circumstances with the Worksite/Service Coordinator. The Worksite/Service Coordinator will determine good cause based on the above standards and in consultation with designated HCJFS Child Care Section personnel.

- **Personal Illness:** a statement is required from a physician or other health professional indicating the diagnosis, when you were treated and when you can return to work, school, training, classes or other assigned work activity.
- **Illness of a family member:** a statement is required from a physician or other health professional identifying the family member under care and why the participant was needed to care for the patient. A family member is someone related by blood, marriage, or adoption and living in the same household as the participant.
- **Death of an immediate family member:** a copy of the obituary from the newspaper or statement from the funeral home is required. Good cause absences are limited to five "work assigned" days per event. Immediate family members include: spouse, mother, father, brother, sister, child, grandparent or grandchild (including step), mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law or legal guardian.
- **Incarceration:** the Justice Center form indicating the entry and release dates is required.
- **Court Appearance:** a document or statement from the court or an attorney is required that indicates the date, time and room number of the court appearance.
- **Required Meeting/Conference:** where attendance at a school conference or meeting with Children's Services or a health or social services provider is required, a statement from the teacher or caseworker is necessary.
- **Family Crisis, Injury or Disruption:** examples would be a lost child, domestic violence, eviction or other traumatic incident. Substantiation would be obtained from the public safety or social agency involved.
- **Household Emergency:** examples would be fire, flooding, natural disaster, etc. Substantiation would come from public safety authorities, social service agencies, news reports, etc.
- **Temporary Disruption of Child Care:** a statement from the provider is required.
- **Lack of Transportation:** documentation from the auto repair facility, public transit authority or other customary transportation provider is required, as appropriate to the mode of transportation. Where public transportation is not reasonably available (commute would exceed one hour), good cause may be found for a period not to exceed one calendar week on the basis of a lack of transportation from a private individual or due to the inoperability of your own vehicle.
- **Job Interview:** report of the interview prior to the missed assignment is required. A copy of the job application or other document indicating the date and time of the interview may also be required at the discretion of the Worksite/Service Coordinator.
- **Business Closing:** a statement from the school, employer or worksite verifying the place of business was closed due to weather, emergency or for another reason.
- **Medical Appointment:** a document verifying you or a member of your family had a medical, dental or vision appointment.

## Dispute

It is intended that most disputes about the appropriateness of assignments, hours of participation required, conditions at a work/activity site, good cause for failure to complete assignments, etc. can be resolved informally between the participant and Community Link. You may also contact your HCJFS Ombudsperson (phone number on the next page).

(Note: requests for reconsideration of a proposed sanction must be received by HCJFS within 15 days of the mailing of the notice). Time permitting prior to a scheduled Hearing, a HCJFS and/or Community Link representative will conduct the conference and you will receive a written decision. You may also have the right to a State Hearing about some issues and, if so, you do not give up that right by requesting a County Conference.

## Sanction Compliance



To re-establish eligibility for benefits that have been sanctioned, you must:

- Be willing to comply with the requirements of the OWF or Food assistance program.
- Attend any scheduled assessment interviews with Community Link.
- Sign, date and return the JFS 03804 – Ohio Works First/Food Assistance Sanction Agreement. If you are sanctioned, this form will be included with the sanction notification letter that you will receive and is also available at HCJFS.

**Caution:** The date that the signed JFS 03804 is received by the agency will impact your beginning date of eligibility.

#### Just Cause

OWF participants are ineligible for assistance for six months if they voluntarily leave a job. This provision also applies to recipients of Transitional Medicaid and transitional child care benefits who apply for OWF cash benefits. However, HCJFS will exempt you from this provision if **you can prove** that you quit for 'just cause'. Just cause includes:

- Leaving to accept a comparable or better job;
- Quit by a minor assistance group member who is not a parent and therefore has no duty to support;
- Discrimination or sexual harassment on the job;
- Unreasonable conditions such as not being paid regularly;
- Unsuitable work (less than minimum wage, work is at a strike site, health and safety violations, work for which you are physically or mentally unfit);
- Documented illness of an immediate family member requiring your continuous presence;
- A household emergency (e.g., fire, flood, violent crime, theft or natural disaster) that interferes with your ability to report for work;
- Lack of child care (for a child under six years old).

NOTE: A layoff or loss of employment for which you are not at fault is not a 'quit'.

#### Agreement

I agree to take personal responsibility for meeting the requirements outlined on the preceding pages and for carrying out the activities specified in any Self-Sufficiency Case Plan adopted as a result of those requirements. I understand my responsibilities may change as I carry out these steps and activities. Those changes will be made to the case plan at reapplication or at any other time Community Link (or my LEAP Case Manager) and I determine necessary. I understand that if Community Link determines I may not have to participate in work activities, the months I receive OWF will count towards my time limit and I **must** cooperate with Child Support Enforcement. This agreement replaces any other personal responsibility agreement I may have signed before.

**CAUTION: This Personal Responsibility Agreement is Part One of your Self-Sufficiency Contract. It must be followed by an Assessment interview with Community Link (or a LEAP Case Manager) which results in completion of the Self-Sufficiency Case Plan which is the second part of your Self-Sufficiency Contract.**

Participant	
Social Security Number	Date

**If you feel that HCJFS or Community Link have not carried out their responsibilities under this contract, you have the right to:**

- Contact your HCJFS Caseworker or Supervisor at: **513-946-**\_\_\_\_\_
- Contact your HCJFS Ombudsperson at: **513-946-1389**
- Request a hearing by calling your Caseworker

I agree to work with this participant and his/her family while they receive OWF, working toward self-sufficiency. I agree to provide information and to link the participant and his/her family to Community Link and other outside community resources.

HCJFS Representative	Date
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## County Conference

Last Name:		First Name:		Case Number:	
Address: Cincinnati OH			SSN: - -		Program(s):
Date conference held:		Client represented by: (Name and Title or Relationship)			
Name of Agency Representative:		Title:		User ID:	District:
Agency explanation for action(s) taken or proposed:					
Client's statement of explanation or facts for the record:					
Decision: (Include Manual References)					
Signature of County Hearing Officer:				Date:	
If you do not agree with this decision, you have the right to a Fair Hearing by the State. You may call <b>1-800-686-1571</b> to request a State Hearing. Your worker can also help you file this request.					
Signature of Client:			Signature of Agency Representative:		

Copies: 1. Client;  
2. Case Record;  
3. Hearings Coordinator

# ATTACHMENT I

## Work Participation Data

**ATTACHMENT I****Work Participation: Overview of Consumer Demographics****Total Number of OWF Participants Served by Vendor**

Unduplicated count of OWF consumers served during the calendar year.

<b>Year</b>	<b># of OWF Consumers</b>
2012	10,407
2013	8,741
2014	7,665
2015	6,856

Unduplicated count of OWF consumers served within a calendar month.

<b>Calendar Year 2015 Active Consumers by Month and Age</b>			
<b>Report Month</b>	<b>Total SSN Count</b>	<b>18-24 yrs</b>	<b>25 yrs and Older</b>
01/1/2015	3250	1332	1918
02/1/2015	3163	1303	1860
03/1/2015	3117	1290	1827
04/1/2015	3066	1235	1831
05/1/2015	3029	1247	1782
06/1/2015	3177	1304	1873
07/1/2015	3287	1345	1942
08/1/2015	3216	1297	1918
09/1/2015	3244	1271	1970
10/1/2015	3263	1267	1996
11/1/2015	3169	1222	1947
12/1/2015	3202	1232	1970

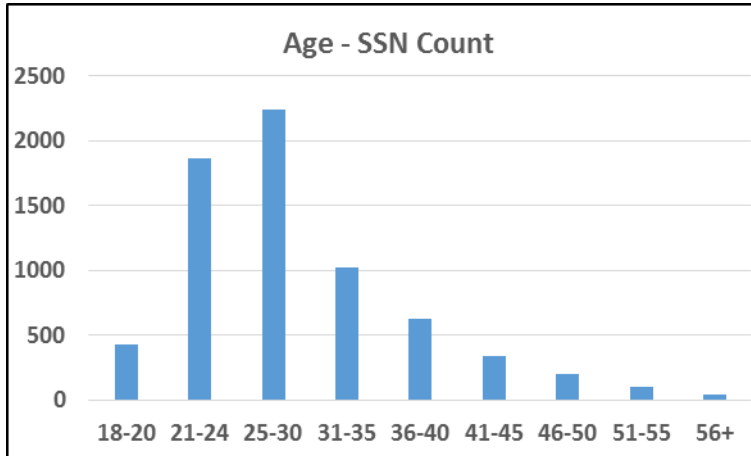
**OWF Work Participation Consumers**

Demographic data is based on 6,856 OWF consumers served during calendar year 2015.

**GENDER**

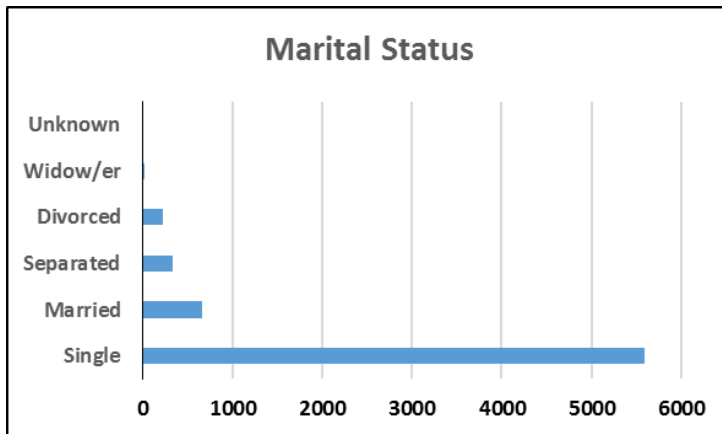
<b>Gender</b>	<b>SSN Count</b>	<b>18-24</b>	<b>25 and Older</b>
Female	6091	2234	3857
Male	765	60	705

## AGE GROUP



Age	SSN Count
18-20	432
21-24	1862
25-30	2240
31-35	1023
36-40	621
41-45	339
46-50	195
51-55	99
56+	45

## MARITAL STATUS

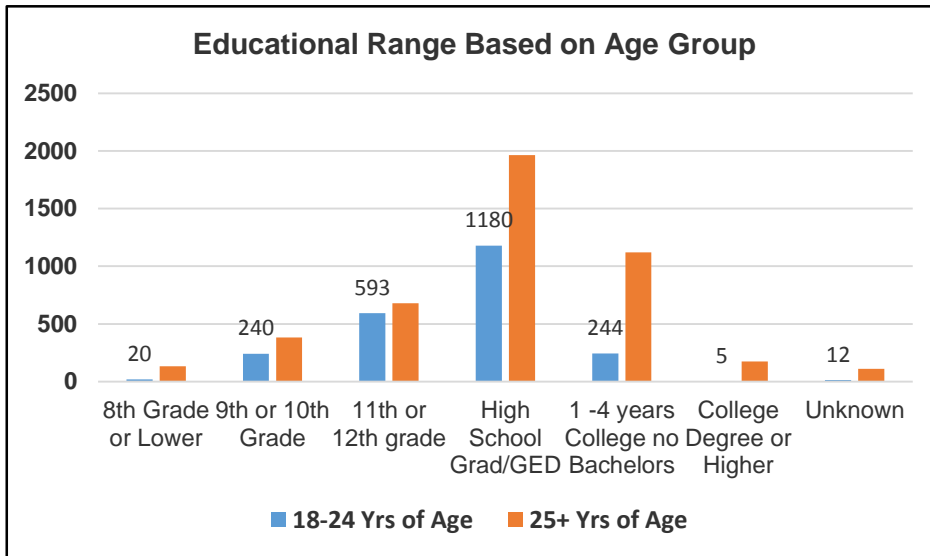


Marital Status	SSN Count
Single	5586
Married	666
Separated	337
Divorced	230
Unknown	13
Widow/er	24

## ETHNICITY

Ethnicity	SSN Count	18-24	25+
African-American	4123	1675	2448
Caucasian	1571	341	1230
Asian	262	14	248
Biracial	121	59	62
Other	116	22	94
Hispanic	80	18	62
Unknown	2	0	2

## EDUCATION



Educational Range	18-24 Yrs of Age	25+ Yrs of Age
8th Grade or Lower	20	133
9th or 10th Grade	240	383
11th or 12th grade	593	678
High School Grad/GED	1180	1964
1 -4 years College no Bachelors	244	1120
College Degree or Higher	5	174
Unknown	12	110

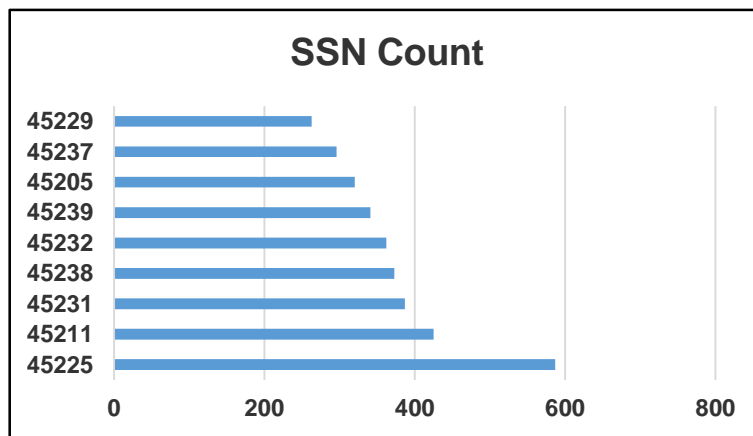
## NUMBER OF CHILDREN IN THE HOME

Unique count of work required adults served in calendar year 2015. Data provided is the number of minor children in the household based on participant age group; 18-24 and 25 and older.

# of Minor Children	Participant SSN Count	18-24 yrs of Age	25+ Yrs of Age
14	1	0	1
9	5	0	5
8	6	0	6
7	23	1	22
6	53	1	52
5	134	6	128
4	434	52	382
3	1039	230	809
2	2152	750	1402
1	2998	1395	1603

## ZIP CODES WHERE THE LARGEST NUMBER OF OWF CONSUMERS LIVE

ZIP	SSN Count	Residential Community
45225	587	Fairmount, English Woods
45211	425	Western Hills, Cheviot, Monfort Heights, Bridgetown
45231	387	Finneytown, Mt Healthy, North College Hill, White Oak
45238	373	West Price Hill, Westwood, Delhi
45232	362	St. Bernard, Winton Place, Winton Hills, Carthage
45239	341	Groesbeck, North College Hill, White Oak
45205	320	Price Hill
45237	296	Roselawn, Bondhill
45229	263	Avondale, North Avondale, Corryville, Paddock Hills



# ATTACHMENT J

## Table of Acronyms

## **ATTACHMENT J**

### **TABLE OF ACRONYMS**

CCMEP – Comprehensive Case Management and Employment Program

CDJFS: County Department of Job and Family Services

CRIS-E: Client Registry Information System – Enhanced

FPL: Federal Poverty Level

HCJFS: Hamilton County Department of Job & Family Services

IOP: Individual Opportunity Plan

ISS: Individual Service Strategy

LEAP: Learning, Earning and Parenting

OAC: Ohio Administrative Code

ODJFS: Ohio Department of Job & Family Services

OJT: On-the-Job Training

OMJ: OhioMeansJobs

OWCMS: Ohio Workforce Case Management System

OWF: Ohio Works First

PRC: Prevention, Retention and Contingency

RFP: Request for Proposals

SWORWIB: Southwest Ohio Region Workforce Investment Board

TABE: Tests of Adult Basic Education

TANF: Temporary Assistance for Needy Families

UI: Unemployment Insurance

WEP: Work Experience Program

WIOA: Workforce Innovation Opportunity Act



# ATTACHMENT K

## WIOA Youth Program Eligibility Application



# WIOA YOUTH AND YOUNG ADULT PROGRAM ELIGIBILITY APPLICATION

Applicant Name (First, MI, Last)		SSN	
Mailing Address	City	State	Zip Code
Phone Number (###) ### - ####		Alt Phone Number (###) ### - ####	
Additional Contact		Contact Person's Phone Name (###) ### - ####	
Applicant Email Address			
<b>Demographic Information</b>		<b>Individual Information</b>	
<p><b>1. What is your date of birth?</b></p> <p><b>2. What is your gender?</b>  <input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p><b>3. What is your ethnicity?</b>  <input type="checkbox"/> Hispanic/Latino    <input type="checkbox"/> Not Hispanic/Latino</p> <p><b>4. What is your race? (check all that apply)</b>  <input type="checkbox"/> Black/African American    <input type="checkbox"/> White    <input type="checkbox"/> Asian  <input type="checkbox"/> American Indian    <input type="checkbox"/> Alaskan Native  <input type="checkbox"/> Hawaiian Islander or Other Pacific Islander  <input type="checkbox"/> Other _____</p> <p><b>5. What is your native or primary language?</b></p> <p><b>6. If you are a male over 18 years old, have you registered Selective Service</b>  <input type="checkbox"/> Yes SSR #: _____    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p><b>7. Citizenship:</b>  <input type="checkbox"/> US Citizen    <input type="checkbox"/> Documented  <input type="checkbox"/> Undocumented    <input type="checkbox"/> Refugee  <input type="checkbox"/> Other Legal Alien    <input type="checkbox"/> Other _____</p>		<p><b>1. Have you been or are you a member of a family who received public cash or food assistance in the last 6 months?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>2. Do you have a disability?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No  <input type="checkbox"/> ADA Major Life Activity Impairment  <input type="checkbox"/> ADA and Employment Impediment</p> <p><b>3. Are you pregnant or do you have any minor children?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>4. If English is not your native or primary language, do you need help learning to speak/write/use English?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>5. Are you homeless or a runaway?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>6. Are you in foster care or were you previously in foster care?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>7. Are you involved or were you involved in the juvenile court or adult justice system?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
<b>Educational Information</b>			
<p><b>1. What is the education Level?</b>  <input type="checkbox"/> College degree (Associate, Bachelor, or other)  <input type="checkbox"/> Some post high school education, no degree  <input type="checkbox"/> Obtained GED or equivalent  <input type="checkbox"/> High school graduate  <input type="checkbox"/> Completed 12<sup>th</sup> grade, but did not receive a diploma</p> <p><b>2. What is your education status?</b>  <input type="checkbox"/> I am not a student  <input type="checkbox"/> I am a student at a college or other post-high school training program  <input type="checkbox"/> I am a student in a GED program  <input type="checkbox"/> I am a high school student, at grade level  <input type="checkbox"/> I am a high school student, behind grade level  <input type="checkbox"/> I am not attending high school</p>			

**Income Verification:**

1. Who lives in your household? What is their relationship to you? What is their income (within the past 6 months)? Please include yourself.

Name	Relationship	Income

2. Please answer the following questions. Did you answer "Yes" to any of the questions below? (You must complete this section regardless of your age) ☐ YES ☐ NO

Do you provide more than 50% of your own support?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you married or separated but not divorced?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have children who receive more than half of their support from you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you live in your own residence or in a residence without support from a parent(s) or a guardian(s)?*	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently serving on active duty in the U.S. Armed Forces or are you serving on active duty as an enlistee of the National Guard or Reserve for purposes other than training?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/> YES <input type="checkbox"/> NO

\*If you are independent of a parent or guardian, only your income will be used to determine WIOA youth eligibility.

**TANF Eligibility**

1. Are you currently receiving cash or food assistance? ☐ YES ☐ NO

*(If you are not currently receiving cash or food assistance, you can verify your income by self-attesting that your household income is less than 200% of the federal poverty level guidelines for TANF eligibility.)*

2. Find your household size below. Was your household's gross income during the past 30 days less than the monthly amount shown below for your household size? ☐ YES ☐ NO

<b>200% of Federal Poverty Guidelines (2015)</b>		
<b>Household Size</b>	<b>Annual</b>	<b>Monthly</b>
1	\$23,540	\$1,961
2	\$31,860	\$2,655
3	\$40,180	\$3,348
4	\$48,500	\$4,041
5	\$56,820	\$4,735
6	\$65,140	\$5,428
7	\$73,460	\$6,121
8	\$81,780	\$6,815
9	\$90,100	\$7,508
10	\$98,420	\$8,201

3. Do you have a child under age 18? ☐ YES ☐ NO
4. Have you been given the opportunity to register to vote? ☐ YES ☐ NO
5. Are you currently repaying fraudulent public assistance (cash or food)? ☐ YES ☐ NO

### **Disclosure of Relationship**

Do you have a business or personal relationship with any individual who is a:

- Local elected official (mayor or county commissioner);
- Workforce Development Board member or subcommittee member;
- WIOA executive, supervisor or employee;
- OhioMeansJobs center partner employee, WIOA sub-recipient and/or contractor; or
- County employee?

☐ YES If yes, provide name: \_\_\_\_\_

☐ NO

## Acknowledgement

By signing, I attest that the information stated above is true and accurate. I understand that if the information or income provided was misrepresented, it may be grounds for immediate termination in the CCMEP program and/or penalties as specified by law.

If the applicant is under age 18, the parent/guardian signature below gives permission for the youth to participate in CCMEP services and activities.

**Parent/Guardian Signature:** (Required if applicant is under age 18)

Parent/Guardian Signature <i>(If applicant is under age 18)</i>	Date
Applicant Signature	Date

### To be completed by eligibility staff person only:

#### Eligibility Determination:

- Is the individual attending school? ☐ Yes ☐ No
- Does the individual have a barrier to employment? ☐ Yes ☐ No
- Is the individual authorized to work in the United States? ☐ Yes ☐ No
- If the individual is a male over age 18, has he registered for Selective Service? ☐ Yes ☐ No
- Is the household's monthly income under 200% of the Federal Poverty Guidelines? ☐ Yes ☐ No
- Does the individual have a child under age 18? ☐ Yes ☐ No
- Does the individual owe any fraudulent TANF assistance paid to the individual? ☐ Yes ☐ No

#### Eligibility Decision:

- ☐ WIOA In-school Youth Program eligible
- ☐ Ineligible for WIOA In-school Youth Program but meets the 5% low-income exception – will be served through the In-school Youth Program
- ☐ WIOA Out-of-school Youth Program eligible
- ☐ Ineligible for WIOA Out-of-school youth program but meets the 5% low-income exception – will be served through the Out-of-school Youth Program
- ☐ TANF Funding Eligible
- ☐ Ineligible for both WIOA In-school and Out-of-school Youth Programs
- ☐ Ineligible for TANF Funding

Signature of Eligibility Staff

Date of WIOA Youth Program and TANF Eligibility Determination

# ATTACHMENT L

## CCMEP Comprehensive Assessment



Ohio Department of Job and Family Services  
**COMPREHENSIVE CASE MANAGEMENT EMPLOYMENT PROGRAM (CCMEP)**  
**COMPREHENSIVE ASSESSMENT**

RFP Page 175

Name		SSN or Case Number	
Case Manager Name		Date	
Please take a minute to introduce yourself and explain your role with the agency: <i>Today we are here to talk about your employment goals and how we can work together to create a plan to achieve those goals. First, we need to talk about your current situation. All of the information obtained is confidential, but it can be used for the purposes of program administration, which would include sharing information as needed for service or treatment referrals, or as otherwise required by law.</i>			
<b>CONTACT INFORMATION</b>			
Address		Phone	Email
OhioMeansJobs.com username or email			
<b>EDUCATION</b>			
<i>Tell me about your education background.</i>			
<i>Secondary Education</i>			
Do you have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date of attainment _____	
If no, would you like to obtain your HS diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, would you like to obtain a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where are you attending? _____	
Are you on target to graduate/complete (grade)? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, what is the highest grade you completed? _____	
Have you ever been tested for a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know		If yes, what were the results? _____	
Do/did you have an Individualized Education Plan (IEP) while in school? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, for what? _____		Is English your primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, would you be interested in ESL/ESOL classes? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____	
<i>Post-Secondary Education</i>			
Are you enrolled in post-secondary education or other job-related occupational skills training? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, where are you attending? _____		If yes, what are you studying? _____	
If yes, are you on target to graduate/complete program? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____	
If no, are you interested in obtaining additional education, training or credentials? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what would you like to obtain? _____	

What career opportunities are you interested in exploring?			RFP Page 176
Have you participated in other job readiness/support programs in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type?	If yes, what did you like or not like about the program?	
Have you completed basic skills testing or career assessments?	If yes, what type?	What were the results?	
Insert results of basic skills assessment (participants are required to complete a basic skills assessment):			
Notes			
<b>EMPLOYMENT</b>			
<i>Tell me about your work experience.</i>			
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date	Hours per week	Hourly Wage
If yes, current employer		Current Position and Duties	
What do you like most?		What do you like least?	
Do you have work experience? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Work Experience	Start Date	Hours per week	Hourly Wage
What did you like most?		What did you like least?	
Previous Work Experience	Start Date	Hours per week	Hourly Wage
What did you like most?	What did you like least?	What did you like most?	What did you like least?



*Tell me about your volunteer experience.*

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Are you currently volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, organization	What do you like most?	What do you like least?
Do you have volunteer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, organization	What did you like most?	What did you like least?

***Employability***

Have you ever quit /not returned to a job or been fired from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain		Have you had difficulty finding employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain	
Are you interested in working <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you filled out a job application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you used a computer for job searching? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you created a resume? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had a job interview in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is anything preventing you from working?	
Do you have valid state-issued identification or driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type	If no, do you have a suspension/revocation? <input type="checkbox"/> Yes <input type="checkbox"/> No	What must be done to reinstate?
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?	If yes, main source of transportation? <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Other	
Do you know how to use a computer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Computer software programs		

Notes

**MILITARY SERVICE**

Veteran Status <input type="checkbox"/> Active <input type="checkbox"/> Reserved <input type="checkbox"/> Discharged <input type="checkbox"/> Retired		Military Branch <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> USAF <input type="checkbox"/> USMC <input type="checkbox"/> US Merchant Marine	
Discharge Character <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other		Years in Military	Military M.O.S. (job description)
Applied for Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Rating	Chapter 31 Referral <input type="checkbox"/> GI Bill <input type="checkbox"/> Training Opportunity <input type="checkbox"/> Not Applicable	

Notes

**LEGAL BARRIERS**

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Have you been involved in a juvenile court system? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, tell me about it.	
Has a court determined you an unruly or delinquent youth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you successfully complete your terms? (Probation, community service, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been involved in an adult court system? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, tell me about it.	
Do you currently have any restrictions based on your court involvement/criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No	What are your restrictions?	
Have you been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Charge and Date of Conviction	Release date of Conviction
Are you on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Information for Supervising Officer or Court	
Have you been turned down for a job based on your legal record? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain?	

Notes

**PERSONAL WELL-BEING**

*Now we will be talking about your personal well-being. These questions will help identify any situation(s) in your life, or the lives of people who live with you, that make getting or keeping a job more difficult. This information is confidential and will not be shared with anyone else except as needed for program referrals or services, or as required. We will use this information to help create your individual opportunity plan.*

Do you and your family have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a regular doctor or wellness clinic that you visit for routine checkups? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when is your due date?	If you are pregnant, are you receiving prenatal healthcare? <input type="checkbox"/> Yes <input type="checkbox"/> No

*If you are a parent, please tell me about your children.*

Do you have any minor children (under 18)? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	Are your children in your house? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your relationship with the other parent?
Do you have safe, stable child care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have back-up child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Is there a court order for you to receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you receive full payments on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a current child support order you need help with? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a court order for you to pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are you able to make full payments on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need help modifying your child support order? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your children attending school regularly, if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, why not?	
Do you or any of your children receive services that require you to frequently miss work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide details	
Do you currently have an open case with Child Protective Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide details	
<b>Barriers</b>			
Do you have any physical barriers or disabilities that keep you from working? <input type="checkbox"/> Yes <input type="checkbox"/> No		What accommodations could help you work?	
Do you or anyone in your household have a medical problem/condition that keeps you from working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who	What accommodations could help you work?	
Do you or anyone in your household have any conditions that limit the type of work you can do? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who	What accommodations could help you work?	
Do you or anyone in your house have any conditions that keep you from driving? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who	What accommodations could help you drive?	
Have you or anyone in your house applied for disability benefits from Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who	Application (date) and for what?	
Do you or anyone in your house receive disability benefits from Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who	Receiving (date) and for what?	
<b>Mental Health</b>			
Have you ever been diagnosed with a mental illness that required treatment or medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		Diagnosis	Diagnosis date
Over the last month, how often have you felt nervous or anxious? Rate 0-5, 0 being never and 5 being nearly every day			
Over the past month, how often have you felt hopeless? Rate 0-5, 0 being never and 5 being nearly every day			
Over the past month, how often have you felt restless or fidgety or unable to concentrate? Rate 0-5, 0 being never and 5 being nearly every day			
Over the past month, how often have you felt so depressed that nothing could cheer you up? Rate 0-5, 0 being never and 5 being nearly every day			
Over the past month, how often have you felt worthless? Rate 0-5, 0 being never and 5 being nearly every day			
Over the past month, how often have the simplest things felt like an effort? Rate 0-5, 0 being never and 5 being nearly every day			
Total for the last 6 questions. It is recommended that a score of 20 or more should result in a referral to the local mental health agency			

## Substance Abuse

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Are you or anyone in your house participating in drug or alcohol treatment?

☐ Yes ☐ No

Who, for what?

Do you feel like you would benefit from drug or alcohol treatment?

☐ Yes ☐ No

Would you commit to remaining substance free throughout your participation in this program?

☐ Yes ☐ No

In the last three months, have you felt you should cut down or stop drinking or using drugs?

☐ Yes ☐ No

In the last three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or doing drugs?

☐ Yes ☐ No

In the last three months, have you felt guilty or bad about how much you drink or use drugs?

☐ Yes ☐ No

In the last three months, have you been waking up wanting to have an alcoholic beverage or use drugs?

☐ Yes ☐ No

*If the client answered yes to at least two of the last four questions, it is recommended they be referred to a substance abuse provider for further assessment.*

## Safety

Are you afraid for your safety or your children's' safety at home?

☐ Yes ☐ No

Is your partner (anyone) doing anything to make it difficult for you to work or do other activities in your daily life? ☐ Yes ☐ No

If yes, please explain.

Is someone abusing you?

☐ Yes ☐ No

Is someone abusing your children?

☐ Yes ☐ No

If yes, please explain.

Are you involved with the court system due to domestic violence or abuse?

☐ Yes ☐ No

Where is the perpetrator now?

Have you ever had a protection order filed against you?

☐ Yes ☐ No

If yes, is this order still in place?

## Housing

Describe your housing situation

Are you concerned about being homeless?

☐ Yes ☐ No

Do you or your family have enough money to cover your monthly expenses?

☐ Yes ☐ No

Do you or your family rely on community resources to meet needs? If yes, what resources? (Example: food banks, community meals, rental assistance, payday lending, etc.)

Describe your relationship with your family.

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Please identify three people you can use for support and encouragement as we work together on your individual opportunity plan goals.

Notes

## INTERESTS AND APTITUDES

*Tell me about you.*

Do you prefer being alone or with other people?

What are your hobbies or interests?

What groups/organizations/clubs are you involved in?

What are your strengths?

What are your weaknesses?

Do you consider yourself to be a leader?

☐ Yes ☐ No

If yes, why? If no, why not?

Do you have a goal in life?

☐ Yes ☐ No If yes, what is it?

How do you plan to meet this life goal?

What is your career goal?

How do you plan to meet this career goal?

Explain why you want that career.	Is there anything in your life right now preventing you from achieving your goals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
Notes	

CLIENT RELEASE	
<i>I give my approval for JFS staff, OhioMeansJobs Center staff and partner agencies to exchange and disclose necessary information about me for services to be provided to me by all programs administered via the JFS, OhioMeansJobs Center and/or partner agencies. I attest that the information stated above is true and accurate, and I understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination of services and/or penalties as specified by law.</i>	
Participant Signature	Date
Parent or Guardian Signature (if applicable)	Date

**SUMMARY**

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Participant Strengths: *(Include supports and resources that will help the individual meet education and employment goals.)*

Participant Barriers: *(Include barriers that impact the individual's ability to obtain or maintain education and employment goals.)*

Summarize how the individual's strengths mitigate barriers to employment. *(Include barriers that must be addressed in the individual opportunity plan and identify program and other community resources available to help the individual achieve his/her education and employment goals.)*

# ATTACHMENT M

## Individualized Service Strategy (ISS)



## Area 13 WIOA Individual Service Strategy (ISS)

Initial & Review Dates		
Initial Date	Staff	
Review Date	Staff	
Review Date	Staff	
Review Date	Staff	Staff

Youth Contact			
Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		City	State    Zip
DOB	SSN	Cell	Email
Who will know how to contact you if contact information changes?	Name	Phone	Relationship

Educational Status			
<input type="checkbox"/> In-School <input type="checkbox"/> Out-Of-School	Highest Grade Completed	School	
Reading	Math	Language	IEP <input type="checkbox"/> Yes <input type="checkbox"/> No

Immediate Needs	
Why are you seeking services?	
What are your immediate needs?	Solution

Program Elements	Provider	Planned Start Date	Planned End Date
Tutoring, Study Skills Training, Instruction leading to completion of secondary school including dropout prevention			
Alternative Secondary School Service			
Paid and Unpaid Work Experience			
Occupational Skills Training			
Leadership Development Opportunities			
Supportive Services			
Adult Mentoring for at least 12 months			

Comprehensive Guidance and Counseling			
Follow-up Services for at least 12 months			
Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster			
Financial Literacy Education			
Entrepreneurial Skills Training			
Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area			
Activities that help youth prepare for and transition to postsecondary education and training			

Goals		RFP Page 188
Long-Term Employment Goals	Short-Term Employment Goals	
Long-Term Educational Goals	Short-Term Educational Goals	
Other Achievement Goals	Other Achievement Goals	

Action Plan				
Goal 1:				
Action Step	Responsibility	No Later Than	Completed	Completion Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Goal 2:				
Action Step	Responsibility	No Later Than	Completed	Completion Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Goal 3:				
Action Step	Responsibility	No Later Than	Completed	Completion Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Statement of Agreement	
I own the results of my ISS and goals. I authorize the release of my ISS to agencies that will services me to facilitate the successful completion of my ISS.	
Youth Signature	Date
Employment & Training Advisor Signature	Date

# ATTACHMENT N

## CCMEP Individual Opportunity Plan



Ohio Department of Job and Family Services

## COMPREHENSIVE CASE MANAGEMENT AND EMPLOYMENT PROGRAM (CCMEP) INDIVIDUAL OPPORTUNITY PLAN

CCMEP provides employment, training and supportive services to mandatory and voluntary program participants based on a comprehensive assessment of each individual's employment and training needs using the CCMEP Comprehensive Assessment tool (JFS 03003). Participants will be provided services in accordance with goals outlined in their individual opportunity plans, which may include support to obtain a high school diploma, job placement, job retention support, and other supportive services necessary to achieving the plan's goals.

<b>Name</b>	<b>SSN or Case Number</b>
<b>Case Manager Name</b>	<b>Date</b>
<b>Summary of employment, education and military experience</b>	
<b>Employment</b> <ul style="list-style-type: none"> <li>(Current) &lt;"None" or current employer name and hours per week&gt;</li> </ul>	
<b>Work Experience</b> <ul style="list-style-type: none"> <li>&lt;"None" or all job titles and experience/skills in years&gt;</li> <li>&lt;"None" or all job titles and experience/skills in years&gt;</li> </ul>	
<b>Education</b> <ul style="list-style-type: none"> <li>(Current) &lt;"None" or name of current school/educational program and expected graduation date&gt;</li> </ul>	
<b>Degrees and Certifications</b> <ul style="list-style-type: none"> <li>&lt;"None" or Type, Description and Receive Date&gt;</li> <li>&lt;"None" or Type, Description and Receive Date&gt;</li> </ul>	
<b>Military</b> <ul style="list-style-type: none"> <li>&lt;"None" or Free-Form Text&gt;</li> </ul>	
<b>Participant strengths and barriers</b>	
<b>Strengths</b> <ul style="list-style-type: none"> <li>&lt;Free-Form Text&gt;</li> <li>&lt;Free-Form Text&gt;</li> <li>&lt;Free-Form Text&gt;</li> </ul>	<b>Barriers</b> <ul style="list-style-type: none"> <li>&lt;Free-Form Text&gt;</li> <li>&lt;Free-Form Text&gt;</li> <li>&lt;Free-Form Text&gt;</li> </ul>
<b>What are my long-term goals for self-sufficiency?</b>	
<b>Career Goal (Career Pathway)</b> <ul style="list-style-type: none"> <li>&lt;Add employment goal&gt;</li> <li>&lt;Add employment goal&gt;</li> </ul>	<b>Link to a CCMEP performance goal (check at least one)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Obtain employment (full or part-time)</li> <li><input type="checkbox"/> Obtain a recognized post-secondary credential</li> <li><input type="checkbox"/> Obtain a secondary school diploma or its recognized equivalent</li> <li><input type="checkbox"/> Complete training or certification</li> <li><input type="checkbox"/> Increase earnings</li> </ul>
<b>Training and/or Education Goal</b> <ul style="list-style-type: none"> <li>&lt;Add training/education goal&gt;</li> <li>&lt;Add training/education goal&gt;</li> </ul>	

Goal 1		Goal 2	
Short-Term Goal: <Description of Goal>		Short-Term Goal: <Description of Goal>	
<b>Type</b> <Employment, Education or Training>		<b>Type</b> <Employment, Education or Training>	
<b>In-Demand Jobs</b> Is the employment or training goal in an occupational field identified as in-demand? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>In-Demand Jobs</b> Is the employment or training goal in an occupational field identified as in-demand? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Service</b> <Select services>		<b>Service</b> <Select services>	
<b>Activity/Action Step(s)</b> <Activity/Action Step>		<b>Activity/Action Step(s)</b> <Activity/Action Step>	
<b>Location</b> <Free-Form Text>		<b>Location</b> <Free-Form Text>	
<b>Schedule/Frequency</b> <Free-Form Text>		<b>Schedule/Frequency</b> <Free-Form Text>	
<b>Schedule/Frequency</b> <Free-Form Text>		<b>Schedule/Frequency</b> <Free-Form Text>	
<b>Begin Date</b> <Free-Form Text>	<b>End Date</b> <Free-Form Text>	<b>Begin Date</b> <Free-Form Text>	<b>End Date</b> <Free-Form Text>
<b>Supportive Services</b> <Select service category>  <Free-Form Text>		<b>Supportive Services</b> <Select service category>  <Free-Form Text>	
<b>Follow-Up Services</b> <Select service category>  <Free-Form Text>		<b>Follow-Up Services</b> <Select service category>  <Free-Form Text>	
<b>Additional Instructions</b> <Free-Form Text>          		<b>Additional Instructions</b> <Free-Form Text>          	
<b>ADA Modifications</b> <Free-Form Text>          		<b>ADA Modifications</b> <Free-Form Text>          	

<b>Goal 3</b> <b>Short-Term Goal: &lt;Description of Goal&gt;</b>		<b>Goal 4</b> <b>Short-Term Goal: &lt;Description of Goal&gt;</b>	
<b>Type</b> <Employment, Education or Training>		<b>Type</b> <Employment, Education or Training>	
<b>In-Demand Jobs</b> Is the employment or training goal in an occupational field identified as in-demand? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>In-Demand Jobs</b> Is the employment or training goal in an occupational field identified as in-demand? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Service</b> <Select services>		<b>Service</b> <Select services>	
<b>Activity/Action Step(s)</b> <Activity/Action Step>		<b>Activity/Action Step(s)</b> <Activity/Action Step>	
<b>Location</b> <Free-Form Text>		<b>Location</b> <Free-Form Text>	
<b>Schedule/Frequency</b> <Free-Form Text>		<b>Schedule/Frequency</b> <Free-Form Text>	
<b>Schedule/Frequency</b> <Free-Form Text>		<b>Schedule/Frequency</b> <Free-Form Text>	
<b>Begin Date</b> <Free-Form Text>	<b>End Date</b> <Free-Form Text>	<b>Begin Date</b> <Free-Form Text>	<b>End Date</b> <Free-Form Text>
<b>Supportive Services</b> <Select service category>  <Free-Form Text>		<b>Supportive Services</b> <Select service category>  <Free-Form Text>	
<b>Follow-Up Services</b> <Select service category>  <Free-Form Text>		<b>Follow-Up Services</b> <Select service category>  <Free-Form Text>	
<b>Additional Instructions</b> <Free-Form Text>  		<b>Additional Instructions</b> <Free-Form Text>  	
<b>ADA Modifications</b> <Free-Form Text>		<b>ADA Modifications</b> <Free-Form Text>	



### How often will my plan be changed?

I understand that my case manager will check-in with me **<Free-Form Text>** to assess and discuss my progress. I am responsible for responding to my case manager and providing information as requested. Based on my progress and ongoing discussions with my case manager, this plan will be changed as needed.

### What are my rights and responsibilities?

- I agree that the only way to achieve my goals and successfully complete this program is by fulfilling my commitment to this plan.
- I understand that this plan can be changed if something in my situation changes and that any changes will be in writing and signed by me and my caseworker.
- I have the right to receive assistance and services needed to help me find and keep employment or to become self-sufficient.
- I have the right to request to be referred to an alternative provider or worksite if I object to a faith-based provider or worksite. I understand that the alternative provider or worksite must be reasonably accessible and be able to provide comparable services. I understand that the provider or worksite and services will reasonably meet timeliness, capacity, accessibility and equivalency requirements.
- I have the responsibility to meet my commitments in this plan and may fail to meet my commitments only when I have good cause. If I fail to meet my commitments without good cause on multiple occasions I may lose my eligibility for the program. I understand that it is my responsibility to notify my case manager within **<Free-Form Text>** of when I am unable to report for an assignment. It is my responsibility to provide written documentation to my case manager within **<Free-Form Text>** of the first missed/failed hour of participation of each assigned day missed/failed in order to verify my claim of good cause.
- I understand that good cause is limited to:
  - If I am ill; if it was necessary for me to take care of an ill family member that is related by blood, marriage or adoption and living in my household.
  - If I or a family member living in my household, have a previously scheduled appointment necessary for medical, dental, or vision care.
  - I have a previously scheduled job interview, including any subsequent interviews and/or testing requirements.
  - I have a court ordered appearances.
  - I have an appointment with another social service agency or program.
  - I have a death in my family. I understand that my case manager will work with me to determine the length of absence and that "family" includes a spouse, domestic partner (domestic partner is defined as one who stands in place of a spouse and who resides with the program participant), child, grandchild, parents, grandparents, siblings, stepchild, stepparent, step-siblings, great-grandparents, mother-in-law, father-in-law, sister-in-law, brother-in-law, son-in-law, daughter-in-law, or legal guardian or other person who stands in the place of a parent.
  - The school, place of work or worksite was closed the day I was supposed to go.
  - I am a single custodial parent caring for a minor child under age six and did not have child care. I understand that my case manager will work with me to determine if my lack of child care was due to the unavailability or unsuitability of:
    - A licensed or certified child care provider within a reasonable distance of my home or work site.
    - Informal child care by a relative or other arrangements.
    - Appropriate and affordable formal child care arrangements.
  - A failure by my case manager to provide supportive services.
  - A failure by my case manager to provide me with all information necessary about the assignment.
  - Circumstances involving domestic violence that make it difficult for me to comply in full with a provision of this plan.
  - Other circumstances determined on a case-by-case basis by my case manager.

### How will my case manager help me to achieve my goals?

My case manager will:

- Treat me with courtesy, dignity, respect and without discrimination.
- Provide me with a full, complete and appropriate assessment of employability and barriers to employment.
- Help devise a plan that allows participation in activities even though I may have a disability.
- Provide an accurate and complete assessment of my language needs and provide free and competent translation services if my primary language is not English or if I am hearing-impaired. My case manager will provide vital documents in my primary language or someone will be provided to translate the information on the documents into my primary language.
- Consider my disabilities when developing my plan and make reasonable accommodations to provide for equal access to the benefits of the Comprehensive Case Management and Employment Program (CCMEP) and all other benefits and services for which I am eligible.
- Provide me with a free copy of my plan, including any future amendment(s).
- Provide for a grievance process if I feel that my assignment is wrong because I am replacing a person who was laid off or involved in a dispute between a labor organization and the employer.

### What if I receive Ohio Works First benefits? - NOTE: This section applies **ONLY** to Ohio Works First Recipients.

If I receive a monthly cash benefit as part of the Ohio Works First (OWF) program, I understand that:

- This is my plan to become self-sufficient and it will replace the self-sufficiency contract I signed when I applied for OWF. This plan is now my self-sufficiency contract.
- If I fail or refuse without good cause to comply in full with any provision of this plan, my entire assistance group will not receive a cash benefit for:
  - *If it is my first failure/refusal:* One (1) month or until I stop failing or refusing to comply, whichever is longer. I also may receive less food assistance benefits.
  - *If it is my second failure/refusal:* Three (3) months or until I stop failing or refusing to comply, whichever is longer. I also may receive less food assistance benefits but I will not lose Medicaid coverage.
  - *If it is my third (or more) failure:* Six (6) months or until I stop failing or refusing to comply, whichever is longer. I also may receive less food assistance and, I may lose my Medicaid coverage (but may regain Medicaid coverage at any time (even before the 6 months is up) if I begin to comply again with the work activity).

A sanction of my OWF benefits will not necessarily end my eligibility for this program as long as I work with my case manager during the sanction period.

- I understand that if I voluntarily terminate employment without "just cause", I will not receive cash assistance for my entire family for six months and I may receive less food assistance benefit. "Just cause" for voluntarily terminating employment includes, but is not limited to the following:
  - Discrimination by an employer based on age, race, sex, color, handicap, religious beliefs or national origin;
  - Work demands or conditions that render continued employment unreasonable, such as working without being paid on schedule;
  - Employment that has become unsuitable due to any of the following:
    - The wage is less than the federal minimum wage;
    - The work is at a site subject to a strike or lockout;
    - The documented degree of risk to my health and safety is unreasonable;
    - I am physically or mentally unfit to perform the employment, as documented by medical evidence or by reliable information from other sources.
      - Documented illness for myself or another assistance group member that requires my presence;
      - A documented household emergency;
      - Lack of adequate child care for my child(ren) who are under six years of age.
      - Other reasons as determined by my case manager.
- I agree to cooperate with the Child Support Enforcement Agency (CSEA) in establishing paternity and establishing, modifying, and enforcing a support order. While on OWF, I will assign support rights to the CSEA, if required. Cooperation includes, but is not limited to, the following:

- Identifying the parent(s) of my child(ren) and telling everything I know about him/her;
- Assisting the CSEA in establishing paternity (fatherhood) for each child;
- Attending required meetings;
- Repaying any child support money that I received but was not eligible to receive;
- Assisting the CSEA in getting support payments and any other payments and property for which my child(ren) are eligible; and
- Other **<Free-Form Text>**

I may not have to cooperate if I believe cooperation may reasonably result in physical or emotional harm to myself or my child; or if my child was conceived as a result of incest or rape; or if legal proceedings for adoption are pending before a court; or if I am currently being assisted by an agency to decide whether to keep my child or give my child up for adoption. I understand that the CSEA will need documents to show that I have “good cause” and will let me know if I have to cooperate or if I have “good cause.”

- I understand that under state law, there is an initial 36-month time limit for getting OWF payments, and the 36 months do not have to run continuously. After I have received OWF for 36 months, I cannot get any more OWF payments unless I qualify under the CDJFS’s rules for “extensions.” There are three kinds of extensions: (1) “hardship” (2) “good cause” and (3) “domestic violence waiver.” The CDJFS will discuss extensions with me before my initial 36-month time limit expires. **I understand that I have received \_\_\_\_\_ (enter number of state months used) months of OWF).**
- I understand that I can request a county conference and/or state hearing with the Ohio Department of Job and Family Services (ODJFS) if I do not agree with any action taken on my case, including but not limited to activities in my self-sufficiency contract and plan, work activities and supportive services.

I agree to follow this plan and understand that the plan can be changed if something in my circumstances change. Any plan changes will be in writing and signed by myself and my case manager. By signing this plan, I certify that I participated in the collaborative development of this plan and that I am committed to successfully achieving the goals and objectives outlined in this plan.

<b>Participant Signature</b>	<b>Date</b>
<b>Parent or Guardian Signature (if applicable)</b>	<b>Date</b>
I understand that this plan can be changed if something in the participant's situation changes. Any plan changes will be in writing and signed by myself (or another case manager) and the participant. By signing this plan, I certify that I participated in the collaborative development of this plan and that I am committed to assisting the participant to successfully achieve the goals and objectives outlined in this plan.	
<b>Case Manager Signature</b>	<b>Date</b>

# ATTACHMENT O

## Data Sharing Business Associate And Confidentiality Provisions

## ATTACHMENT O

\*\* Final version of this document to be incorporated as exhibit to Contract\*\*

### HAMILTON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES DATA SHARING, BUSINESS ASSOCIATE, AND CONFIDENTIALITY PROVISIONS

Absent provision otherwise, the terms in this Exhibit nn shall have the meaning provided in the Contract.

#### ARTICLE I – DESCRIPTION OF RECORDS OR DATA TO BE PROVIDED

Provider will have access to XX program(s), or any program that will replace it.

#### ARTICLE II - CONFIDENTIALITY OF INFORMATION

- A. Provider agrees that it shall not use any information, systems, or records made available to it for any purpose other than to fulfill the obligations specified herein. Provider specifically agrees to comply with county, state and federal confidentiality and information disclosure laws, rules, and regulations applicable to programs under which this Agreement exists, including, but not limited to:
1. For Federal Wagner Peyser Act and Work Force Innovation and Opportunity Act (WIOA):
    - a. United States Code, 29 USC 3341;
    - b. United States Code, 29 USC 3245(a)(4);
    - c. Code of Federal Regulations, 20 CFR Part 603, 29 CFR 37.37 and 34 CFR 99.30(a);
    - d. Ohio Revised Code, ORC 4141.21; and
    - e. Corresponding Ohio Administrative Code rules.
  2. Temporary Assistance to Needy Families (TANF), Disability Assistance, and other programs administered under Title IV-A of the Social Security Act:
    - a. United States Code, 42 USC 602(a)(1)(A)(iv) and 608(a)(9)(B), 12 USC 3402 and 3408;
    - b. Code of Federal Regulations, 45 CFR 205.50;
    - c. Ohio Revised Code, ORC 4123.27, 5101.181, 5101.182, 5101.26, 5101.27, 5101.28, and 5101.30; and
    - d. Corresponding Ohio Administrative Code rules.
  3. Supplemental Nutrition Assistance Program (SNAP):
    - a. United States Code, 7 USC 2020(e)(8), 12 USC 3402 and 3408;
    - b. Code of Federal Regulations, 7 CFR 272.1 and 273.2, 12 CFR 205;
    - c. Ohio Revised Code, ORC 5101.26 and 5101.27; and
    - d. Corresponding Ohio Administrative Code Rules.
  4. Children Services Programs:
    - a. United States Code, 42 USC 5106a;
    - b. Code of Federal Regulations, 45 CFR 205.50;
    - c. Ohio Revised Code, ORC 149.43, 5101.27 and 5101.29; and
    - d. Corresponding Ohio Administrative Code rules.
  5. Child Support Programs
    - a. United States Code, 42 USC 653, 42 USC 654(26), 42 USC 654a;
    - b. Code of Federal Regulation, 45 CFR 303.21 and 45 CFR 307.13;
    - c. Ohio Revised Code, ORC 149.43, 3125.08, 3125.49, 3125.50; and
    - d. Corresponding Ohio Administrative Code rules.
  6. Medicaid Programs
    - a. United States Code, 42 USC 1320d through 1320d-8 (HIPAA);

- b. Code of Federal Regulations, 42 CFR 431.300, 431.302, 431.305, 431.306, 435.945, 45 CFR 164.502, 164.504, and 162.100;
  - c. Ohio Revised Code, ORC 173.20, 173.22, 2305.24, 2305.251, 2305.252, 3701.243, 3701.028, 4123.27, 5101.26, 5101.27, 5160.45, 5160.39, and 5165.88 and
  - d. Corresponding Ohio Administrative Code rules.
- B. Provider agrees that any data made available to Provider by HCJFS shall be returned to HCJFS not later than 90 calendar days following termination of the Contract and shall certify that no copies of source data were retained by Provider.
- C. Provider shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic protected personal data and health information that it may create, receive, maintain, or transmit on behalf of HCJFS against use or disclosure not provided for by the Contract.
- D. Provider agrees that access to the records and data provided by HCJFS and described in ARTICLE I will be restricted to only those authorized employees, officials, subcontractors, and other persons who need it to perform duties related to the Contract. Provider agrees to provide the appropriate HCJFS Program Manager with a complete listing of any and all persons who shall have access to the above referenced records and/or data.
- E. Provider agrees that the above records and/or data and any records, reports, databases, and/or other derivative documents created from the information provided under the Contract shall be stored in an area that is physically safe from access by unauthorized persons during duty and non-duty hours. Information provided under the Contract shall be protected electronically to prevent unauthorized access by computer, remote access, or any other means. No records will be accessed, tested, maintained, backed up or stored outside of the United States.
- F. Provider shall assure that all persons who have access to the above referenced information shall be fully apprised as to the confidential nature of the information, the safeguards required to protect the information, and the applicable civil and criminal sanctions and penalties associated with any intentional or non-intentional disclosure. No subcontractor shall receive any information without a written agreement with Provider incorporating these assurances.
- G. Provider shall not disclose any of the above referenced information to any third party without the specific written authorization of the Director of HCJFS.
- H. Provider shall permit onsite inspection by Hamilton County and the State of Ohio (including but not limited to HCJFS, Ohio Department of Job and Family Services, Ohio Department of Medicaid, the Auditor of the State of Ohio, the Inspector General of Ohio, or any duly authorized law enforcement officials) and by agencies of the United States government.
- I. HCJFS will prepare data pursuant to the security and encryption standards found in Ohio IT Standard ITS-SEC-01, Data Encryption and Cryptography; OIT Bulletin ITB-2007.02, Data encryption and securing sensitive data; and NIST Special Publication 800-53, Revision 4. Provider shall retain this encryption while the data is in a portable format (e.g. tape, laptop, flash/USB drive).
- J. The terms of this Article shall be included in all subcontracts executed by Provider for any and all work under this Agreement.

### **ARTICLE III - TIME OF PERFORMANCE**

These confidentiality provisions shall survive the termination of the Contract

**ARTICLE IV - BUSINESS ASSOCIATE REQUIREMENTS UNDER HIPAA**

- A. The definitions contained in this section are derived from federal law. Should there be any conflict between the meanings assigned in the Contract and the meanings defined in applicable federal law (even in the event of future amendments to law that create such conflict), the definitions found in federal law will prevail.
1. General Definitions: The following terms used in this Article IV shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information and Use.
  2. Specific Definitions:
    - a. HIPAA means the Health Insurance Portability and Accountability Act of 1996, the American Recovery and Reinvestment Act of 2009 (ARRA) and any other applicable federal statute or regulation.
    - b. HIPAA Rules shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
    - c. Covered Entity means a health plan, a health care clearinghouse, or health care provider under 45 CFR 160.103.
    - d. Business Associate means a person or entity that, on behalf of the Covered Entity, maintains, performs, or assists in the performance of a function or activity that involves the use or disclosure of "Protected Health Information" under 45 CFR 160.103.
    - e. Protected Health Information (PHI) means individually identifiable information including but not limited to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual, as more fully defined under 45 CFR 164.501 and any amendments thereto, received or sent on behalf of HCJFS.
- B. Provider acknowledges that HCJFS is a Covered Entity under HIPAA. Provider further acknowledges that it is a Business Associate of HCJFS, and, in carrying out the work described in the Contract, agrees to comply with all of the following provisions:
1. Permitted Uses and Disclosures: Provider will not use or disclose PHI except as provided in the Contract or as otherwise required under HIPAA regulations or other applicable law.
  2. Safeguards: Provider will implement sufficient safeguards, and comply with Subpart C of 45 CFR Part 164 pertaining to electronic PHI to prevent the use or disclosure of PHI other than as provided for under the Contract. Safeguards will be implemented for all paper and electronic PHI created, received, maintained, or transmitted on behalf of HCJFS.
  3. Reporting of Disclosures: Provider agrees to promptly report to HCJFS any inappropriate use or disclosure of PHI that is not in accordance with the Contract or applicable law, including breaches of unsecured protected health information as required at 45 CFR 164.410 and any security incident the Provider has knowledge of or reasonably should have knowledge of under the circumstances.
  4. Mitigation Procedures: Provider agrees to coordinate with HCJFS to determine specific actions that will be required of the Business Associates for mitigation, to the extent practical, of the breach. These actions will include notification to the appropriate individuals, entities, or other authorities. Notification or communication to any media outlet must be approved, in writing, by HCJFS prior to any such communication being released. Provider will report all of its mitigation activity to HCJFS and shall preserve all relevant records and evidence.

5. Incidental Costs: Provider shall bear the sole expense of all costs to mitigate any harmful effect, of any breaches or security incidents of which Provider has knowledge which are directly caused by the use or disclosure of protected health information by Provider in violation of the terms of this Agreement. These costs will include, but are not limited to, the cost of investigation, remediation and assistance to the affected individuals, entities or other authorities.
6. Agents and Subcontractors: Provider, in compliance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2) as applicable, will ensure that all its agents and subcontractors that create, receive, maintain, or transmit PHI from or on behalf of Provider and/or HCJFS agree to have, in a written agreement, the same restrictions, conditions, and requirements that apply to Provider with respect to the use or disclosure of PHI.
7. Accessibility of Information: Provider will make available to HCJFS such information as HCJFS may require to fulfill its obligations to provide access to, provide a copy of any information or documents with respect to PHI pursuant to HIPAA and regulations promulgated by the United States Department of Health and Human Services, including, but not limited to, 45 CFR 164.524 and 164.528 and any amendments thereto.
8. Amendment of Information: Provider shall make any amendment(s) to PHI as directed by, or agreed to, by HCJFS pursuant to 45 CFR 164.526, or take other steps as necessary to satisfy HCJFS's obligations under 45 CFR 164.526. In the event that Provider receives a request for amendment directly from the individual, agent, or subcontractor Provider will notify HCJFS prior to making any such amendment(s). Provider's authority to amend information is explicitly limited to information created by Provider.
9. Accounting for Disclosure: Provider shall maintain and make available to HCJFS or individuals requesting the information as appropriate, records of all disclosures of PHI in a Designated Record Set as necessary to satisfy HCJFS's obligations under 45 CFR 164.528. For every disclosure the record will include, at a minimum, the name of the individual who is the subject of the disclosure, the date of the disclosure, reason for the disclosure if any, and the name and address of the recipient to which the protected health information was disclosed.
10. Obligations of Department: When Provider is to carry out an obligation of HCJFS under Subpart E of 45 CFR 164, Provider agrees to comply with all applicable requirements of Subpart E that would apply to HCJFS in the performance of such obligation.
11. Access to Books and Records: Provider shall make available to HCJFS and to the Secretary of the U.S. Department of Health and Human Services any and all internal practices, documentation, books, and records related to the use and disclosure of PHI received from HCJFS, or created or received on behalf of HCJFS. Such access is for the purposes of determining compliance with the HIPAA Rules.
12. Material Breach: In the event of material breach of Provider's obligations under this Article, HCJFS may immediately terminate the Contract as set forth in the Contract, Section 13. Termination of the Contract will not affect any provision of the Contract, which, by its wording or its nature, is intended to remain effective and to continue to operate after termination.
13. Return or Destruction of Information: Upon termination of the Contract and at the request of HCJFS, Provider will return to HCJFS or destroy all PHI in Provider's possession stemming from the Contract as soon as possible but no later than 90 days, and will not keep copies of the PHI except as may be requested by HCJFS or required by law, or as otherwise allowed for under the Contract. If Provider, its agent(s), or subcontractor(s) destroy any PHI, then Provider will provide to HCJFS documentation evidencing such destruction. Any PHI retained by Provider will continue to be extended the same protections set forth in this Section, HIPAA regulations and the Contract for as long as it is maintained.
14. Survival. These provisions shall survive the termination of the Contract.



# ATTACHMENT P

## Hamilton County CCMEP Plan



Ohio Department of Job and Family Services  
**COMPREHENSIVE CASE MANAGEMENT AND EMPLOYMENT PROGRAM  
(CCMEP) PLAN**

for

County: Hamilton

**Effective Date: July 1, 2016**

**Plan Submission**

Each board of county commissioners must designate either the county department of job and family services (CDJFS) or the workforce development agency that serves the county as the lead agency for the purposes of administering CCMEP.

Each lead agency is required to adopt and submit a plan to the Ohio Department of Job and Family Services (ODJFS). The CCMEP plan must be submitted **no later than May 30, 2016**. The plan covers the period 7/1/2016 - 6/30/2018. The lead agency must utilize the JFS 03001, "Comprehensive Case Management and Employment Program Plan," for its program plan and submit the plan in electronic format pursuant to instructions for e-submission.

The plan may be amended by the lead agency as needed. An amended plan must be submitted to ODJFS no later than 10 days after the amended program plan becomes effective. For each amendment, the submission must contain one version that clearly indicates what was added or stricken from the prior effective plan and one version that reflects the final plan with all amendments included.

The plan review process will be used to ensure that lead agencies meet program requirements. If ODJFS determines that a CCMEP plan is not consistent with the requirements of program rules, the plan will be returned to the lead agency with recommendations for amendment.

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## About CCMEP

On June 30, 2015, Governor Kasich signed House Bill 64, the state's biennial budget, into law. Section 305.190 of the bill establishes a framework that will transform the network of human service and workforce programs to find a *New Way to Work* for low-income Ohioans. This framework starts first with 16- to 24-year-olds, where early intervention can have the greatest impact. The state is pushing traditional program boundaries by integrating components of the Ohio Works First (OWF) program with the Workforce Innovation and Opportunity Act (WIOA) Youth program to create a better-coordinated, person-centered case management system.

Effective July 1, 2016, the Comprehensive Case Management and Employment Program (CCMEP) will be the statewide operational framework used to deliver integrated, comprehensive case management and employment services across Ohio's 88 counties. By leveraging the strengths of both the workforce and human services systems, CCMEP seeks to improve employment and education outcomes for low-income youth and young adults by helping recipients overcome barriers to employment and develop the skills local employers seek.

CCMEP is a TANF Title IV-A program and WIOA workforce development activity that provides employment and training services to mandatory and voluntary program participants based on a comprehensive assessment of an individual participant's employment and training needs. Participants will be provided services in accordance with the goals outlined in their individual opportunity plans, which may include support to obtain a high school diploma, job placement, job retention support, and other supportive services necessary to achieving the plan's goals.

The program plan establishes processes for determining and maintaining an individual's eligibility to participate in CCMEP for each county the lead agency serves. The plan includes written standards, criteria, and procedures for operation of CCMEP.

## 1. Lead Agency and Coordination with Partners

CCMEP integrates resources from both TANF and WIOA in order to create a unified system of comprehensive case management that leverages the strengths of both programs to better serve low-income individuals. Each county is required to choose a single lead agency, either the CDJFS or workforce development agency that serves the county, to administer CCMEP. A single lead agency is necessary to ensure accountability for program performance and results.

At the same time, rules governing CCMEP make clear that regardless of which agency is chosen as the lead agency, successful implementation of CCMEP will require collaboration. ORC Section 305.190(F)(1)(a) requires the lead agency to “administer the program in partnership with the other local participating agency and any subcontractors, actively coordinate activities regarding the program with the other local participating agency and any subcontractors, and help both local participating agencies and any subcontractors to use their expertise in administering the program.” The questions below provide information about the lead agency, partner agencies and other stakeholders.

### 1.1 Identify the lead agency designated to administer the CCMEP program.

Lead Agency Name <b>Hamilton County Job and Family Services</b>			
Lead Agency Address <b>222 E. Central Parkway</b>	City <b>Cincinnati</b>	State <b>OH</b>	Zip Code <b>45202</b>
Name and Title of Lead Agency Official <b>Moira Weir, Director</b>			
Phone Number <b>513-946-2111</b>		Email Address <b>weirm@jfs.hamilton-co.org</b>	
Program Contact Person <b>Timothy McCartney</b>			Phone Number <b>513-946-1732</b>
Phone Number <b>513-946-1732</b>		Email Address <b>mccart04@jfs.hamilton-co.org</b>	
Fiscal Contact Person <b>Mark Miller</b>			
Phone Number <b>513-946-1354</b>		Email Address <b>millej13@jfs.hamilton-co.org</b>	

**1.2 Identify the other local participating agency (i.e., CDJFS or workforce development agency that serves the county).**

Agency Name Southwest Ohio Regional Workforce Investment Board (SWORWIB)			
Agency Address 100 Scarlet Oaks Dr.	City Cincinnati	State OH	Zip Code 45241
Name and Title of Agency Official Sherry Kelley Marshall President/CEO			
Phone Number 513-612-3643		Email Address smarshall@sworwib.org	

**1.3 Identify the workforce development board and area for the county.**

Workforce Development Area #13 – Cincinnati & Hamilton County, served by the SWORWIB	
Workforce Development Board Chair Name Brad Brezinski	
Workforce Development Board Director Name Sherry Kelley Marshall	
Phone Number 513-612-3643	Email Address smarshall@sworwib.org

**1.4 How will the lead agency work with the other local participating agency (CDJFS or workforce development agency) to implement CCMEP?**

Lead agencies are required to work in partnership with the other local participating agency to implement CCMEP. This may include joint policy development, partnering to provide services to be offered through CCMEP, establishment of processes for client referral, cross-training of case managers and community outreach efforts.

Describe: HCJFS has a strong working relationship with the local Workforce Development Board, SWORWIB. As the lead agency, HCJFS will work in conjunction with the Southwest Ohio Region Workforce Investment Board to align CCMEP with area priorities for workforce development, in-demand jobs and business engagement, particularly for the youth and young adult populations served by CCMEP.

The SWORWIB has facilitated a series of meetings with all entities identified as WIOA performance partners; other CCMEP partners will include all MOU members as well as current and future TANF, WIOA, and CCMEP vendors. We meet monthly and formally with each of these groups. Hamilton County Job and Family Services and the SWORWIB will collaborate

to maintain these meetings for the life of CCMEP. Their members will drive the content of and delivery of results from this local plan. We will specifically write and refine local procedures for:

- Referral to resolution
- Scheduled and regular cross training
- Shared policy reviews
- Leveraged funding, co-enrollment, preferential enrollment, and service priorities
- Performance measure reviews

As the Lead Agency, HCJFS will ensure accountability for program performance and results. HCJFS and the SWORWIB will collaborate in creating this plan for administration of CCMEP. We will coordinate activities and services with local participating agency, determine eligibility for WIOA youth and ensure that TANF funds are expended for allowable purposes. We will communicate our processes and rules via frequent meetings, written documents and regular monitoring with data gathering and progress reports. HCJFS will report progress and results to the full SWORWIB board at their quarterly meetings.

CCMEP policy will be subject to SWORWIB review and approval. All meetings will be shared. Many will be co-facilitated by HCJFS and the SWORWIB. PRC funds, TANF dollars, and CCMEP dollars will be leveraged to make the most of WIOA investments. Some CCMEP dollars will be added to and will flow directly through current contracted WIOA youth vendors; expect to increase contract dollar value by approximately 20%.

### **1.5 Describe the lead agency's plan for working with the local workforce development board.**

Describe the lead agency's role in the design of the CCMEP youth services procured through the workforce development board. WIOA-funded programs are required to be competitively procured (WIOA, Sec. 107(d)). Local areas are encouraged to competitively procure all youth service providers using CCMEP funding as part of a unified strategy. In addition, workforce development boards must ensure a clear separation between the entities delivering services and the entities setting policy, monitoring providers, and reviewing, recommending and procuring providers. This includes circumstances in which the CDJFS is a potential provider of services. Please describe:

- How the local participating agencies will collaborate with the workforce development board in designing procured youth services; and
- How the local participating agencies and workforce development board will ensure there is no conflict of interest when the services of the CDJFS may be procured by the local workforce development board.

**Describe:** The lead agency, Hamilton County Job and Family Services, worked in concert with the local workforce development board, the Southwest Ohio Regional Workforce Investment Board, to procure the current local WIOA youth agencies in July 2015. Those agencies (as well as all agencies who bid) were made aware of their future expanded role within CCMEP youth services. These agencies are willing to expand their WIOA services to implement CCMEP requirements. Those existing youth vendors will remain critical service providers in these and expanding roles as we move into CCMEP.

HCJFS will expand the budgets (TANF), performance, and reporting responsibilities of these vendors to align them with CCMEP requirements. All resulting outputs, outcomes, and performance results will be subject to quarterly reporting to the SWORWIB, as indicated by the SWORWIB Board action dated 2/11/16. In the short term, we will work closely together to ensure 14 and 15 year old youth receive appropriate services.

Hamilton County will determine TANF eligibility for all WIOA youth. Our PRC plan will be revised to reflect this as appropriate. Each CCMEP youth will be enrolled with a specific TANF goal identified suitable to their needs. CCMEP services delivered to WIOA youth will be managed so that WIOA youth enrolled with income in excess of TANF income standards (5%) are accounted for separately to ensure they are 100% WIOA funded.

WIOA contracts are held by:

1. Cincinnati Youth Collaborative/Jobs for Cincinnati Graduates
2. Santa Maria/Literacy Center West
3. ResCare "My Life"

Monitoring of these contracts and ongoing quality assurance is provided by:

1. Hamilton County Job and Family Services (HCJFS)
2. The Southwest Ohio Workforce Investment Board (SWORWIB)

In WIOA youth contracts, there is a separation between the entities delivering services and the entities setting policy, monitoring providers, and reviewing, recommending and procuring providers.

Among low income WIOA adult populations, a potential local conflict has been specifically avoided.

How the local participating agencies and workforce development board will ensure there is no conflict of interest when the services of the CDJFS may be procured by the local workforce development board.

HCJFS has been designated as the WIOA Fiscal Agent for Cincinnati and Hamilton County. HCJFS has been selected by the Workforce Board, through competitive procurement, to serve as the local OhioMeansJobs operator. Under the leadership of the Workforce Board and at their selection, HCJFS procures, contracts with and monitors the compliance of WIOA youth service providers. Appropriately, the SWORWIB has procured independent third-party monitoring of the OMJ operator. The OMJ operator role by HCJFS is specified in a formal One Stop Operator contract between the Workforce Board and HCJFS, developed by and contractually initiated by the Workforce Board. Procurement of this OMJ operator role was completed by the SWORWIB with an outside law firm and with no procurement or selection role played by HCJFS or other county personnel.



The OMJ Center operator and the Fiscal agent are tied to the same organization. These two parties report in different chains of command (CFO vs. COO). Conflicts related to conducting procurement for the One Stop Operator/OMJ Center, contracting with the One Stop Operator/OMJ Center and monitoring the One Stop Operator/OMJ Center are resolved by the Workforce Board assuming these responsibilities.

The operator is submissive to the Fiscal Agent on all topics related to creating obligations, purchase orders, budgets, and payments. Spending and obligations are monitored and reported on at least monthly by the Fiscal agent. The operator can't act to procure services, incur costs, or pay bills without the prior formal and documented consent from the Fiscal agent. Fiscal monitoring is ongoing and more thorough than is typical with vendor relations.

Both the OMJ operator and HCJFS, as fiscal agent, provide monthly reports to the SWORWIB which are reviewed quarterly by the full board and monthly by the officers.

**1.6 Describe policies developed by the local workforce board relevant to the administration of CCMEP, including how the lead agency will actively collaborate with the board to:**

- Establish guidelines for uniform administration of CCMEP;
- Select a basic skills assessment;
- Ensure determination of eligibility for the WIOA youth program;
- Report and collect data; and
- Monitor contracts and ensure compliance.

Describe: The SWORWIB will be an integral part and equal partner with the lead agency in developing the local plan and establish guidelines for uniform administration of CCMEP;

- In collaboration with the SWORWIB, HCJFS is likely to identify the Test of Adult Basic Education (TABE) as our basic skills assessment. Additional tests may be used including WorkKeys and the National Career Readiness Credential if plans indicate training. The SWORWIB partners with HCJFS currently in regular case audits and site reviews of each of our WIOA youth providers to ensure that eligibility is properly determined. We also collaborate on all related state and federal monitoring reviews of WIOA youth services.
- HCJFS is responsible for providing the SWORWIB with regular reports and updates on all current WIOA youth and adult services. That will remain true and expand into fuller CCMEP data. That reporting is regularly expanded or refined to address needs identified by the SWORWIB.
- HCJFS and the SWORWIB currently collaborate in monitoring of WIOA youth contracts. The SWORWIB has contracted with a third party monitor to regularly review HCJFS, as OMJ operator, compliance. Those will continue, and the SWORWIB will be added to HCJFS monitoring activities of any CCMEP vendors.

The Southwest Ohio Regional Workforce Investment Board passed several WIOA youth policies

to ensure a smooth transition from WIA to WIOA. These policies included guidance for Work Experience, Youth Program Eligibility, Selective Services, documentation for WIOA Eligibility, Determination of Dependent Status, Youth Program Services and Monitoring. The SWORWIB, in conjunction with the CCMEP lead agency HCJFS, will develop policies for the items listed above.

Phase two: Complete all actions required to include CCMEP related language in policies involving guidelines, eligibility, data collection, and monitoring as noted above.

**1.7 What other partners will the lead agency collaborate with to implement CCMEP?**  
**Please provide a description or example of how the lead agency will collaborate with the entity indicated. Check all that apply.**

ODJFS encourages lead agencies to reach out to, and collaborate with, other local providers serving low-income populations to reduce duplication of services and promote an integrated service delivery approach.

☒ Adult Basic Literacy and Education (ABLE) Providers

Example: ABLE is a partner at the OhioMeansJobs Center of Cincinnati. They are part of our regular monthly operations and Board meetings. They will be involved in development of this local plan. They will be a primary referral partner for CCMEP youth.

☒ Alcohol, Drug and Mental Health (ADAMH) Board

Example: Hamilton County Mental Health Board (MHB) and Alcohol and Drug Addiction Services Board (ADAS) are both deeply involved in our existing welfare to work contracts. Our current referral to resolution work (WIOA) will make these relationships stronger.

☒ Businesses

Example: Multiple business partnerships currently exist between HCJFS (via OMJ) and the local business community. OMJ provided more than one service to 305 employers in program year 2014. Our CY 2015 summer youth services placed 810 youth at local employers investing 1.091 million dollars in wages paid to these young people. 600 OWF recipients were working and had employment included as an assigned activity in their January 2016 case plan. Our SWORWIB board includes 33 local employers. These relationships will remain a vital part of our service model under CCMEP.

☒ Career and Technical Education

Example: Great Oaks Career and Technical school is an active partner, local approved training provider, and offers on-site healthcare training at the OMJ center.

☒ Child Care Providers

Example: HCJFS acts as the OMJ operator and the local agency responsible for certifying local approved child care providers as well as determining eligibility for child care subsidies. OMJ center job seekers can get and submit a child care application while at the OMJ center.

☒ Child Support Enforcement Agency

Example: HCJFS acts as the OMJ operator and the local agency responsible for Child Support Enforcement. OMJ center job seekers can fulfill child support court orders related to seek work activities and document those efforts while at the OMJ center.

☒ Children Services Agency

Example: HCJFS acts as the OMJ operator and the local agency responsible for Children Services activities. Children Services staff regularly refers caseload participants to OMJ for job seeking activities. That relationship is particularly close with regard to emancipating youth.

☒ Community College(s)

Example: Cincinnati State is an active partner, local approved training provider, and offers on-site healthcare training at the OMJ center, as well as promoting other large federal grant training programs routinely during orientation and other events at the OMJ center.

☒ Community Action Agency

Example: Cincinnati/Hamilton County CAA is an off-site partner at the OhioMeansJobs Center of Cincinnati. We regularly collaborate on contracts, grants, customer education, and mutual referrals.

☒ County Family Service Planning Committee

Example: The Hamilton County Job and Family Services Planning Committee is regularly attended by the COO with oversight responsibility over the OMJ operator. That body drives policy related to the PRC services that OMJ offers.

☐ Family and Children First Council

Example: Family and Children First Council has a relationship with Hamilton County Job and Family Services through the Children's Services Division.

☒ Juvenile Court System

Example: Hamilton County Juvenile Court System is a priority partner and active supporter of Summer Youth Activities offered by HCJFS with substantial presence at the OMJ center.

☒ Local Healthier Buckeye Council

Example: This is a budding collaboration that may grow in the coming months as resources become available.

☒ Vocational Rehabilitation (Opportunities for Ohioans with Disabilities (OOD))

Example: OOD is an on-site partner at the OMJ-Cincinnati Center, an active participant in operations meeting, and a provider of Windmills training for OMJ staff members.

☒ Other

Example: OMJ has active and vital ongoing and on-site partnerships with ODJFS vet rep, UI, Trade, and Rapid Response staff, with Job Corps, OWF work participation vendors, Summer Youth vendors, OWIP vendors, SWORWIB staff, the University of Cincinnati, and Volunteers of America. OMJ hosts United Way volunteers on Saturdays between February and April to prepare taxes for local residents.

OMJ has negotiated a shared and mutual release form that covers the core partners listed below. In the context of all referrals to resolution OMJ will share a completed OMJ registration form with the organization that our referrals are made to. As we identify opportunities we will add data elements to the registration form that are generally needed for intake purposes by the bulk of partners.

Mature Services	(Older Americans Act of 1965)
Great Oaks and Cincinnati State	(Carl D. Perkins Career and Technical Education Act)
ODJFS	(Trade Act)
Vet Rep Staff	(ODJFS VA)
CAA	(Community Services Block Grant Act)
CMHA	(Housing and Urban Development)
ODJFS UI	(State unemployment compensation)
Hamilton County Office of Reentry	(Second Chance Act).
United Way	(Bold Goals - Financial stability)

We intend to build on these relationships in the context of CCMEP to assure the following:

- Mutual releases of information
- Preferential co-enrollment - collegial and non-binding
- Protocol for referral to resolution with each other
- Shared assessment information
- Monthly contact (phone or face to face) to align individual case plans for co-enrolled customers
- Monthly data match to identify unknown shared customers
- Monthly data match to identify outcomes, exits, etc. for shared customers
- Formal, scheduled, and regular cross-training of staff - particularly new staff - re services, and referrals
- Co-location when possible
- Regular and ongoing manager one-on one meetings
- Regular and ongoing shared partner meetings

Phase two: Complete all actions required to create shared forms, data matching,

schedule meetings and other items listed directly above.

**1.8 Is your county part of a shared services effort (such as Collabor8) for the administration and delivery of CCMEP services (i.e., eligibility determination)?**

☐ Yes

☒ No

If yes, indicate which counties are involved.

List Counties:

If yes, describe the program components and processes that are shared across county lines.

Describe:

## 2. Population Served

Beginning July 1, 2016, lead agencies will serve youth and young adults ages 16 to 24 in the CCMEP program in accordance with the following:

- Individuals **required** to participate: 1) work-eligible participants in the Ohio Works First (OWF) program; and 2) low-income individuals who are adults, in-school youth or out-of-school youth with barriers to employment who are enrolled in workforce activities funded by WIOA.
- Individuals who may **volunteer** to participate: 1) OWF participants determined not to be work eligible; and 2) individuals receiving benefits and services through the Prevention, Retention and Contingency (PRC) program.

### 2.1 How many CCMEP **required** participants does the lead agency expect to serve beginning July 1, 2016?

Please provide an estimate of the number of required individuals the lead agency expects to serve in CCMEP. Estimated number of required participants: 2,300+

1. OWF work required individuals ages 16 to 24 in Hamilton County - 1143
2. WIOA enrolled low income adults ages 18 to 24 in Hamilton County - 229
3. WIOA enrolled low income youth ages 16 to 24 (in and out of school) - 420
4. TANF summer youth (volume served in 2015) – 732
  - 16 -17 yrs. = 276
  - 18 -24 yrs. = 456

### 2.2 How many CCMEP **volunteer** participants does the lead agency expect to serve beginning July 1, 2016?

Please provide an estimate of the number of volunteers the lead agency expects to serve in CCMEP. Estimated number of volunteer participants: Hamilton County does not initially expect to serve any volunteers when the program begins on July 1, 2016.

Our plan is to invest resources in basic services, system protocols, and manageable caseloads for required participants before doing outreach for volunteers.

Once the program has been operational for a period of time and has experienced some successes our first priority volunteers will be those associated with partner referrals, particularly ABLE participants.

Note: Our TANF population may decline as the OWF denominator drops for this subset. To the extent that it does, we will increase volumes served from other populations listed above.

### 2.3 What priority group(s) will the lead agency target for CCMEP? Check all that apply.

Lead agencies are encouraged to give priority of service to individuals who meet the CCMEP eligibility criteria and are transition-age foster youth, homeless, veterans or school dropouts.

Please indicate the priority groups the lead agency expects to serve:

☒ Individuals referred from or co-enrolled with any CCMEP partner agencies with shared performance measures. This may include the following:

- ☐ Transition-age foster youth
- ☐ Homeless youth
- ☐ Veterans
- ☐ School dropouts
- ☐ Basic-skills-deficient youth
- ☐ English language learners
- ☐ Ex-offenders
- ☐ Pregnant or parenting youth
- ☐ Individuals with disabilities
- ☐ Individuals requiring additional assistance to enter or complete an educational program, or to secure or hold employment

### 3. Co-Location of Services

CCMEP requires a full array of services to meet the needs of participants as they work toward their employment, education and/or training goals. This includes access to supportive services such as child care and transportation in order to address barriers to employment. Co-location of services supports improved coordination and integration of TANF and WIOA services. By offering a common entry point, co-location makes it easier for individuals to access services without the confusion and burden of having to visit multiple addresses. In addition, when staff in different programs work in close proximity, they can more easily share knowledge and offer streamlined service delivery.

#### 3.1 How does the lead agency ensure co-location of employment and training and other supportive services for individuals participating in CCMEP?

At a minimum, co-location must include coordination between the CCMEP and OhioMeansJobs (OMJ) center that serves the lead agency in order to increase youth access and connections to CCMEP services. Access and connections may include any of the following:

- Coordination and provision of youth activities
- Linkages to the job market and employers
- Access to CCMEP for eligible youth
- Services for non-eligible youth
- Locating CCMEP staff at the OMJ center

Describe: Many partners are on-site including WIOA youth services, Job Corps, OOD, TANF, PRC, Perkins and vocational training, Wagner Peyser and UI compliance, ODJFS veteran services, the Federal Education Opportunity Center staff, and Volunteers of America. ABLE is located within two blocks of the center. Resource room services, workshops, veteran services, and general inquiries are available to the general public without an appointment. All on-site partners do offer appointments for visits. Off-site partners are available by phone or internet at OMJ to schedule a future appointment. Those include Community Action Agency, Mature Services, and HUD/CMHA E&T.

CCMEP will result in revised WIOA youth services and a more vigorous co-location including assessment, intake, and comprehensive service referral. Linkages to the job market and employers include multiple on-site employer sponsored hiring events monthly, eOMJ as the home page on all resource room computers, posted high-profile job openings that are rotated weekly, employer trainings delivered quarterly on-site, and regular scheduled trainings in job seeking, resume writing, and interview skills.



TANF work participation staff (8), services, and adults are hosted currently at OMJ. That presence will expand under CCMEP. OWIP staff are on site.

Hamilton County Job and Family Services, as the lead agency, will coordinate services between the WIOA youth, CCMEP and the Cincinnati/Hamilton County OhioMeansJobs (OMJ) center. They will make certain that all youth activities occur, likely through each WIOA youth provider, and provide each youth linkages to the job market and employers, likely via the local OMJ center. The WIOA youth providers will offer access to CCMEP for each eligible youth as well as ensuring services for non-eligible youth. There will be CCMEP staff as well as WIOA youth vendor staff located at the local OMJ center.

#### 4. Referral and Eligibility

Some youth, particularly those who have dropped out of school, may not perceive the value of workforce programs due to a lack of information about programs and supportive services offered, lack of immediate and tangible rewards, and skepticism that participation will lead to long-term personal benefits. Successful outreach and recruitment must draw on a range of strategies designed to appeal to potential participants' needs and interests.

##### 4.1 What outreach activities will be conducted to identify youth potentially eligible for the CCMEP? Check all that apply.

- ☒ Brochures, posters
- ☒ Social media (e.g., Facebook, Twitter)
- ☒ Promotion through partners (e.g., schools, community centers, etc.)
- ☒ Other: Area 13 has a wealth of existing WIOA out of school youth service providers who are based in several of our most vulnerable communities (Santa Maria, Lighthouse, Jobs for Cincinnati Graduates, Easter Seals and ResCare). Any CCMEP services will rely heavily on the expertise and experience of those partners and their out-of-school youth service history. Those strengths will be expanded upon under CCMEP by leveraging the resources listed below.

We have many years of outreach experience through our prior summer youth services (TANF/WIOA/CDBG, etc.).

The volume and depth of community partnerships described in section 1.7 above will support a wealth of formal and informal recruitment efforts.

The Hamilton County OMJ website, Face Book page and Twitter account will provide information on CCMEP and how to get involved.

Information regarding CCMEP will be posted throughout the OMJ. The Power-Point presentation on the lobby monitor will include information on CCMEP.

Brochures will be available at the front desk.

Information on CCMEP will be presented at OMJ orientations.

Information regarding CCMEP will be shared at monthly partner meetings.

Phase Two: Begin process of implementing/creating items listed above no later than 3/24/16.

##### 4.2 How will the lead agency work with the other local participating agency to refer eligible WIOA and TANF participants to CCMEP?

Lead agencies are required to establish a process for referring individuals to CCMEP within 7 days of determining that an individual meets program eligibility requirements.

Describe: CCMEP eligible WIOA youth will be enrolled by their current WIOA youth providers immediately upon local initiation of CCMEP. Ongoing enrollees will be co-enrolled simultaneously.

CCMEP eligible OWF participants will be enrolled by HCJFS immediately upon local initiation of CCMEP. Ongoing enrollees will be co-enrolled simultaneously. CCMEP participation will be adopted as an OWF enrollment participation requirement.

CCMEP volunteers will be assessed and enrolled by the OMJ operator immediately after mandated populations are assured adequate service and capacity is confirmed. Seven day timeliness standards will be monitored and documented in all cases.

The Lead Agency will develop a streamlined process that provides a continuity of services for the CCMEP population. The Lead Agency will identify and expedite access for priority populations such as foster care youth, juvenile justice youth, apprentice enrollees, etc. The lead agency will provide regular reporting to support ongoing collaboration and strategic/tactical planning with the SWORWIB. There will be regularly scheduled training sessions and meetings between the lead agency and partner agencies to build on strengths and identify challenges.

Phase Two: Create written procedures for WIOA & TANF as noted above by May 1<sup>st</sup> 2016.

#### **4.3 Describe the standard processes that will be used to determine and maintain an individuals' eligibility to participate in CCMEP.**

This should include the semi-annual process for ensuring that participants enrolled in TANF, and not receiving OWF, meet the eligibility criteria that they have gross household incomes of less than 200 percent of the federal poverty guidelines.

Describe: Enrollment will be aggressive and ongoing to the extent it is permitted by funding. CCMEP initiation will result in a planful and high volume of enrollment of existing OWF, WIOA, and other suitable populations (OWIP, Summer youth, etc.). The timing and specific methods will be driven by local planning within the constraints imposed by allocation letters.

Additional intake will be possible at the OMJ center, at the JFS primary location, and at a series of contracted partners including two WIOA youth service providers and one contracted OWF work participation provider. We will work hard to ensure no-wrong-door access to CCMEP services.

Redeterminations will be prompted by changes in circumstance and by scheduled semi-annual

reviews. We will ensure that participants enrolled in TANF, and not receiving OWF, meet all participation and eligibility criteria. PRC will be re-determined at six month intervals for these CCMEP populations (Non WIOA, Non OWF). Semi-annual eligibility redetermination will be added/revised/reinforced for all vendors and staff working CCMEP caseloads.

**4.4 Does the lead agency have an agreement with another entity to determine eligibility for the WIOA youth program?**

☒ Yes

☐ No

If yes, describe the process the entity will follow to ensure timely determination of eligibility and timely referral to CCMEP.

Describe: HCJFS holds the contract with 3 providers to determine eligibility in youth services. Each of the contracts currently includes language specifically citing CCMEP as within the scope that we can ensure eligibility determination within 5 business days in all cases.

**4.5 Describe the lead agency's communication plan or processes for working with the other local participating agency to ensure the following:**

- A. Verification of participation in CCMEP activities for OWF work-eligible participants, including when a mandatory OWF work-eligible participant fails to comply with the terms of an individual opportunity plan (within 10 days of the failure).

Describe: Current local work participation documentation and sanction procedures are in place to support this goal. Timeliness of non-compliance methods are being revised now to assure remedial action within 10 business days of all failures.

This process will be identified for and affirmed by SWORWIB.

- B. Tracking the number of months a program participant has participated in OWF that were subject to the time limit described in Ohio Administrative Code rule 5101:1-23-01.

Describe: Tracking is well integrated into daily operation, contracts, State data base and increasingly intensive case management.

- C. Communicating when a program participant is determined to be a victim of domestic violence.

Describe: Domestic violence barriers are now and will continue to be documented at regular intervals from eligibility documentation through hardship determination. Confidentiality is maintained consistently and services are provided to address this work barrier.

- D. Information regarding work activities assigned in accordance with Ohio Administrative Code rule 5101:14-1-05.

Describe: Procedures for assigning OWF and WIOA participants currently exist. Quality assurance processes are in place to ensure assignments are appropriate and meet mandates. Modifications will be built in to meet new CCMEP requirements.

- E. Communicating other factors impacting continued CCMEP or OWF eligibility.

Describe: HCJFS will provide quarterly reports to the SWORWIB on all outputs, outcomes, and performance indicators related to CCMEP.

- F. The process for ensuring that information about an OWF or Supplemental Nutrition Assistance Program recipient is shared with the CDJFS and will be acted upon in accordance with Ohio Administrative Code rules 5101:1 and/or 5101:4.

Describe: OWF & SNAP services are delivered exclusively through HCJFS staff and contractors.

- G. The process for notifying another area's lead agency when a program participant moves out of the county in which the participant had been receiving CCMEP services, and the process for developing a new service strategy within 10 days of being notified that a program participant has moved into the county the lead agency serves.

Describe: As with most other elements of CCMEP current local and statewide processes exist for county transfer of cases. CCMEP funding will support more intensive and timely application of those existing protocols.

**4.6 Describe the process for determining if an individual is eligible to receive funding through WIOA and/or TANF.**

In order to maximize funding opportunities, each voluntary or mandatory program participant must complete a JFS 03002, "WIOA Youth Program Eligibility Application" (3/2016) in order to determine if the individual is eligible to receive funding through TANF and/or WIOA. This will streamline eligibility and give participants increased access to other supportive services that can be paid for with either funding stream.

Describe: HCJFS providers will have the youth complete an application and eligibility will be determined simultaneously for TANF, WIOA, CCMEP or all three.

**4.7 The lead agency must provide an assurance that it will comply with all requirements of the Americans with Disabilities Act (ADA) including the amendments to Title II and the Rehabilitation Act of 2008, including section 504 - and that participants will have the right to request reasonable modification in CCMEP activities.**

- ☒ Yes, the lead agency certifies compliance with ADA. Provide a description of how participants may request reasonable modification pursuant to ADA.

Describe: As part of our efforts related to OMJ center certification, HCJFS recently completed a 142 element ADA compliance document regarding the OMJ facility and staff. Staff have been, and continue to receive Windmills training.

Requests for accommodations can be made in "plain English" and need not mention the ADA or use the phrase "reasonable accommodation."

Before addressing the merits of the accommodation request, the provider will determine if the individual's medical condition meets the ADA definition of "disability".

A family member, friend, health professional, or other representative may request a reasonable accommodation on behalf of an individual with a disability.

Requests for reasonable accommodation do not need to be in writing.  
<http://www.eeoc.gov/policy/docs/accommodation.html#requesting>

## 5. Comprehensive Assessment and Individual Opportunity Plan

One of the goals of CCMEP is to standardize forms and processes used for the TANF and WIOA programs across counties in order to create a common client experience. These components include a comprehensive assessment tool (JFS 03003) and an individual opportunity plan (JFS 03004).

### 5.1 Describe the lead agency's process for conducting the CCMEP Comprehensive Assessment using the form JFS 03003.

ODJFS expects that a qualified, trained caseworker will interview each CCMEP client using the comprehensive assessment tool. It is recommended that lead agencies ensure their assessment process includes an explanation of why the assessment is being conducted and that adequate time is allowed for the assessment to be completed.

Describe: The JFS 03003 may be completed by OMJ staff, contracted OWF providers and contracted WIOA Youth providers at application and/or recertification for services or benefits. Current TANF vendors are already using the CCMEP assessment tool which is built into their internal data bases. They will continue to use the form when CCMEP is in place. The existing HCJFS referral process will continue. WIOA Youth vendors will incorporate the JFS03003 assessment into their current WIOA assessment.

### 5.2 What tool(s) will the lead agency use as the basic skills assessment for CCMEP participants? The basic skills assessment must be validated and determined appropriate for identifying basic skill deficiencies.

- ☐ Basic English Skills Test (BEST)
- ☐ Comprehensive Adult Student Assessment Systems (CASAS)
- ☐ General Assessment of Instructional Needs (GAIN)
- ☐ Massachusetts Adult Proficiency Test (MAPT)
- ☒ Test of Adult Basic Education (TABE®)

### 5.3 Describe the lead agency's process for ensuring case managers collaboratively develop individual opportunity plans with participants using the form JFS 03004.



ODJFS expects case managers to work in collaboration with their clients to develop meaningful individual opportunity plans oriented toward the CCMEP performance goals of employment, job retention, earnings growth and credential attainment.

Describe: **Once one of the HCJFS partners has determined eligibility they will assess the participants and work with them to create an individual plan.**

#### **5.4 How often will the lead agency review individual opportunity plans?**

ODJFS recommends that CCMEP case managers review the goals and activities outlined in the individual opportunity plans with their clients at least every 30 days. This is necessary in order to revise the plans as individuals make progress toward their goals or experience changes in life circumstances or events.

- ☒ Every 30 days (recommended)
- ☐ Every 60 days
- ☐ Every 60-90 days
- ☐ Other:

#### **5.5 Describe how the lead agency will ensure case managers engage with program participants at least once every 14 days if the participant is receiving intensive case management, or once every 30 days if the participant is not receiving intensive case management.**

Describe: **HCJFS will write into the contract that each of the partners will engage participants at least once every 14 days if the participant is receiving intensive case management or 30 days if the participant is not receiving intensive case management. Monitoring with a focus on quality assurance will be performed by the Lead Agency.**

#### **5.6 Who is responsible for determining the maximum monthly hours of participation allowable under the Fair Labor Standards Act (05/00) for Ohio Works First recipients, and how will changes in benefit amounts be communicated between the agencies?**

Describe: Contracted vendors will maintain the responsibility of calculating FLSA hours and ensuring participation hours are assigned accordingly. They will continue to utilize CRISE to complete regular sweeps to determine if any changes exist which require an amendment to the participant's plan.

## 6. Program Services

CCMEP requires a full array of easily accessible services to meet the needs of youth as they prepare for employment and/or further education and training. These customer-focused services should be based on the needs and circumstances of the individual while at the same time providing the in-demand job skills and knowledge expected by the local business community.

### 6.1 The lead agency must provide an assurance that it makes available the 14 specific core WIOA youth elements listed below. Provide a brief description of how the lead agency will ensure these elements are made available to CCMEP participants.

- Tutoring, study skills training, instruction and dropout prevention
- Alternative secondary school services or dropout recovery services
- Paid and unpaid work experience (with an academic and occupational education component)
- Occupational skill training
- Education offered concurrently with workforce preparation activities
- Leadership development opportunities
- Supportive services
- Adult mentoring
- Follow-up services for not less than 12 months
- Comprehensive guidance and counseling
- Financial literacy education
- Entrepreneurial skills training
- Labor market and employment information
- Activities to prepare for and transition to post-secondary education and training

Describe: The lead agency HCJFS currently & will continue to provide the 14 specific core elements via our three WIOA youth partners: 1) Santa Maria 2) ResCare 3) CCY/Jobs for Cincinnati Graduates. These service types will be expanded into OWF populations (18-24) WIOA adults (low income) and volunteers through a competitive procurement.

**6.2 The lead agency must provide an assurance that TANF or WIOA funds will not be used to pay a program participant directly for subsidized employment.**

- ☒ Yes, the lead agency certifies that it will not use TANF or WIOA funds to pay a program participant directly for subsidized employment. Provide a description of how participants will be compensated for subsidized employment.

Describe: Participants will be paid by the employer or a third party contracted vendor. HCJFS will reimburse the employer or vendor as appropriate.

**6.3 Provide a description of the supportive and follow-up services that the lead agency plans to make available to program participants.**

Describe: In addition to services provided in 6.1 & 6.5, we will provide services needed on case by case basis to help participants to remain on track for self-sufficiency. Services such as: transportation assistance, driver's education, child care and school fees will be provided. Follow up services will include behavioral health, physical health, site visits, and employment retention. Funds may be used to incentivize vendors and participants for taking steps leading to positive CCMEP outcomes.

**6.4 How will the lead agency ensure that supportive services provided to program participants not already receiving OWF do not meet the definition of TANF assistance?**

For individuals who are not OWF participants and are not employed, supportive services extending beyond four months becomes TANF assistance subject to OWF time limits and work participation requirements.

Describe: Supportive services for non-OWF CCMEP participants will be limited specifically to single distributions of work supports that may not be issued for more than two consecutive months, or more often than three times in any 12 month span.

**6.5 What criteria will the lead agency use to determine whether a client should be referred to intensive case management? Check all that apply.**

- ☒ Parenting class as part of a case plan with a public children services agency
- ☒ Alcohol or drug addiction treatment
- ☒ Assistance in finding a home because the participant is homeless
- ☒ Assistance in obtaining services related to domestic violence issues
- ☒ Assistance in reentering the workforce due to ex-offender status
- ☒ Supplemental Security Income (SSI) case management needed
- ☒ Mental health counseling needed
- ☒ Dropout prevention and recovery service
- ☐ Basic skills deficiency
- ☒ Transitioning from foster care
- ☐ Other:

Describe: Any one or more of the barriers listed above may result in a referral for intensive case management. However, the decision to make that referral will be determined on a case by case basis. Considerations may include: underlying circumstances, whether or not the participant is already in receipt of services needed to address the barrier and for how long, the severity of the situation, and the participants attitude and willingness to accept/receive help.

**6.6 What services or additional supports does the lead agency expect to provide as part of intensive case management?**

Describe: In addition to service provided in 6.1 & 6.5, we will provide services needed on a case by case base to help participants remain on track for self-sufficiency. Services such as: transportation assistances, driver education, child care, school fees.

**6.7 Describe the timeframes and documentation requirements the lead agency will use to determine good cause.**

CCMEP participants must commit to participating in CCMEP for a minimum of 20 hours per week. Based on the participant's individual opportunity plan, the lead agency may consider including in these hours such things as time spent in work, training or education activities, job search, case management, homework and travel time. OWF work-eligible CCMEP participants must adhere to the minimum 20-hour requirement or the hour requirement set forth in Ohio Administrative Code rule 5101:1-3-01, whichever is higher. Good cause reasons for not meeting the 20-hour requirement may include illness, court-ordered appearances and lack of child care.

Describe: Participants are required to contact their case manager and the site supervisor each time (and no later than one (1) hour after the scheduled start time of any activity or appointment) to explain why he/she is not participating as scheduled. This reporting time may be extended if compelling circumstances prevented timely contact. Documentation must be provided to case manager within 10 calendar days. Documentation requirements for good cause depend on the specific reason for the absence. Requirements may include a doctor's statement, an obituary, school/work schedule, etc.

**6.8 What is the process for providing a program participant with written notice of scheduled appointments?**

Describe: Prescheduled appointments may be included in the consumer's IOP, a written notice of scheduled appointment may be sent via mail or by various forms of electronic media.

**6.9 How will follow-up job retention and other services be provided for no less than 12 months to ensure a participant is successful in sustaining ongoing employment, or if not employed, education, training or other services?**

Describe: Career Coach Team is dedicated to providing a continuity of services. There will be post-employment contact at 7,14,21,30 & 60 days. Career Coaches will work closely with the customer to identify potential barriers. We will utilize our partners and provide referrals to resolution to ensure retention.

**7.0 For out-of-school youth and other youth participants without a high school diploma, how will the lead agency ensure those individuals are made aware of the educational options available to them to obtain their high school degree or its equivalent (e.g., ABLE referral, Adult Diploma option)?**

With more than 1 million adult Ohioans not possessing a high school diploma or equivalent, Ohio has prioritized addressing this issue as critical to its economic health and growth. As stated in Ohio's Unified State Plan (submitted to the U.S. Department of Labor in December 2014), approximately 96 percent of the state's in-demand occupations require at least a high school diploma; most require additional postsecondary education and/or training. Attainment of a recognized postsecondary credential or a secondary school diploma or its recognized equivalent is one of the primary measures for CCMEP and an important priority for the program.

Describe: The SWORWIB coordinated a local team to collectively submit for and obtain an Adult 22+ grant from ODOE. That team is comprised of SWORWIB, OMJ, ABLE providers, CPS, CSTCC, Great Oaks. All committed to coordinating and marketing options for an alternative high school diploma to Hamilton County residents and is interested in working with the CCMEP team.

All CCMEP individuals will be made aware of multiple GED & Diploma options as a result of their CCMEP assessment.

## 7. Case managers and Case Management

Case managers are key to the success of CCMEP. Understanding clients' complex problems and helping them build a path forward is a human-resource-intensive activity. High-quality interactions between case managers and clients are critical to identifying barriers and helping individuals become work-ready. CCMEP case managers must have appropriate qualifications, skill sets and training, as well as manageable caseloads, to perform their jobs effectively.

### 7.1 What is the minimum qualification the lead agency will require of case managers working with CCMEP participants? Check one.

- ☒ High school degree
- ☐ Licensed social worker certification
- ☐ Associate's degree
- ☐ Bachelor's degree or higher
- ☐ Other:

Describe: We have a wealth of high performing HCJFS and vendor staff with a wide range of education experiences. Any systematic exclusion of these staff from CCMEP would be costly and not clearly helpful to our goals.

### 7.2 What is the average expected caseload size for case managers working with CCMEP participants?

In order to effectively and regularly engage with clients, case managers must have manageable caseloads. Caseload sizes may vary based on client needs and level of services required. ODJFS intends to engage stakeholders to develop a recommendation for a manageable average CCMEP caseload size.

- ☐ 25 cases or less
- ☐ Between 25 and 50 cases
- ☒ Between 50 and 100 cases
- ☐ 100 cases or more
- ☐ Other:



**7.3 What mechanism will the lead agency use to solicit and receive participant feedback about the CCMEP program?**

ODJFS recommends that lead agencies have a mechanism in place to solicit and collect feedback from CCMEP participants to better understand their experiences in the program and implement program improvements where needed.

Describe: CCMEP Providers will be required conduct at least annual satisfaction surveys. Also, a small amount of funds may be used for secret shoppers and qualitative interviews of customers?

**7.4 What mechanism will the lead agency use to solicit and receive case manager's feedback about the CCMEP program?**

ODJFS recommends that lead agencies put processes in place to collect feedback from case managers on a regular basis to better understand how rules, procedures or other policies impact their ability to effectively work with clients as part of continuous program improvement.

Describe: Quarterly surveys will be completed during the first year of CCMEP to obtain feedback from case managers.

Also, the SWORWIB leadership (board and staff) are sometimes contacted with complaints, concerns and compliments from employers and customers and will advise the CCMEP team of feedback from any contacts.

## 8. Performance Measures

A key feature of CCMEP is strengthened accountability through the establishment of a single lead agency responsible for meeting common performance goals for youth served through the program. CCMEP's effectiveness will be measured by improved employment and education outcomes, as opposed to process or participation measures focused on attendance in activities. By focusing on outcomes, CCMEP supports individualized, person-centered activities and supports. Primary measures for the program largely mirror those prescribed in WIOA for the youth program. These include job entry, youth placement, credential attainment, median earnings and job retention. Skills gain / educational progress is the only WIOA youth measure that is not a primary outcome for CCMEP. Instead, it will be used as an intermediate measure.

CCMEP Primary Measures	
Measure	Description
1) Job Entry Q2 and Q4	<ul style="list-style-type: none"> <li>Percentage of program participants who are in unsubsidized employment during the <u>second quarter</u> after exit.</li> <li>Percentage of program participants who are in unsubsidized employment during the <u>fourth quarter</u> after exit.</li> </ul>
2) Youth Placement Q2 and Q4	<ul style="list-style-type: none"> <li>Percentage of program participants who are employed, in education or in occupational skills training during the <u>second quarter</u> after exit.</li> <li>Percentage of program participants who are employed, in education or in occupational skills training during the <u>fourth quarter</u> after exit.</li> </ul>
3) Credential Attainment	Percentage of exiters who were in a postsecondary education or training program and who obtained a recognized postsecondary credential during the program or within one year after exit; plus the number of participants who exited, who were in a secondary education program, and who obtained a secondary school diploma or its equivalent during the program or within one year after exit AND who also were employed or enrolled in an education or training program leading to a recognized postsecondary credential within one year after exit.
4) Median Earnings	For all program participants, the wage that is at the midpoint or median of all the wages earned in the second quarter after exit.
5) Job Retention	Percentage of program participants who were in unsubsidized employment during the second quarter after exit whose employer also matched the employer in the fourth quarter.

### 8.1 How will the lead agency collect any supplemental data it wishes to be included in the performance measures?

ODJFS intends to generate performance outcome data by matching case records with data from various sources. However, some employment or other countable post-exit participant accomplishments (e.g., degree attainment) may not be captured in the records available for an automated records match.

Describe: We will collect data through CRISE, the Work Number and other employment verification sources, and various education attainment resources.

Each quarter, OWD will pull WIOA enrolled participants from OWCMS who received services during the reference quarter or four previous quarters; combined with participants who exited the program during the reference quarter or four previous quarters. These participants will be matched against the Ohio Wage Record data identified in the Data Sharing and Confidentiality Agreement using the participant social security number. From the wage record file, the WDB POC will receive wages, number of weeks worked, year wages are reported, quarter wages are reported, NAICS six digit code, and NAICS title. In addition to the wage record data, the WDB POC will receive OWCMS seeker ID, office name and WDB area. The WDB POC will not receive participant social security number.

On a monthly basis, the OWD POC will email a list of UI claimants who are participating in the RESEA or UCRS program to the WDB POC. Each county within the area will receive either the RESEA or UCRS report (but not both).

On a monthly basis, OUIO will e-mail a report that lists UI claimants who are within four weeks of exhausting their UI benefits.

### 8.2 How will the lead agency verify and store in the case record any supplemental data it wishes to be included in the performance measures?

Describe: The lead agency has a dedicated worker that verifies the information and stores all files. All files are secured in lock cabinets and stored in a dedicated area.

HCJFS also stores soft copied documentation (employment, attendance, good cause) in OnBase for participants in receipt of OWF or other types of benefits. Contracted vendors may also store soft copies of documentation in their data management system.

### 8.3 Lead agency's performance and data management contact:

Contact Person <a href="#">April Barker</a>	
Phone Number <a href="#">(513) 946 1068</a>	Email Address <a href="mailto:BARKEA@jfs.hamilton-co.org">BARKEA@jfs.hamilton-co.org</a>

**8.4 May we share this contact's information with other lead agencies?**☒ Yes☐ No

<b>CCMEP Plan Certification</b>
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**Please provide the signature of the administrator, director or executive director of the CCMEP lead agency:**

\_\_\_\_\_

Date: \_\_\_\_\_

**Please provide the signature of the chairman of the local workforce development board (or the chairman's designee):**

\_\_\_\_\_

Date: \_\_\_\_\_