



# State of Ohio

## 2021 Model Plan

# Low-income Household Water Assistance Program

Prepared by:

Ohio Department of Development  
Community Services Division  
Office of Community Assistance

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**DRAFT**

**Ohio**

Department of  
Development

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## Low-income Household Water Assistance Program (LIHWAP) Model Plan

### Section 1: Program Needs, Goals and Allocations

#### Community Needs and Program Goals

##### 1.1

#### Description of Emergency Household Drinking Water and Wastewater Needs

*The OCS priorities are restoration of household water services, reducing arrearages, reducing rates charged to households. Briefly describe current needs related to these priorities within your State, Territory, or Tribal area. Describe any areas of concentrated need or special issues within communities served by water utilities within your State, Territory, or Tribal area.*

Rising capital needs for water/wastewater facilities attributed to pipe replacements, stringent drinking water and wastewater standards, and expenses related to developing new sources of water result in an increase cost for the consumer. These increases in costs have a greater impact on low-income households throughout Ohio. Current research of Ohio water and wastewater systems indicates households (four-person, single family using 50 gallons per day) pay on average \$47.73 per month in water and \$48.73 in sewer. Households at the 20<sup>th</sup> income percentile must pay an average of 10.6% of their disposable income and/or work 10 hours at minimum wage to pay for a month of basic water and sewer service. While costs vary across the areas of the state (urban vs. rural) and between water systems (local government vs private/investor-owned), there is not a specific area of concentrated need known at this time.

#### 1.2 Operational Priorities and Emergency Flexibilities

*Consistent with goal of the American Rescue Plan to provide immediate relief to the American people, briefly describe the operational priorities within your State, Territory or Tribal area (e.g. immediate restoration of services to households without current water services, immediate payment of existing arrearages to prevent disconnection of drinking water or wastewater services after a previous moratorium on water services due to Covid-19).*

In March 2020, Ohio's Environmental Protection Agency issued a moratorium temporarily suspending water companies from disconnecting service. That moratorium was revoked as of July 10, 2020. Ohio's priorities are to provide assistance to low-income households that have been shut-off, are in threat of disconnection or are establishing new service.

#### 1.3. Expected Date for Initial Water Payments on Behalf of Households

*Provide an estimated date by which payments will be initiated based on the operational priorities identified above (e.g. first stage of payments to restore services for currently disconnected households, etc.).*

Pending approval of Ohio's LIHWAP Model Plan, Ohio will begin allowing customers to apply for assistance on October 1, 2021, with payments beginning upon final application approval.

**Estimated Funding Allocations:**

1.4 Estimate what amount of available LIHWAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%. The combined total of Administration (State) and Administration (Subrecipients) must not exceed 15% of the total for either the Consolidated Appropriations Act or the American Rescue Plan Award.	Consolidated Appropriations Act of 2021 Percentage (%)	American Rescue Plan Grant Percentage (%)
Household Benefits	70%	70%
Outreach/Eligibility Determination	15%	15%
Administration-State	5%	5%
Administration-Subrecipients	10%	10%
Total	100%	100%

**Categorical Eligibility**

**1.5 As outlined in the Terms and Conditions, current recipients of the following programs are categorically-eligible for LIHWAP assistance:**

- **Low-Income Home Energy Assistance Program (LIHEAP)**
- **Means-tested Veterans Programs**
- **Supplemental Security Income (SSI)**
- **Supplemental Nutrition Assistance Program (SNAP)**
- **Temporary Assistance for Needy Families (TANF)**

**Briefly describe your operational plans for enrollment of categorically eligible populations based on operational priorities outlined in question 1.2 (e.g. automatic enrollment, acceptance of documentation of enrollment during intake processes). If it will not be possible to include any of these programs in your intake/eligibility processes, provide a brief explanation.**

Households applying for assistance within Ohio’s priority areas will be considered categorical eligible if they provide documentation demonstrating current receipt of LIHEAP, Means-tested Veterans Programs, SSI, SNAP or TANF benefits. These households do not need to provide additional proof of income. The system will allow customers and subrecipients to check a box requiring the information, but not additional income documentation. The income amount will be what is provided within the application, or the amount earned while receiving the above listed programs.

**Determination of Eligibility for Direct Enrollment**

Note: The information below is focused on eligibility determination for households that are not categorically eligible based on the enrollment in one of the programs outlined in question 1.5.

1.6 What type of countable income do you use for eligibility determination?

<input checked="" type="checkbox"/>	Gross Income
<input type="checkbox"/>	Net Income

1.7 List all the applicable forms of countable income used to determine a household's income eligibility for LIHWAP. Note: The forms of countable income used for benefit eligibility are generally left to the discretion of the grantee; however, the following sources are not applicable forms of countable income used to determine a household's income eligibility for LIHWAP:

- Temporary Assistance for Needy Families (TANF) benefits
- Supplemental Nutrition Assistance Program (SNAP) benefits
- Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits
- COVID-19 Economic Impact Payments (Stimulus Checks)

Ohio will utilize the following forms of countable income:

- Wages
- Self-employment income
- Contract income
- Unemployment insurance
- Strike pay
- Social security administration (SSA) benefits (excluding Medicare deductions)
- Supplemental Security Income
- Retirement/pension benefits
- General Assistance benefits
- One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits etc.
- Rental income
- Alimony
- Interest, dividends or royalties
- Commissions
- Legal settlements
- Veterans Administration (VA) Benefits. VA *disability* is excluded

**Section 2: Benefits**

**Eligibility**

**2.1 Designate the income eligibility threshold used for the water benefit.**

Eligibility Threshold		Eligibility Threshold Percent
<input checked="" type="checkbox"/>	Federal Poverty Guidelines	175%
<input type="checkbox"/>	State Median Income	
<input type="checkbox"/>	Hybrid Federal and State (based on household size)	

<b>2.2 Do you anticipate additional eligibility requirements beyond the income threshold noted in 2.1 for water assistance?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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If the answer to question 2.2. is “Yes” please provide an explanation below

Ohio uses 60% of the State Median Income as it best correlates to 175% of the HHS Federal Poverty level. Households must be at or below 175% of the Federal Poverty Level in order to be determined eligible.

**2.3. How will you support households whose utility payments are included in their rental payments.**

Tenants whose water and wastewater bills are not in the renter’s name(s) are ineligible to receive benefits, unless they provide verification that they pay all or a portion (i.e. HUD Section 8 housing) of the water and/or wastewater bills. The organization responsible for payment to the utility provider must provide verification of the amounts due and verification that the tenant has not paid that amount. A payment will be made on behalf of the household to the organization responsible for payment if the water and/or wastewater account information can be provided.

**2.4 Check the variables you use to determine your benefit levels. (Check all that apply. Check both Household Drinking Water Burden and Household Wastewater Burden if households receive a combined bill for drinking water and wastewater):**

<input type="checkbox"/>	Income
<input type="checkbox"/>	Household Size
<input checked="" type="checkbox"/>	Household Drinking Water Burden
<input checked="" type="checkbox"/>	Household Wastewater Burden
<input type="checkbox"/>	Other (Please Describe)

**2.5 Describe estimated benefit levels for the project period for which this plan applies**

Minimum Benefit:	\$ 0	Maximum Benefit:	\$ 600
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**2.6. Benefit periods**

Is this a one-time benefit:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please explain the frequency of allowable benefit (e.g., monthly, quarterly, etc.):  
Development will modify this plan if the need changes for customers served.

2.7 Do you give priority in eligibility to:

People with Disabilities	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Young Children	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Older Adult/Seniors (60 and over)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Households with high water burdens	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

2.8 Describe how you prioritize the provision of water assistance to vulnerable populations (e.g., benefit amounts, early application periods, etc.)

The vulnerable population is prioritized by receiving additional outreach specifically aimed to address their needs.

2.9 Do you provide applicants, including those who are physically disabled, the means to submit applications for benefits without leaving their homes?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If no, Explain

2.10 For individual who are homebound or physically disabled, do you provide travel to the sites at which applications for assistance are accepted?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If No, explain and explain alternative means of intake to those who are homebound or physically disabled?

2.11 Are any of the utility vendors you work with subject to a moratorium on shut offs?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If you responded "Yes" to question 2.11, you must respond to question 2.12.

2.12 Describe the terms of the moratorium and any special dispensation received by LIHWAP clients during or after the moratorium period.

N/A



2.13. Do you make payments contingent on vendors taking appropriate measures or maintaining existing supports to alleviate the water burden of eligible households?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If so, describe the measures vendors may take or maintain.

**Covid-Specific**

<input type="checkbox"/>	Disconnection moratorium
<input type="checkbox"/>	No late fees, interest, or penalty charge
<input type="checkbox"/>	Ability to enter into payment plan of 6 months or longer
<input checked="" type="checkbox"/>	Reconnection of service for disconnected customers
<input type="checkbox"/>	Enrollment in a discounted rate

**General (Not COVID-specific)**

<input type="checkbox"/>	Consumer protections regarding shutoffs (e.g., minimum notice period, protection of vulnerable populations, minimum amount overdue before disconnection allowed, opportunity for payment plan before disconnection, other procedural or substantive restrictions on shutoffs)
<input type="checkbox"/>	Data reporting requirements for utilities – on a permanent basis – e.g., periodic reporting on number of shutoffs
<input type="checkbox"/>	Percentage of income payment plan other utility-funded arrearage assistance
<input type="checkbox"/>	Lifeline rates
<input type="checkbox"/>	Water efficiency assistance
<input checked="" type="checkbox"/>	Provisions ensuring continued service for a specific time period (describe below)

If any of the above questions require further explanation or clarification that could not be made in the fields provided said explanation here. Service should be maintained for 30 days after assistance is provided.

### Section 3: Outreach

**3.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHWAP assistance available:**

<input type="checkbox"/>	Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
<input checked="" type="checkbox"/>	Publish articles or public service announcements in local newspapers or broadcast media announcements.
<input type="checkbox"/>	Work directly with water utilities to identify potential recipients.
<input type="checkbox"/>	Include inserts in water vendor billings to inform individuals of the availability of all types of LIHWAP assistance.
<input checked="" type="checkbox"/>	Mass mailing(s) to prior-year LIHEAP recipients or recipients of other government benefits:
<input type="checkbox"/>	Automated phone campaigns and/or social media outreach
<input type="checkbox"/>	Multi-lingual announcements in languages spoken by low income households within utility service area and/or notification in ethnic language news and broadcast media outlets
<input checked="" type="checkbox"/>	Inform low income applicants of the availability of all types of LIHWAP assistance at application intake for other low-income programs.
<input type="checkbox"/>	Execute interagency agreements with other low-income program offices and/or public health pathways created for Covid-19 outreach to perform outreach to target groups.
<input type="checkbox"/>	Outreach to faith-based institutions, including those serving low-income people and people of color
<input type="checkbox"/>	Other (specify):

If any of the above questions require further explanation or clarification that could not be made in the fields provided said explanation here.

### Section 4: Coordination

**4.1 Describe how you will ensure that the LIHWAP program is coordinated with other programs available to low-income households (LIHEAP, TANF, SSI, SNAP, EPA, Emergency Rental Assistance Program, Homeowner Assistance Program, WAP, etc.)**

**Joint application for multiple programs:**

**Intake referrals to/from other programs:**

Clients will be notified of all energy assistance programs available to them including LIHWAP, LIHEAP, energy conservation and assistance efforts. Educational pamphlets, which address ways to conserve energy, will be made available by Development. Development collaborates with the Ohio Department of Aging, Ohio Association of Foodbanks, Local Energy Assistance Providers, and Community Action Agencies to serve low-income households and the elderly.

**One - stop intake centers:**

**Other - Describe:**

**4.2 Describe how you will coordinate with relevant regulatory authorities that govern water suppliers.**

Development will coordinate with the Ohio Environmental Protection Agency (OEPA) to ensure there is program awareness and sharing of resources.

If any of the above questions require further explanation or clarification that could not be made in the fields provided explanation here.

**Section 5: Agency Designation (Required for State grantees and the Commonwealth of Puerto Rico)**

**5.1 How would you categorize the primary responsibility of your State agency?**

	<b>Administration Agency</b>
	<b>Commerce Agency</b>
	<b>Community Services Agency</b>
	<b>Energy / Environment Agency</b>
	<b>Housing Agency</b>
	<b>Human Service Agency</b>
<b>X</b>	<b>Other - Describe:</b> Development is committed to creating jobs and building strong communities, while ensuring accountability and transparency of taxpayer money and exceptional customer service.

**5.2 LIHWAP Component Administration**

	<b>Drinking Water Service</b>	<b>Wastewater Service</b>
<b>5.2a Who determines client eligibility?</b>	Community Action Agencies, Nonprofits, Other	Community Action Agencies, Nonprofits, Other
<b>5.2b Who processes benefit payments to water service providers?</b>	Community Action Agencies, Nonprofits, Other	Community Action Agencies, Nonprofits, Other

If any of your LIHWAP components are not centrally administered by a State agency, you must complete questions 5.3, 5.4 and 5.5.

**5.3 What is your process for selecting local administering agencies?**

All current direct client assistance LIHEAP providers in Ohio will administer the LIHWAP program. These agencies are termed "Local Energy Assistance Providers" (LEAP). LEAPs have been administering LIHEAP at the local level for many years. If a new agency is required to administer LIHWAP, Development will ensure that services to clients continue during the transition to a different provider by identifying a contiguous LEAP in good standing to take over services in the territory being vacated on an interim "emergency" basis. A short-term contract of 6 -12 months is typically provided. Development works with the new Local EAP to quickly establish intake sites that can be easily accessed by local clients. If the interim arrangement proves to be satisfactory, Development will name the entity providing services as the "permanent" provider of services for the area. In selecting a contiguous agency, Development also takes into account whether the agency is already providing other services in the service territory.

**5.4 How many local administering agencies do you use?**

51

**5.5 What types of local administering agencies do you use?**

X	Community Action Agencies
	Local Governments
	City Governments
X	County Governments
X	Other non-profits

If any of the above questions require further explanation or clarification that could not be made in the fields provided said explanation here.

**Section 6: Water Suppliers**

**Note: Water suppliers refers to both drinking and/or wastewater suppliers as they may be different entities at the local level**

**6.1 The following question is specific to Tribes (only). Do you charge households drinking water and wastewater utility services? Y/N If “Yes” please proceed to next questions. If “No” please skip to question 6.5.**

**6.2 How do you notify the household of the amount of assistance paid, and the timing of the assistance payment?**

Local EAPs are required, by the terms of their executed agreement, to provide each customer with a written notice of decision that includes the amount of the benefit and timing of assistance.

**6.3 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHWAP assistance?**

Development has a grant agreement with each Local EAP that includes a nondiscrimination policy.

**6.4 How do you assure that water suppliers are restoring disconnected service or otherwise maintaining continuity of service due to the benefit payment?**

All LIHWAP benefits must result in continued/restore service, or no benefit will be provided. Local EAPs must contact the water supplier to ensure funds will continue/restore service before determining the proper benefit amount to be placed on account.

**6.5 For Tribes who answered “No” to question 6.2, please describe how you intend to maintain accurate records to show how LIHWAP funds are expended for drinking water and/or wastewater utilities on behalf of households. (I.E. Financial expenditure reports).**

If any of the above questions require further explanation or clarification that could not be made in the fields provided said explanation here.

Section 7: Program, Fiscal Monitoring and Audit

7.1. How do you ensure good fiscal accounting and tracking of LIHWAP funds?

Development's grants management and database software in Salesforce, a web-based application. Local EAPs are required to complete and submit an application detailing their management plan and budget.

The online application is designed and built with various validations to assist and ensure good fiscal accounting and tracking of LIHWAP funds in the following ways:

1. Prevent budgeting greater than the maximum grant award
2. Only allow the maximum administration amount to be budgeted and track expenditure during the grant period. Track and prevent reporting total cash received smaller than sum of monthly cash received, and track and prevent reporting expenditures greater than the grant award amount.
3. Track final expenditures with grant balance

Reports are available from all of Development's systems to produce statewide obligation/expenditures and number of households served reports to track expenditures by program year.

Local EAPs have the opportunity to submit budget revisions, as necessary by program needs, and/or to align with actual expenditures at the end of the grant period. All requested revisions go through a review and approval process by Development staff.

Audit Process

7.2. Describe any audit findings rising to the level of material weakness or reportable condition cited in the Single Audits (as required in the Single Audit Act), Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHWAP agency from the most recently audited fiscal year.

No Findings

Compliance Monitoring

7.3. Identify the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHWAP policies and procedures (e.g. certifications, Terms and Conditions, federal guidance, nondiscrimination requirements) : Select all that apply

Grantee Employees:

<input checked="" type="checkbox"/>	Internal program review
<input checked="" type="checkbox"/>	Departmental oversight
<input checked="" type="checkbox"/>	Secondary review of invoices and payments
<input type="checkbox"/>	Reconciliation of water supplier records
<input type="checkbox"/>	Other program review mechanisms are in place. Describe:

Local Administering Agencies/District Offices:

<input type="checkbox"/>	On - site assessment
<input type="checkbox"/>	Annual program review
<input checked="" type="checkbox"/>	Monitoring through central database



<input checked="" type="checkbox"/>	<b>Desk reviews</b>
<input checked="" type="checkbox"/>	<b>Client file testing/sampling</b>
<input type="checkbox"/>	<b>Reconciliation of water supplier records</b>
<input type="checkbox"/>	<b>Other program review mechanisms are in place. Describe:</b>

**7.4 Explain or attach a copy of your local agency monitoring schedule and protocol**

Development will send each Local EAP a copy of the monitoring tool, a list of items to submit through a secure website, and submission instructions. Development will review all items and schedule an exit interview with the Local EAP. During the exit interview, Development staff will review the tool with staff and may provide a copy of the tool for review and comments, if necessary.

**7.5. Describe how you select local agencies for monitoring reviews.**

**Site visits:**

**Desk reviews:** All Local EAPs receive desk reviews on an annual basis.

**7.6. How often will each local agency be monitored?**

**Note: This answer can be prospective.**

Every Local EAP will be monitored on an annual basis.

**7.7. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues for LIHEAP or other programs administered by your agency?**

0

**7.8. How many local agencies are currently on corrective action plans for financial accounting or administrative issues for LIHEAP or other programs administered by your agency?**

0

If any of the above questions require further explanation or clarification that could not be made in the fields provided said explanation here.

**Section 8: Public Participation**

**8.1 How did you obtain input from the public in the development of your LIHWAP plan? Select all that apply.**

<input type="checkbox"/>	<b>Tribal Council meeting(s)</b>
<input type="checkbox"/>	<b>Public Hearings</b>
	Enter the dates for Tribal Council Meeting(s) or Public Hearing(s)
<input checked="" type="checkbox"/>	<b>Draft Plan posted to website and available for comment</b>
<input type="checkbox"/>	<b>Hard copy of plan is available for public view and comment</b>
	Enter how long draft plan and/or hard copy of plan was available for public view and comment

<input type="checkbox"/>	Comments from applicants are recorded
<input type="checkbox"/>	Request for comments on draft Plan is advertised
<input checked="" type="checkbox"/>	Stakeholder or consultation meeting(s)
<input type="checkbox"/>	Comments are solicited during outreach activities
<input type="checkbox"/>	Other-Describe:

8.2. How many parties commented on your plan?

8.3 Summarize the comments you received on your plan here:

8.4 What changes did you make to your LIHWAP plan as a result of the comments received?

If any of the above questions require further explanation or clarification that could not be made in the fields provided said explanation here.

**Section 9 Fair Hearings:**

**Note: Administrative hearing opportunities will be comparable to and may utilize existing processes, procedures, and systems currently in place for the State, Territory, or Tribe’s Low Income Home Energy Assistance grant.**

**9.1 Describe your fair, independent hearing procedures for households whose applications are denied or where the applicant disputes the benefit amount.**

Clients have 30 days from the date they receive their eligibility or benefit notification to appeal decisions made regarding their LIHWAP application. Clients must be informed of this right when they receive their application and again in their notification letter.

Clients may also appeal if their application is not decided upon within 12 weeks. Clients must be informed of this right at the time an application is submitted. Clients may appeal more than once within the same program year.

If a processing/user error was discovered after the 30 days of eligibility determination, causing the client to be ineligible or their benefit to be reduced, that must be corrected (see below).

Grounds for appeal include:

- LIHWAP Application was denied;
  - If an application was denied, and it has been at least 30 days since they received their notification of denial and their eligibility situation has changed (i.e. household composition or household income) they can submit an appeal to redetermine the application.
- If the application was neither approved nor denied within 12 weeks after the application was submitted, uploaded in the Portal or received at the Local EAP, unless such delay was the result of the client’s lack of cooperation in providing necessary and reliable documentation with which to determine eligibility;
- Disagreements with the benefit amount;
- Household composition has changed since the application was submitted;
- Income has changed since the application was submitted;

- Water/Wastewater provider has changed or is incorrect;
- Intake worker error in inputting client information;
- Application is under Compliance Review;
- If documentation of an income deduction was not submitted with the original application and not deducted (documentation of disability, insurance premiums); or
- If documentation of an excluded income type was not submitted with the original application and income was counted/included, example: Title V wages, etc.

#### Local Level LIHWAP – Written Appeal

Clients have 30 days from the date they receive their benefit notification to appeal decisions made regarding their LIHWAP Application. All appeals must be submitted in writing (letter or email) with supporting documentation attached, to the Local EAP's LIHWAP Coordinator. The appeal review must be completed within 30 days from the date of the client's appeal request. The Local EAP must notify their Development Community Development Analyst of the final decision and scan all documentation into the system (i.e., the appeal request, supportive documentation, Local EAP's Resolution/Notification/Actions, etc.). The client must be notified of the decision made by the Local EAP within 10 days of the decision.

#### Local Level LIHWAP – Hearing

Clients who were denied during the Written Appeal process may request a formal hearing within 30 days of the denial of the Written Appeal. The client must submit a request for a formal hearing in writing (letter or email). The request is to be made to the Executive Director of the Local EAP. The Local EAP shall schedule a hearing within 30 days of the receipt of the letter/email requesting a hearing. The hearing shall be held at a mutually convenient place and a hearing officer shall be appointed by the Local EAP. The hearing officer may be a staff member of the Local EAP who was not involved in the decision that is being appealed. The client must be notified of the Local EAP's decision regarding the appeal within 10 days of the date of the formal hearing.

The Local EAP must also notify their Development Community Development Analyst of the final decision and scan all documentation into the system (i.e., the appeal request, supportive documentation, Local EAP's Resolution/Notification/Actions, etc.).

#### State Level LIHWAP - Appeal

If the client wishes to pursue a further appeal, they must submit a written State Level Appeal to Development within 30 days of the final hearing decision rendered at the Local EAP. The appeal request may be mailed to:

Ohio Department of Development  
Office of Community Assistance, Appeals  
P.O. Box 2169  
Columbus, Ohio 43216  
or faxed to (614) 387-2718 Attention: Appeals  
or emailed to [heapappeals@development.ohio.gov](mailto:heapappeals@development.ohio.gov)

Development will only review client appeals which have been denied at both the Local EAP Written Appeal and Hearing process and that contain new information, or information not considered during the Local EAP Written Appeal or Hearing process. The appeal request must contain all of the following information:

- Client's name, address, telephone number;
- Client number (if available);
- Reason for the appeal;
- Supporting documentation; and
- Client's signature.

A decision on the appeal will be made within 30 days of receipt of the appeal request. The client will be notified within 10 days of Development's decision.

#### Federal Level LIHWAP - Appeal

If the client wishes to pursue an appeal of a State Level Appeal determination, they will submit a Federal Level Appeal to the U.S. Department of Health and Human Services/Administration for Children and Families. The appeal request may be mailed to:

U.S. Department of Health and Human Services/Administration for Children and Families  
Office of Community Services/Division of Energy Assistance  
Low Income Household Water Assistance Program (LIHWAP)  
Mary E. Switzer Building, 5th Floor  
330 C Street, SW  
Washington, D.C. 20201  
Or fax to (202) 401-5661

All appeal decisions made by the U.S. Department of Health and Human Services/Administration for Children and Families are final.

### **9.2 When and how are applicants informed of these rights?**

Verbally: Staff will advise customers of their application status and appeal rights.

Written Notification: Whether an application is approved or denied, all customers are notified of appeal rights in the letter containing the original determination of eligibility.

Online: Appeal process is posted on Development's website.

### **9.3 Describe your fair hearing procedures for households whose applications are not acted on in a timely manner.**

Same as 9.1

### **9.4 When and how are applicants informed of these rights?**

Same as 9.2

**If any of the above questions require further explanation or clarification that could not be made in the fields provided said explanation here.**

## **Section 10: Training**

**10.1. Training Strategy - Briefly describe the anticipated training strategy for ensuring that grantee staff, local administering agencies, and participating water utilities understand requirements outlined in the Terms and Conditions as well eligibility requirements and procedures described in this plan. Indicate any technical assistance or resources needed by the State, Territory or Tribe to carry out this training strategy.**

Development will have training on the LIHWAP guidelines, program integrity, and other topics

identified to strengthen their performance. This training will be conducted via webinar or in person, as appropriate.

**Section 11: Performance Management**

**11.1 Describe any challenges you anticipate with collecting and reporting data to ACF each year regarding how you implemented your LIHWAP. Examples of data may include, but are not limited to, the number of households assisted, the average benefit amount provided, the number of households whose water or wastewater services were restored because of the benefit, demographics of applicants and beneficiaries, and the number of imminent disconnections of water or wastewater services avoided because of the benefit.**

None

**11.2 List any technical assistance resources you request of ACF related to data collection, analysis and reporting on your LIHWAP.**

N/A

If any of the above questions require further explanation or clarification that could not be made in the fields provided said explanation here

**Section 12: Program Integrity**

**12.1 Fraud Reporting Mechanisms**

**a. Identify all mechanisms that will be available to the public for reporting cases of suspected LIHWAP waste, fraud, and abuse. Select all that apply.**

<input checked="" type="checkbox"/>	Online fraud reporting
<input type="checkbox"/>	Dedicated fraud reporting hotline
<input checked="" type="checkbox"/>	Report directly to local agency/district office or Grantee office
<input checked="" type="checkbox"/>	Report to State Inspector General or Attorney General
<input type="checkbox"/>	Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse
<input checked="" type="checkbox"/>	<b>Other-Describe:</b> Individuals can contact Development through the Business Response Line and contact form that is located on our website.

**b. Identify strategies that will be used for advertising the above-referenced resources. Select all that apply:**

<input type="checkbox"/>	Printed outreach materials
<input type="checkbox"/>	Addressed on LIHWAP Application
<input checked="" type="checkbox"/>	Website
<input checked="" type="checkbox"/>	<b>Other-Describe:</b> LIHWAP guidelines

**12.2. Identification Documentation Requirements**

a. Indicate which of the following forms of identification will be required or requested to be collected from LIHWAP applicants or their household members. Note: The types of documentation required is left to the discretion of the grantee. The types of documentation included in the list below are examples of documentation required by LIHEAP grantees for some or all household members based on policies within the State, Territory or Tribe. Comparable documentation and procedures may be instituted for LIHWAP households or may be modified or simplified for households that are categorically eligible based on enrollment in programs identified in question 1.5.

Type of Identification Collected	Collected from Whom?					
	Applicant Only		All Adults in Household		All Household Members	
Social Security Card is photocopied and retained	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested
Social Security Number (without actual card)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
Government- issued identification card (i.e. driver's license, state ID, tribal ID, passport, etc.)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input checked="" type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
Other (Describe Below)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested

b. Describe any exceptions to the above policies.

### 12.3 Identification Verification

Identify what methods will be used to verify the authenticity of identification documents provided by clients or household members. Select all that apply

<input type="checkbox"/>	Verify SSNs with Social Security Administration
<input checked="" type="checkbox"/>	Match SSNs with death records from Social Security Administration or State agency
<input checked="" type="checkbox"/>	Match SSNs with State eligibility/case management system (e.g., SNAP, TANF)
<input type="checkbox"/>	Match with State Department of Labor system
<input checked="" type="checkbox"/>	Match with State and/or federal corrections system
<input type="checkbox"/>	Match with State child support system
<input type="checkbox"/>	Verification using private software (e.g., The Work Number)
<input type="checkbox"/>	In-person certification by staff (for Tribal grantees only)

<input type="checkbox"/>	<b>Match SSN/Tribal ID number with Tribal database or enrollment records (for Tribal grantees only)</b>
<input checked="" type="checkbox"/>	<b>Other - Describe:</b> System has reports that shows duplication of SSN, address, account numbers, and requires staff to review the application through case review.

**12.4. Citizenship/Legal Residency Verification**

What are your procedures for ensuring that household members are U.S. citizens or permanent residents who are qualified to receive LIHWAP benefits? Select all that apply.

<input type="checkbox"/>	<b>Clients sign an attestation of citizenship or legal residency</b>
<input checked="" type="checkbox"/>	<b>Client's submission of Social Security cards is accepted as proof of legal residency</b>
<input checked="" type="checkbox"/>	<b>Noncitizens must provide documentation of immigration status</b>
<input checked="" type="checkbox"/>	<b>Citizens must provide a copy of their birth certificate, naturalization papers, or passport</b>
<input type="checkbox"/>	<b>Noncitizens are verified through the SAVE system</b>
<input type="checkbox"/>	<b>Tribal members are verified through Tribal enrollment records/Tribal ID card</b>
<input type="checkbox"/>	<b>Other - Describe:</b>

**12.5. Income Verification Note:** Income verification applies only to households that have not been determined to be categorically eligible based on enrollment in other programs identified in question 1.5 above. Methods of income verification are left to the discretion of grantees and should be consistent with any sources of countable income identified in question 1.7 above.

What methods will your agency utilize to verify household income? Select all that apply.

<input checked="" type="checkbox"/>	<b>Require documentation of income for all adult household members</b>
<input checked="" type="checkbox"/>	<b>Pay stubs</b>
<input checked="" type="checkbox"/>	<b>Social Security award letters</b>
<input checked="" type="checkbox"/>	<b>Bank Statements</b>
<input checked="" type="checkbox"/>	<b>Tax Statements</b>
<input checked="" type="checkbox"/>	<b>Zero-income Statements</b>
<input checked="" type="checkbox"/>	<b>Unemployment insurance letters</b>
<input type="checkbox"/>	<b>Other-Describe:</b>
<input checked="" type="checkbox"/>	<b>Computer data matches:</b>
<input checked="" type="checkbox"/>	<b>Income information matched against State Computer system (e.g., SNAP, TANF)</b>
<input type="checkbox"/>	<b>Proof of unemployment benefits verified with State Department of Labor</b>
<input type="checkbox"/>	<b>Social Security income verified with SSA</b>
<input type="checkbox"/>	<b>Utilize State director of new hires</b>
<input checked="" type="checkbox"/>	<b>Other- Describe:</b> Development has limited access to Ohio Department of Job and Family Services' Ohio Business Intelligence Portal.

**12.6. Protection of Privacy and Confidentiality**

Identify the financial and operating controls that will be in place to protect client

information against improper use or disclosure. Select all that apply.

<input checked="" type="checkbox"/>	Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/>	Grantee LIHWAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/>	Employee training on confidentiality for:
<input checked="" type="checkbox"/>	Grantee employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Employees must sign confidentiality agreement
<input checked="" type="checkbox"/>	Grantee employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Physical files are stored in a secure location
<input checked="" type="checkbox"/>	<b>Other - Describe:</b> Development requires all agencies to sign a Data Confidentiality Agreement. Files, hard copy and digital, are kept according to the record retention policy.

### 12.7. Verifying the Authenticity

What policies will be in place for verifying vendor authenticity? Select all that apply.

<input type="checkbox"/>	All vendors must register with the State/Tribe.
<input type="checkbox"/>	All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/>	Vendors are verified through water bills provided by the household
<input type="checkbox"/>	Grantee and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/>	Other - Describe and note any exceptions to policies above:

### 12.8. Benefits Policy - Water and Wastewater Utilities

What policies will be in place to protect against fraud when making benefit payments to water utilities on behalf of clients? Select all that apply.

<input checked="" type="checkbox"/>	Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/>	Applicants must submit current water or wastewater bill
<input type="checkbox"/>	Data exchange with utilities that verifies:
<input type="checkbox"/>	Account ownership
<input type="checkbox"/>	Consumption
<input type="checkbox"/>	Balances
<input type="checkbox"/>	Payment history
<input type="checkbox"/>	Account is properly credited with benefit
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Centralized computer system/database tracks payments to all water suppliers
<input type="checkbox"/>	Centralized computer system automatically generates benefit level
<input type="checkbox"/>	Separation of duties between intake and payment approval
<input checked="" type="checkbox"/>	Payments coordinated among other water and wastewater assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/>	Payments to water suppliers and invoices from water suppliers are reviewed for accuracy
<input checked="" type="checkbox"/>	Computer databases are periodically reviewed to verify accuracy and timeliness



	<b>of payments made to water suppliers</b>
<input type="checkbox"/>	<b>Procedures are in place to require prompt refunds from utilities in cases of account closure</b>
<input checked="" type="checkbox"/>	<b>Vendor agreements specify requirements selected above, and provide enforcement mechanism</b>
<input type="checkbox"/>	<b>Other - Describe:</b>

**12.9. Investigations and Prosecutions**

Identify the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.

<input type="checkbox"/>	<b>Refer to State Inspector General</b>
<input type="checkbox"/>	<b>Refer to local prosecutor or State Attorney General</b>
<input type="checkbox"/>	<b>Refer to US DHHS Inspector General (including referral to OIG hotline)</b>
<input checked="" type="checkbox"/>	<b>Local agencies/district offices or Grantee conduct investigation of fraud complaints from public</b>
<input checked="" type="checkbox"/>	<b>Grantee attempts collection of improper payments. If so, describe the recoupment process.</b> The subgrantee will be responsible for recovering funds in all cases of duplicate payments. The subgrantee must contact the customer and explain the reason for recapturing payments.
<input type="checkbox"/>	<b>Clients found to have committed fraud are banned from LIHWAP assistance. For how long is a household banned?</b>
<input checked="" type="checkbox"/>	<b>Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated</b>
<input checked="" type="checkbox"/>	<b>Vendors found to have committed fraud may no longer participate in LIHWAP</b>
<input type="checkbox"/>	<b>Other - Describe</b>