

Rule Summary and Fiscal Analysis (Part A)**Department of Job and Family Services**

Agency Name

Division of Social Services

Division

Michael Lynch

Contact

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5101:2-38-02

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

Protective supervision by PCSAs.**RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **Yes**

2. Are you proposing this rule as a result of recent legislation? **No**

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**

4. Statute(s) authorizing agency to adopt the rule: **2151.412, 2151.421, 5103.03**

5. Statute(s) the rule, as filed, amplifies or implements: **2151.412, 2151.421, 5103.03**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

This rule is being proposed for amendment to update and clarify policy relating to the administration of the Bureau of Protection Services Child/Adult Program. The rule changes are a result of the Partners for Ohio's Families (PFOF) Rule Review Initiative. This also is part of the five-year review.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

The rule contains the requirements that apply to public children services agencies' protective supervision cases. Minor changes provide consistency and clarity in language, correct paragraph references, and correct revision date of form JFS 01413 Comprehensive Assessment Planning Model - I. S. Case Review.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with ORC 121.71 to 121.74 pursuant to ORC 121.76(A)(3).

This rule incorporates one or more dated references to an ODJFS form or forms. Each cited ODJFS form is dated and is generally available to persons affected by this rule via the #Info Center#link on the ODJFS web site (<http://jfs.ohio.gov/>) in accordance with RC 121.75(E).

This rule incorporated reference to ODJFS form JFS 01412 (rev. 1/2014) semiannual administrative review (SAR). This form has been electronically downloaded as an attachment.

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

Not Applicable.

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

Not Applicable.

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so. If applicable, indicate each specific paragraph of the rule that has been modified:

Not Applicable.

12. 119.032 Rule Review Date: **3/12/2014**

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

FISCAL ANALYSIS

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

\$0.00

No impact on current budget.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

Not applicable.

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

No new costs.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**

S.B. 2 (129th General Assembly) Questions

18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? **No**

19. Specific to this rule, answer the following:

A.) Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? **No**

B.) Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? **No**

C.) Does this rule require specific expenditures or the report of information as a condition of compliance? **No**

Ohio Department of Job and Family Services
COMPREHENSIVE ASSESSMENT PLANNING MODEL - I.S.
SEMIANNUAL ADMINISTRATIVE REVIEW (SAR)

Section 1: Identifying Information

Case Name	Agency Case Number	Last SAR Date	Today's Review Date
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A SAR shall be conducted every six months based upon whichever of the following activities occurs first:

- Original Court Complaint Date _____
- Date of Placement _____
- Date of Court Ordered Legal Status _____
- Date of Agency Worker Signature on Case Plan (JFS 01410) _____ (for No Court Orders ONLY)

Names of children in family: list children from oldest to youngest.

Child's Name	Child's Permanency Goal	Agency Legal Status Code	Date of Most Recent Placement	Check if Child is Protected under ICWA	Tribal Affiliation (if applicable)	Type of Placement
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		

Permanency Goals

Maintain in own home; prevent removal
 Return the child(ren) to parent/guardian/custodian (Reunification)
 Place the child(ren) in a planned, permanent living arrangement, excluding adoption (PPLA)

Independent Living
 Adoption

Type of Placement Codes

Own Home	OH	Independent Living	IL	Certified Group Home	GH
Certified/Approved Relative	CAR	Adoptive Placement	AH	Absent Without Leave	AWOL
Certified/Approved Non-relative		Licensed Medical/Educational Facility	MEF	Licensed Maternity Home	MH
Certified Foster Home	FH	Certified Emergency Shelter Care Facility	ESC	Detention Facility	DET
		Certified Children's Residential Center	CRC		

Agency Legal Status Codes

Temporary Custody	TC	Court Ordered Protective Supervision	PSUP	Permanent Surrender	PS
Permanent Custody	PC	Agreement for Temporary Custody	ATC	Other (specify):	
No Custody	NC	Planned Permanent Living Arrangement	PPLA		

Section 2: Case Progress Review

A. Services Review

Attach Section 3A of the Case Review completed for this review and the previous Three Month Review to the SAR before continuing.

- Section 3A of the Case Review is attached and has been reviewed.

B. Safety and Appropriateness of Current Placement

Describe how each child's current placement, whether in own home or out-of-home placement (including relative placement, regardless of custody status), provides for the child's specific safety needs and is appropriately meeting the child's basic and special needs.

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Review of the out-of-state placement indicates that an annual visit was conducted by the agency:

- N/A YES Date of visit: _____ NO

Section 3: Placement Moves/Legal Status Changes

A. Placement Moves

_____ Number of placement moves during review period (agency custody)

CHILD'S NAME	FROM	TO	DATE

_____ Number of placement moves during review period (non-agency custody)

CHILD'S NAME	FROM	TO	DATE

B. Legal Status Changes

_____ Number of legal status changes during review period

CHILD'S NAME	FROM	TO	DATE

Section 4: Permanency Goal Status

A. Describe the agency's recommendation regarding the child's custody arrangement for the next six months.

Description:

B. Describe the agency's ongoing efforts to identify an appropriate relative or kin placement for children placed in substitute care.

Description:

C. Indicate the estimated date each child may be returned home, protective supervision may be terminated, permanent placement may be made, or case may be closed. If an amendment to the current permanency goal is needed, indicate the recommended permanency goal and the estimated date by which this goal should be achieved. Any permanency goal change requires an amendment to the case plan.

Child's Name	Does the child's current permanency goal need to be modified?	If No, what is the estimated date to achieve the permanency goal?	If Yes, what will be the recommended permanency goal?	What is the estimated date for the amended permanency goal to be achieved?
	<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			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Will the case plan be amended as a result of this review?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 5: Case Review Update

A. The Case Review has been completed. The case progress is summarized below.

Summary:

B. Need for Substitute Care, Protective Supervision or In-Home Supportive Services

The out-of-home placement, protective supervision and/or in-home supportive services must continue or be terminated due to the following reasons:

C. Provide any additional comments or recommendations not covered in the above information.

Section 6: Child Well-Being Assessment

A. Education and Physical Health Issues

- The JFS 01443, Child's Education and Health Information Form, was updated, reviewed and discussed for each child on this form.
- A copy of the JFS 01443 was provided to the parent(s) and substitute caregiver.
- N/A – Child in In-Home Supportive Services or Protective Supervision.

B. Independent Living Services

For children 16 years of age or older Independent Living Service provisions are required to be a part of the case plan (PL 96-272).

Child's Name	Date(s) Life Skills Assessment was Completed	Discuss Independent Living Readiness Status

A review of the credit report for children in care age 16 years or older is required annually as part of the case review process (PL 112-34).

Child's Name	Credit Report Agency	Date Credit Report Requested	Date Credit Report Provided to the Child	Date Inconsistencies reported to OAG or N/A for no inconsistencies

Section 7: Permanency Planning

A. Explain the agency's recommendation regarding the termination of parental rights for any child who has been in the temporary custody of an agency for twelve (12) or more of the past twenty-two (22) consecutive months. If the agency is not recommending termination of parental rights, state the compelling reasons and what the permanency plan will be for the child(ren).

- N/A – Child(ren) has not been in temporary custody for twelve (12) or more of the past twenty-two (22) consecutive months or is in In-Home Supportive Services or Protective Supervision.

Explanation:

B. Is a supplemental plan for the family needed at this time?

- YES
- NO

Description:

C. Describe the agency's progress toward implementing an existing supplemental plan, including whether any amendments are needed.

- N/A – A supplemental plan has not been developed.

Description:

D. Explain the agency's progress in meeting the needs of the child who is in a planned permanent living arrangement. Include a description of the child's relationship with his or her family, if any, and any visitation this child may be having with his or her family, extended family, kin and/or friends.

- N/A – Child(ren) is not in a planned permanent living arrangement.

Explanation:

E. Describe the agency's recommendation regarding: (1) maintaining the child in a planned permanent living arrangement; or (2) proceeding to file a motion with the court to terminate parental rights. If the decision is for the child to remain in a planned permanent living arrangement, document the reason for not reunifying with family or proceeding with the termination of parental rights.

- N/A – Child(ren) is not in a planned permanent living arrangement.

Description:

F. Describe the agency's efforts to locate an adoptive placement for a child who is in the permanent custody of the agency. Include information on child-specific recruitment activities and the results of those activities.

- Child Study Inventory has been reviewed and updated. Date of update: _____

- N/A – Child(ren) not in Permanent Custody

Description:

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Section 8: Participant Notification

SAR Participant Name	Relationship to Child(ren)	Date Notified by US Mail

Section 9: Participant Signatures

Identify all participants in this Semiannual Administrative Review:

Signatures of SAR Participants	Relationship to Child(ren)
	Parent
	Parent
	Caseworker
	Person not responsible for Case Management or Service Delivery
	Other Panel Member