

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5101:2-44-06
Rule Type: Amendment
Rule Title/Tagline: Eligibility for the state adoption maintenance subsidy program.
Agency Name: Department of Job and Family Services
Division: Division of Social Services
Address: OFC- 4200 E. 5th Ave., 2nd fl. L2-01 P.O. Box 183204 Columbus OH 43218-3204
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I. Rule Summary

1. **Is this a five year rule review?** Yes
 - A. **What is the rule's five year review date?** 4/10/2019
2. **Is this rule the result of recent legislation?** No
3. **What statute is this rule being promulgated under?** 119.03
4. **What statute(s) grant rule writing authority?** 5153.163
5. **What statute(s) does the rule implement or amplify?** 5153.16, 5153.163
6. **What are the reasons for proposing the rule?**

Five - year review.
7. **Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

This rule outlines the eligibility requirement for the state adoption maintenance subsidy program, The revision dates were updated and the word "maintenance" was added where necessary.
8. **Does the rule incorporate material by reference?** Yes

9. **If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.71 to 121.76, please explain the basis for the exemption and how an individual can find the referenced material.**

This rule incorporates one or more references to the Ohio Revised Code. This question is not applicable to any incorporation by reference to the Ohio Revised Code because such reference is exempt from compliance with RC121.7 to 121.74 pursuant to RC 121.76(A)(1).

This rule incorporates one or more dated references to and 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 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 RC 121.71 to 121.74 pursuant to RC 121.76(A)(3).

10. **If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

11. **As a result of this proposed rule, please estimate the increase / decrease in revenues or expenditures affecting this agency, or the state generally, in the current biennium or future years. If the proposed rule is likely to have a different fiscal effect in future years, please describe the expected difference and operation.**

This will have no impact on revenues or expenditures.

\$0

No fiscal effect expected on current or future budgets.

12. **What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

No cost of compliance.

- 13. **Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**
- 14. **Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**

III. Common Sense Initiative (CSI) Questions

- 15. **Was this rule filed with the Common Sense Initiative Office? Yes**
- 16. **Does this rule have an adverse impact on business? Yes**

- A. **Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? Yes**

Certification by ODJFS of all private child placing agencies requires compliance with this rule.

- 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? Yes**

Non-compliance may result in revocation or loss of certification.

- C. **Does this rule require specific expenditures or the report of information as a condition of compliance? Yes**

The Private Child Placing Agencies (PCPAs) are required to complete JFS 01673, JFS 01692, JFS 01654, and JFS 01616 forms and send them to the Public Children Services Agencies (PCSAs).

(This form is used to establish an initial state adoption maintenance subsidy)

SECTION I: STATE ADOPTION MAINTENANCE SUBSIDY AGREEMENT

The following state adoption maintenance subsidy (SAMS) agreement has been entered into by and between the PCSA listed below, hereinafter called "agency," and the adoptive parent(s) listed below, hereinafter called the "adoptive parent(s)."

Public Children Services Agency (PCSA)

Name of Adoptive Parent

Name of Adoptive Parent

Child's Name

Date of Birth

Address

SECTION II: DETERMINATION OF SPECIAL NEEDS

The Agency has determined that the special needs of the adoptive child, identified or anticipated, are as follows:

SECTION III: AMOUNT AND DURATION OF STATE ADOPTION MAINTENANCE SUBSIDY AGREEMENT

A monthly cash payment will be paid to you in the amount of \$ _____ per month for the period beginning _____ and ending _____. This monthly cash payment will be made on behalf of your adoptive child to help meet the costs of food, shelter, clothing and routine medical and dental care.

As outlined in rule 5101:2-44-06 of the Administrative Code, the SAMS payment amount shall be agreed upon between the public children services agency (PCSA) and the adoptive parent(s) and shall be based upon the needs of the adoptive child and in accordance with the PCSA's adoption policy.

This is an initial subsidy agreement effective for one year from the date of the first payment. The agency shall complete a JFS 01614 "Redetermination or Amendment of a State Adoption Maintenance Subsidy" annually, beginning one year from the initial effective date of the agreement. Annual SAMS agreements will be entered into by and between the agency and adoptive parent(s) as outlined in 5101:2-44-08 of the Administrative Code.

The subsidy may be reduced, suspended or terminated in the event of judicial, executive or legislative action reducing the appropriation, or suspending or terminating the authority of the agency to continue the SAMS.

SECTION IV: RESPONSIBILITIES OF ADOPTIVE PARENT(S)

1. Cooperate with the agency in fulfillment of all requirements of the SAMS program, including, but not limited to, redeterminations annually or more often if necessary.
2. Responsibly administer SAMS funds received on behalf of your child.
3. Immediately notify the agency, in writing, when any of the following apply:
 - You are no longer responsible for the support of your child or are no longer supporting your child
 - There is a substantial change in your financial situation
 - There is a substantial change in your child's special needs
 - There is a change of address for the adoptive family
3. You may provide a written request at any time to modify, suspend or terminate the subsidy payment.
4. If the adoption has not yet finalized, the adoptive parents will work diligently to finalize the adoption and not cause any undue delay.

SECTION V: GENERAL PROVISIONS OF STATE ADOPTION MAINTENANCE SUBSIDY PROGRAM

1. The adoptive child must be in the custody of a PCSA or private child placing agency (PCPA).
2. The adoptive child must be identified as a child with special needs if approved for SAMS.
3. The initial SAMS approval must be issued prior to the final decree of adoption.
4. The approval and continuation of SAMS is contingent upon the availability of funds.
5. SAMS continues if the adoptive parent(s) and adoptive child move to another county, state or country provided all eligibility requirements are still met.
6. SAMS payments cannot be made for a period of more than twelve (12) months prior to the issuance of a final decree, unless the final adoption decree is delayed by proceedings or action under the jurisdiction of the court. SAMS payments extended due to a delay by an action of the court are limited to the initially agreed upon amount.
7. A redetermination JFS 01614 of the SAMS will be completed one year from the initial effective date of the JFS 01615 and annually thereafter. Failure of the agency to initiate the redetermination will not cause a lapse in the SAMS.
8. The agency can redetermine SAMS more often than annually if the agency is aware of substantial changes in the adoptive parent(s) financial situation or the adoptive child's special needs.
9. The subsidy will also be redetermined prior to any substantial amendment of the terms and conditions of this approval.
10. At any time, the adoptive parent(s) may request, in writing, a redetermination of SAMS. No oral modifications shall have effect.
11. The agency shall respond to any written request for redetermination of SAMS within thirty days of the request.
12. The agency shall provide the adoptive parent with information concerning their right to a state hearing when the adoptive parent does not agree with the action the agency has taken regarding the SAMS.

SECTION VI: SUSPENSION OF STATE ADOPTION MAINTENANCE SUBSIDY

The SAMS subsidy payment shall be suspended if any of the following circumstances occur:

1. Twelve months have elapsed from the initial issuance of the SAMS payments and no adoption finalization has occurred, unless the final adoption decree is delayed by proceedings or action under the jurisdiction of the court.
2. The adoptive parent's annual gross income exceeds one hundred and twenty per cent of the median income of a family of the same size. Included in the family size count is the adoptive child, pursuant to rule 5101:2-44-06 of the Administrative Code.
3. The adoptive child enters military service.
4. The adoptive parent(s) fails to comply with a redetermination of eligibility pursuant to rule 5101:2-44-08 of the Administrative Code.
5. The adoptive parent(s) requests suspension.

SECTION VII: TERMINATION OF STATE ADOPTION MAINTENANCE SUBSIDY

The SAMS subsidy shall be terminated if any of the following circumstances occur:

1. The adoptive child's death.
2. The adoptive parent is no longer financially supporting the child. Financially supporting means providing the child with shelter, food, clothing or child support.
3. The adoptive child reaches the age of eighteen or reaches the age of twenty-one and has been eligible because the child is mentally or physically disabled.
4. Six months have elapsed from the redetermination date and the adoptive parent fails to comply with a redetermination of eligibility pursuant to rule 5101:2-44-08 of the Administrative Code.
5. The terms of the SAMS have been fulfilled.
6. The adoptive parent(s) requests termination.

SECTION VIII: RIGHT TO A STATE HEARING

You have a right to a state hearing before the Ohio Department of Job and Family Services if your application is denied or if you disagree with any other actions taken on your application. For a complete explanation of your hearing rights and the hearing process, please read the JFS 04059 "Explanation of State Hearing Procedures." A copy of the JFS 04059 should be given to you along with this application form.

SECTION IX: SIGNATURES

Adoptive Parent Signature	Date
Adoptive Parent Signature	Date
Approved By (<i>Authorized Agency Representative</i>)	Date

(Completion of this form is required for the agency to proceed with a state adoption maintenance subsidy and a recommendation for medical coverage)

PURPOSE

The purpose of the Application for State Adoption Maintenance Subsidy (JFS 01613) is to allow adoptive families who have an adoptive child with special needs to apply for financial assistance. This form also allows adoptive families to present information/verification of their child's special needs for medical, mental health or rehabilitative care in an effort to obtain a recommendation for Title XIX medical assistance.

The following information is needed from you before a determination can be made regarding your application for a state adoption maintenance subsidy: The JFS 01613 "Application for State Adoption Maintenance Subsidy;" JFS 01654 "Adoptive Placement Agreement," if applicable, child study inventory, financial verification, and any other information that may help in determining your financial needs and the special needs of your child (i.e., financial statements, medical statements, case history information, or other pertinent analysis by a licensed professional such as a physician, psychologist, psychiatrist, social worker, counselor, or nurse).

SECTION I: AGENCY INFORMATION

Name of Public Children Services Agency	Date of Application
Agency Street Address, City, State and Zip Code	Telephone Number

Name of Custodial Agency <i>(If different than above)</i>	Contact Person
Agency Street Address, City, State and Zip Code	Telephone Number

SECTION II: ADOPTIVE PARENT(S)

Name of Adoptive Parent: <i>(first and last)</i>	Name of Adoptive Parent: <i>(first and last)</i>
Adoptive Family Street Address, City, State and Zip Code	Telephone Number
I/We are interested in: <i>(Check all that apply)</i> <input type="checkbox"/> <i>State Adoption Maintenance Subsidy</i> - (subsidy payments to assist adoptive parents) <input type="checkbox"/> <i>Medicaid Eligibility for Children with Special Needs</i> - (medical coverage for adoptive child with special needs for medical, mental health, or rehabilitative care)	

SECTION III: ADOPTIVE CHILD

Child's Adoptive Name: <i>(first and last)</i>	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Race of Adoptive Child <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Bi-racial <input type="checkbox"/> White		
Ethnicity of Adoptive Child <input type="checkbox"/> Hispanic/Latino		
Date of Actual or Anticipated Adoptive Placement		
Description of Adoptive Child's Special Need(s) for Purposes of State Adoption Maintenance Subsidy		

SECTION IV: SUBSIDY REQUEST

What kind of financial assistance are you requesting?

What kind of medical assistance are you requesting?

SECTION V: YOUR RIGHT TO A STATE HEARING

Upon receipt of your state adoption application packet, the agency will make a determination for a state adoption maintenance subsidy and a determination of your child's special needs for medical, mental health, or rehabilitative care.

If, after the agency's determination, you do not agree with the action, you have a right to a state hearing, form JFS 04059. For a complete explanation of your hearing rights and the hearing process, please read "Explanation of State Hearing Procedures, A copy of the JFS 04059 should be given to you along with this application form.

SECTION VI: ADOPTIVE PARENT(S) SIGNATURE

I affirm that the information given in this application is accurate. I understand that verification of my financial situation will be required. I affirm that the financial documentation provided is true and accurate. I acknowledge that approval is contingent upon the availability of funds.

In accordance with section 2921.13 of the Ohio Revised Code, it is a misdemeanor of the first degree to knowingly falsify statements when the statement is made to secure benefits administered by a governmental agency or paid out of a public treasury.

Signature of Adoptive Parent	Date
Signature of Adoptive Parent	Date

Instructions for Completing the JFS 01613 "Application for State Adoption Maintenance Subsidy"

SECTION I: Agency Information

Name of Public Children Services Agency (PCSA), Address, and Telephone Number: Enter the agency name, address, telephone number, and agency contact person.

Name of Custodial Agency (If different than above): Enter the name of the agency which has permanent custody of the child.

Address, Contact Person, and Telephone Number: Enter the custodial agency's address, contact person, and telephone number.

SECTION II: Adoptive Parent(s)

Name of Adoptive Parent: Enter the first and last name of the adoptive parent.

Name of Adoptive Parent: Enter the first and last name of the adoptive parent.

Adoptive Family Address and Telephone Number Enter the adoptive family's address and telephone number.

State Adoption Maintenance Subsidy/Covered Families and Children Medicaid: Identify the service(s) for which you are applying.

SECTION III: Adoptive Child

Child's Adoptive Name: Enter the first and last adoptive name of the adoptive child.

Date of Birth: Enter the adoptive child's date of birth.

Sex: Enter the adoptive child's gender.

Race of Adoptive Child: Check the applicable box.

Ethnicity of Adoptive Child: Check this box if the adoptive child is of Hispanic/Latino descent

Date of Actual or Anticipated Adoptive Placement: List the date the adoptive child has been/will be placed in your home for adoptive placement.

Description of the Adoptive Child's Special Need(s) for Purposes of State Adoption Maintenance Subsidy: As outlined in rule 5101:2-44-06 of the Administrative Code, list any special needs the adoptive child has which may include but is not limited to the following: the child is in a sibling group which should be placed together; is a member of a minority or ethnic group; is six years of age or older, has remained in the permanent custody of a public children services agency (PCSA) or private child placing agency (PCPA) for more than one year; has a medical condition, physical impairment, or developmental disability; has an emotional disturbance or behavioral problem; has a social or medical history or the background of the child's biological family has a social or medical history which may place the child at risk of acquiring a medical condition, a physical, mental or developmental disability or an emotional disorder; has been in the home of his/her prospective adoptive parents as a foster child for at least six months and would experience severe separation and loss if placed in another setting due to his/her significant emotional ties with these foster parents as determined and documented by a qualified mental health professional; or, has experienced previous adoption disruption or multiple placements.

SECTION IV: Subsidy Request

What kind of financial assistance are you requesting? How will the financial assistance help you? What is the amount per month of financial assistance you are requesting?

What kind of medical assistance are you requesting? What are the medical needs of your child?

SECTION V: Your Right to a State Hearing

This section informs the you of your right to request a state hearing if you do not agree with the decision made by the agency.

SECTION VI: Adoptive Parent(s) Signature

This is a written statement which confirms the information given in this application is accurate and acknowledges you are aware that you will be required to provide verification of your financial situation.

In accordance with section 2921.13 of the Ohio Revised Code, it is a misdemeanor of the first degree to knowingly falsify statements when the statement is made to secure benefits administered by a governmental agency or paid out of a public treasury.