

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

Agency Name

**Division of Social Services**

Division

**Michael Lynch**

Contact

**OFC- 4200 E. 5th Ave., 2nd fl. J6-02 P.O. Box  
183204 Columbus OH 43218-3204**

Agency Mailing Address (Plus Zip)

**614-466-4605**

Phone

**614-752-8298**

Fax

**Michael.Lynch@jfs.ohio.gov**

Email

**5101:2-44-13.1**

Rule Number

**AMENDMENT**

TYPE of rule filing

Rule Title/Tag Line

**Eligibility and application process for the post adoption special services subsidy (PASSS) program.****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: **5153.166**

5. Statute(s) the rule, as filed, amplifies or implements: **5153.163**

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

This policy is being revised to comply with the five year rule process pursuant to R.C.119.032 and to update the policy to align with new automative and administrative functions of the PASSS program.

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:

This rule outlines the eligibility and application process for the post adoption special services subsidy program.

Changes include clarity on the process of adoptive parent's co-pay in regards to the poverty guideline. The adoptive parents who receive PASSS are required to pay five per cent of the total cost of approved services (co-pay), unless their gross income is less than two hundred per cent of the federal poverty guideline. The adoptive parents whose gross income is over the two hundred per cent of the federal poverty guideline, may pay more than five per cent.

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 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 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).

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 inner-web at <http://innerapp.odjfs.state.oh.us/forms/inner.asp> or on the inter-net at <http://www.odjfs.state.oh.us/forms/inter.asp> in accordance with RC 121.75(E).

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:

The word physician assistant was added to paragraph (D)(1) of this rule.

12. 119.032 Rule Review Date: **1/23/2014**

(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  
**INSTRUCTIONS FOR COMPLETING THE JFS 01052  
CREDENTIALS FOR PROVIDERS OF PASSS FUNDED THERAPEUTIC SERVICES  
AND MEMORANDUM OF UNDERSTANDING**

**Child's names:** Enter the first and last name of the child.

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

**Specify the therapy service:** Provide a clear written statement of the type of therapeutic service that will be provided to the child. Per Ohio Administrative (OAC) 5101:2-44-13.1 (D)(1)

**Professional Experience:** describe the professional experience with the therapy provided to the child **(Include whether the professional will directly provide or supervise requested service).**

**Education and Training:** list the education and training of the professional relative to the therapy being provided to the child.

**Professional Credentials:** Example PhD, LPC LSW, or LISW

**Name of Provider:** Enter the first and last name of the provider who will directly provide the therapeutic service.

**Name of Practice:** Enter the name of the practice.

**Street Address of Practice:** Enter the location of the practice.

**City, State and Zip Code:** Enter the city, state and zip code where the practice is located.

**Telephone Number:** Enter the area code and telephone number of the practice.

**Ohio License #:** Enter the license number of the profession

**Licensing Board:** Enter the name of the Licensing Board in which the provider is authorized to practice.

Ohio Department of Job and Family Services  
**INSTRUCTIONS FOR COMPLETING THE JFS 01052  
CREDENTIALS FOR PROVIDERS OF PASSS FUNDED THERAPEUTIC SERVICES  
AND MEMORANDUM OF UNDERSTANDING**

**Child's names:** Enter the first and last name of the child.

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

**Specify the therapy service:** Provide a clear written statement of the type of therapeutic service that will be provided to the child. Per Ohio Administrative (OAC) 5101:2-44-13.1 (D)(1)

**Professional Experience:** describe the professional experience with the therapy provided to the child **(Include whether the professional will directly provide or supervise requested service).**

**Education and Training:** list the education and training of the professional relative to the therapy being provided to the child.

**Professional Credentials:** Example PhD, LPC LSW, or LISW

**Name of Provider:** Enter the first and last name of the provider who will directly provide the therapeutic service.

**Name of Practice:** Enter the name of the practice.

**Street Address of Practice:** Enter the location of the practice.

**City, State and Zip Code:** Enter the city, state and zip code where the practice is located.

**Telephone Number:** Enter the area code and telephone number of the practice.

**Ohio License #:** Enter the license number of the profession

**Licensing Board:** Enter the name of the Licensing Board in which the provider is authorized to practice.