

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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5101:2-44-13

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

**Public children services agency (PCSA) administration of 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 automotive 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 procedures the public children service agency (PCSA) must follow using post adoption special services subsidy.

Changes include reviewing and approving the JFS 01050 and JFS 01051 forms, as these forms will no longer be forwarded to ODJFS for approval. The changes also include updating form revision dates; adding JFS 01681 "Applicant Financial Statement", deleting JFS 02820 "Monthly Financial Statement Disbursement Children Services Funds", and deleting language requiring that certain forms be sent to ODJFS, and instead be retained by the Public Children Services Agency (PCSA).

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 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).

References can be found in paragraph (A)(1)(a-e) and (R) 5160-1-60 of the Administrative Code.

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: **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.

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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**

**CREDENTIALS OF PROFESSIONAL PROVIDERS OF PASSS FUNDED
THERAPEUTIC SERVICES AND MEMORANDUM OF UNDERSTANDING**

Child's Name (<i>first and last</i>)		Date of Birth
Specify the therapy being provided to the child		
Professional Experience (please describe your professional experience with the therapy you will provide to the child)		
Education and Training (please list all specific education and training relative to the therapy you will provide to the child)		
Professional Credentials		
Name of Provider (<i>first and last</i>)		
Name of Practice/Office		
Street Address of Practice/Office		
City, State and Zip Code		(Area Code) Telephone Number
Ohio License #	Licensing Board	
<p><i>My therapeutic interventions will comply with all treatment aspects contained in Ohio Administrative Code rules 5122-26-16 "Special treatment and safety measure," 5122-26-16.1 "Mechanical restraint and seclusion," 5122-26-16.2 "Physical restraint" and 5122-26-16.3 "Aversive behavioral interventions and plans." I proclaim competence to the therapeutic technique(s) specified and acknowledge that my practice is governed under laws and rules of the occupational regulatory board specified above.</i></p>		
Signature of Provider of Services(s)		Date

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.