

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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5101:2-49-10

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

**Determination of continuing eligibility requirements for
adoption assistance.****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: **5101.141**

5. Statute(s) the rule, as filed, amplifies or implements: **5101.11**

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

This rule is proposed for amendment as a result 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:

This rule sets forth the responsibilities of the public children services agency(PCSA) to request ongoing verification needed by the adoptive parent(s) for the adoption assistance program. The JFS 01451-B "Title IV-E adoption assistance annual assurance of legal responsibility, school attendance and eligibility for continued Medicaid coverage" has been updated, the timeframe has been increased from five to fifteen days for the adoptive parent(s) to notify the (PCSA)of any changes.

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 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:

Not Applicable.

12. 119.032 Rule Review Date: 3/14/2014

(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

This proposed rule will not impact the agency's projected budget during the current biennium.

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

TITLE IV-E ADOPTION ASSISTANCE ANNUAL ASSURANCE OF LEGAL RESPONSIBILITY, SCHOOL ATTENDANCE AND ELIGIBILITY FOR CONTINUED MEDICAID COVERAGE

SECTION I: CHILD INFORMATION		
Child's Name (First, Middle, Last)	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mother's Name	Father's Name	
Address		County
City, State, Zip		Phone Number
Are you still legally responsible for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain below.
Are you still supporting the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain below.
Does the child reside in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain below.
Is the child enlisted in the military services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain below.
Is the child married?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain below.
Is there need to amend agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain below.
Detail the explanation to answer given above, if applicable (Use back of form if necessary)		
SECTION II: HEALTH INSURANCE COVERAGE		
Policy Holder's Name	Policy Number	
Name of Insurance	Effective Date	
Benefits Paid to <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor <input type="checkbox"/> Person Insured		
Identify any limitations/riders affecting the coverage for the child		
SECTION III: SCHOOL ATTENDANCE REQUIREMENT		
Name of School your child is attending	Please provide documentation of school attendance. What form of documentation is attached?	
What grade is your child currently in?	Is your child a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain below.	
Detail the explanation to answer given above, if applicable (Use back of form if necessary)		
SECTION IV: PARENT(S) SIGNATURE		
Mother's Signature	Date	Father's Signature Date
SECTION V: FOR AGENCY COMPLETION		
Is the child under age 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the child over 18 but less than 21 years of age and does he/she have a mental or physical disability which is documented in accordance with rule 5101:2-49-04?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the parent(s) still legally and financially responsible for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the parent(s) still supporting the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child continues to be eligible for Title IV-E adoption assistance. (Explain below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide a detail explanation regarding any No responses to the above questions		
<input type="checkbox"/> The Adoption Agreement will continue without changes. <input type="checkbox"/> The Adoption Agreement will continue with changes as reflected on the amended agreement (attach copy). <input type="checkbox"/> The Adoption Agreement will not continue due to (attach written documentation of evidence to terminate if applicable)		
Signature of Eligibility Determiner		Date (mm/dd/yyyy)

