

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

Agency Name

Division of Social Services**Michael Lynch**

Division

Contact

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5101:2-50-03**NEW**

Rule Number

TYPE of rule filing

Rule Title/Tag Line

Bridges termination and reentry.**RULE SUMMARY**1. Is the rule being filed for five year review (FYR)? **No**2. Are you proposing this rule as a result of recent legislation? **Yes**Bill Number: **50**General Assembly: **131**Sponsor: **Rep. Dorothy
Pelanda**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: **5101.1414**5. Statute(s) the rule, as filed, amplifies
or implements: **5101.1411, 5101.1412,
5101.1413**

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

This rule is being filed to follow the legislative mandates in complying with House Bill
50, 131st General Assembly.

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 provides the reasons a Bridges participant will be terminated from Bridges.
This rule also contains the termination and reentry process for Bridges.

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 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).

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).

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:

This Rule is being revise filed in order to keep it moving along the same regulatory time frame as its other companion rules in this package. No changes are being made to the body of this rule.

12. Five Year Review (FYR) Date:

(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 increase expenditures.

\$ \$10,876,576

In the State's biennium budget for Fiscal Years 2018 and 2019, Bridges funding was allocated to implement the program.

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

line items: 600627; 600528; 600606; 600628; 600423; 600523.

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:

Substitute HB50, 131st G.A. authorized ODJFS to develop and implement an extended foster care program to provide housing and case management to young adults (18-21) who aged out of Ohio's foster care system. This program has been entitled, "Bridges." ODJFS will conduct a fiscal analysis and ensure funds are available to be compliant with the rule prior to implementation.

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
BRIDGES NOTICE OF INELIGIBILITY

Bridges Participant		Date of Birth
Date of Notice	Effective Date of Ineligibility	

It has been determined that you are not eligible for Bridges as of the date listed above. Please review this notice carefully as it outlines the reason(s) for this decision.

You have 60 days from the effective date of ineligibility to re-establish eligibility or you will be terminated from Bridges effective **<DATE OF TERMINATION>**.

Documentation must be submitted to the Bridges representative that verifies eligibility criteria has been re-established. **PLEASE WORK WITH YOUR BRIDGES REPRESENTATIVE ON RE-ESTABLISHING ELIGIBILITY SO THAT YOU MAY CONTINUE TO RECEIVE BENEFITS AND SERVICES FROM BRIDGES.**

REASONS FOR INELIGIBILITY

- ☐ You have not maintained participation in any of the following activities and therefore are no longer eligible for Bridges:
- Completing secondary education (high school) or a program leading to an equivalent credential.
 - Enrolled in an institution that provides post-secondary (college) or vocation education.
 - Participating in a program that is designed to promote, or remove barriers to, employment.
 - Employed at least 80 hours in a month.
 - Incapable of completing education or employment requirements due to a physical or mental health condition.
- ☐ You have not had face to face contact with the Bridges representative for more than 30 calendar days.
- ☐ You have been incarcerated for more than 30 calendar days.

This notice of ineligibility is issued pursuant to 5101:2-50-03 of the Ohio Administrative Code.

If you have questions regarding this decision, you may call:

Name of Bridges Representative	Date	Telephone Number
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Ohio Department of Job and Family Services
BRIDGES VOLUNTARY WITHDRAWAL REQUEST

Bridges Participant	Date of Birth
Date of Notice	Effective Date of Withdrawal from Bridges

Please state your reason(s) below for wanting to stop receiving Bridges benefits and services at this time:

REASON(S) FOR VOLUNTARY WITHDRAWAL FROM BRIDGES

With my signature, I affirm that I am voluntarily withdrawing from Bridges at this time. I understand that all benefits and services from Bridges will terminate effective on the date indicated above. I also understand that, if I so choose, I may re-apply for Bridges any time before I reach the age of 21, as long as I meet Bridges program eligibility criteria.

Signature of Bridges Participant	Date	Primary Contact
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I have received this notice:

Signature of Regional Bridges Representative	Date	Telephone Number
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Ohio Department of Job and Family Services
BRIDGES NOTICE OF DENIAL

Name of Applicant	Mailing Date
Street Address	City, State, and Zip Code

It has been determined that you are not eligible for Bridges based on the application submitted on **<Date Young Adult Submitted Bridges Application>**. Please review this notice as it outlines the reason(s) for this decision.

- ☐ Applicant was not in the custody of a PCSA in Ohio upon attaining the age of eighteen.
- ☐ Applicant is still in the custody of a PCSA.
- ☐ Applicant has not attained the age of eighteen, or has attained the age of twenty-one.
- ☐ Applicant does not meet at least one of the following program eligibility criteria:
- Completing secondary education (high school) or a program leading to an equivalent credential.
 - Enrolled in an institution that provides post-secondary (college) or vocation education.
 - Participating in a program that is designed to promote, or remove barriers to, employment.
 - Employed at least 80 hours in a month.
 - Incapable of completing education or employment requirements due to a physical or mental health condition.
- ☐ Applicant has not provided supporting documentation to verify program eligibility criteria was met.

This denial is issued pursuant to 5101:2-50-03 of the Ohio Administrative Code. You have the right to re-apply if or when you meet all of the eligibility requirements. You have until **<Date: 90 calendar days from Mailing Date>** to request a state hearing to appeal the decision if you disagree. **If you have questions regarding this decision, you may call:**

ODJFS Representative	Date	Telephone Number
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BRIDGES NOTICE OF TERMINATION

Bridges Participant	Date of Birth
Date of Notice	Effective Date of Termination

This is a notice of your termination from Bridges. Please review this notice carefully as it outlines the reason(s) for this decision. You have until **<Date: 90 calendar days from Termination Date>** to request a state hearing to appeal the decision if you disagree (except when terminated because you have attained the age of 21). If you submit a state hearing request by **<Date: 15 calendar days from Termination Date>**, then Bridges benefits shall continue until a state hearing decision is issued.

REASONS FOR TERMINATION

- ☐ You are now 21 years old and no longer meet the eligibility requirements for Bridges.
- ☐ You have not maintained participation in any of the following activities and therefore are no longer eligible for Bridges:
- Completing secondary education (high school) or a program leading to an equivalent credential.
 - Enrolled in an institution that provides post-secondary (college) or vocation education.
 - Participating in a program that is designed to promote, or remove barriers to, employment.
 - Employed at least 80 hours in a month.
 - Incapable of completing education or employment requirements due to a physical or mental health condition.
- ☐ You have not had face to face contact with the Bridges representative for more than 60 calendar days.
- ☐ You have been incarcerated for more than 60 calendar days.
- ☐ You have been terminated at the discretion of ODJFS administration due to the following behavior(s) or action(s) that limits your participation in Bridges.

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This notice of termination is issued pursuant to 5101:2-50-03 of the Ohio Administrative Code. You have the right to reapply if or when you meet all of the eligibility requirements.

If you have questions regarding this decision, you may call:

Name of Bridges Representative	Date	Telephone Number
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