

## Rule Summary and Fiscal Analysis

### Part A - General Questions

**Rule Number:** 5101:2-51-01

**Rule Type:** Amendment

**Rule Title/Tagline:** Administration of the adoption assistance connections (AAC) to age twenty-one.

**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

**Contact:** Michael Lynch **Phone:** 614-466-4605

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

#### I. Rule Summary

1. **Is this a five year rule review?** Yes
  - A. **What is the rule's five year review date?** 9/20/2022
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?** 5101.1414
5. **What statute(s) does the rule implement or amplify?** 5101.1411, 5101.1412, 5101.1413, 5101.1414
6. **Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires?** No
  - A. **If so, what is the citation to the federal law or rule?** Not Applicable
7. **What are the reasons for proposing the rule?**

Five year rule review.

- 8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

OAC 5101:2-51-01 Administration of Adoption Assistance Connections to Age Twenty-One (AAC) provides guidelines for the administration of the AAC program. Language was added or revised including title changes of JFS AAC forms, definition of adopted young adult, case record retention, agreement form, and minor grammatical changes.

- 9. Does the rule incorporate material by reference? Yes**
- 10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

This rule incorporates one or more references to a form or a digital application into which data is entered. This question is not applicable to any incorporation by reference to forms or digital data applications because such reference is exempt from compliance with RC 121.75 to 121.74 pursuant to RC 121.75(B)(4).

This rule incorporates one or more dated references to the Code of Federal Regulations (CFR). This question is not applicable to any dated incorporation by reference to the CFR because such reference is exempt from compliance with RC 121.71 to 121.74 in accordance with RC 121.75(A)(2)(d).

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 RC 121.71 to 121.74 pursuant to RC 121.75(A)(1)(a).

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 121.75(A)(1)(d).

- 11. 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**

- 12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

0

Not applicable.

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

Not applicable.

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

- 15. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**

- 16. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.**

Not applicable.

**III. Common Sense Initiative (CSI) Questions**

- 17. Was this rule filed with the Common Sense Initiative Office? No**

- 18. Does this rule have an adverse impact on business? No**

- A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No**

Not applicable.

- 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**

Not applicable.

- C. Does this rule require specific expenditures or the report of information as a condition of compliance? No**

Not applicable.

- D. **Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies?** No

Not applicable.

**IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).**

- 19. **Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? Yes**

- A. **How many new regulatory restrictions do you propose adding to this rule?** 0
- B. **How many existing regulatory restrictions do you propose removing from this rule?** 2

(A) For the purposes of this program, in accordance with section 5101.1414 of the Revised Code Ohio revised code, the Ohio department of job and family services (ODJFS) shall be responsible for the administration of the adoption assistance connections (AAC) to age twenty-one program

(K) In accordance with rule 5101:2-33-23 of the Administrative Code, the AAC case record shall be permanently maintained

- C. **If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.**
- D. **Please justify the adoption of the new regulatory restriction(s).**

Not Applicable

## ADOPTED YOUNG ADULT SEMI-ANNUAL ASSURANCE OF PARENTAL RESPONSIBILITY AND ELIGIBILITY FOR CONTINUED MEDICAID COVERAGE

Adopted Young Adult's Name ( <i>First, Middle, Last</i> )		Date of Birth ( <i>mm/dd/yyyy</i> )	<input type="checkbox"/> Male <input type="checkbox"/> Female
Adoptive Parent's Name		Adoptive Parent's Name	
Address		Email Address	
City, State, Zip		Phone Number	
Does your parent(s) still maintain parental responsibility for you? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, please explain below Do you reside in your parent's home? <input type="checkbox"/> Yes <input type="checkbox"/> No      If No, please explain below. Are you enlisted in the military services? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, please explain below. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, please explain below.			
Provide a detailed explanation regarding any responses to the above questions, if applicable.			
<b>Please attach documentation to support the answers above.</b>			
<b>SECTION II: PROGRAM REQUIREMENTS</b>			
Identify adoption assistance connections (AAC) requirements that you meet:			
<input type="checkbox"/> Completing secondary education or a program leading to an equivalent credential. <input type="checkbox"/> Enrolled in an institution that provides post-secondary or vocational education. <input type="checkbox"/> Participating in a program or activity designed to promote or remove barriers to employment. <input type="checkbox"/> Employed for at least eighty hours per month. <input type="checkbox"/> Incapable of doing any of the following activities described above due to a medical condition, which incapacity is supported by regularly updated information.			
<b>Please attach documentation to support the requirements marked above i.e., school or college enrollment letter, current class schedule, most recent <span style="color: red;">month of employment payment stubs</span>, letter from job training program verifying participation, written verification from a qualified professional verifying that the adopted young adult has a medical condition that prevents them from participating in the activities above. Your application will not be processed until all required documentation is submitted.</b>			
<b>SECTION III: ADOPTED YOUNG ADULT SIGNATURE</b>			
Adopted Young Adult Signature			Date
<b>SECTION IV: FOR AGENCY COMPLETION</b>			
Is the adopted young adult under age 21?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the adopted young adult meet one of the AAC requirements?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the adopted young adult provided documentation of parental responsibility?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the adopted young adult enlisted in the military services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the adopted young adult married?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide a detailed explanation regarding any responses to the above questions, if applicable.			
<input type="checkbox"/> The AAC Agreement will continue without changes. <input type="checkbox"/> The AAC Agreement will continue with changes as reflected on the amended agreement ( <i>attach copy</i> ). <input type="checkbox"/> The AAC Agreement will not continue <span style="color: red;">due to</span> ( <i>attach written documentation of evidence to terminate if applicable</i> ).			
Printed Name of Eligibility Determiner			
Signature of Eligibility Determiner			Date ( <i>mm/dd/yyyy</i> )

**ASSISTANCE AGREEMENT**

The following adoption assistance connections (AAC) to age twenty-one (AAC) agreement, hereinafter called "the agreement" has been entered into by and between the Ohio Department of Job and Family Services (ODJFS) hereinafter called "agency," and the adoptive parent(s) \_\_\_\_\_, residing at: \_\_\_\_\_

This is an:       Initial Agreement                       Amended Agreement Effective (MM/DD/YY) \_\_\_\_\_

**ARTICLE I: GENERAL PROVISIONS**

1. The adoptive parent(s) represents that he/she/they:
  - Have adopted a child that is now an adopted young adult.
  - Are maintaining parental responsibility for the adopted young adult.
  - Adopted young adult has attained the age of eighteen and meets one of the following requirements:
    - Is completing secondary education or a program leading to an equivalent credential.
    - Is enrolled in an institution that provides post-secondary or vocational education.
    - Is participating in a program or activity designed to promote or remove barriers to employment.
    - Is employed for at least eighty hours per month.
    - Is incapable of doing any of the following activities described above due to a medical condition, which incapacity is supported by regularly updated information.
2. The name of such adopted young adult is \_\_\_\_\_ (Adopted Young Adult Name)
3. Adoption assistance may begin no earlier than the month following the adopted young adult's eighteenth birthday. The agreement must be signed by the adoptive parent(s) and the agency prior to the initial payment.
4. The initial agreement or any that is subsequently amended shall remain in effect regardless of the county or state in which the adoptive parent(s) and the adopted young adult resides.
5. The agreement remains in effect as long as the adoptive parent(s) continues to maintain parental responsibility for the adopted young adult's care and the adopted young adult meets the eligibility requirements in 5101:2-51-02 of the Ohio administrative code.
6. The AAC payment shall be paid to the adoptive parent(s) to assist the adoptive parent(s) in maintaining the adopted young adult into the adoptive family and meeting any ongoing needs of the adopted young adult. The payment is not restricted to meeting the daily support of the adopted young adult but may be used to fund any other needs of the adopted young adult, including such services as education.
7. The agreement may be amended or terminated at any time by the mutual consent of the adoptive parent(s) and the agency or by the agency as described in Article VII of this agreement.
8. Both the adoptive parent(s) and agency are legally bound by this agreement.

**ARTICLE II: OBLIGATIONS OF ADOPTIVE PARENTS**

1. The adoptive parent(s) will
  - Notify the agency within fifteen calendar days of a change if they are no longer maintaining parental responsibility for the adopted young adult's care, the family relocates, the adopted young adult marries, enlists in the military, no longer meets the eligibility requirements, or dies.
  - Comply with any interstate requirements for AAC if the family moves to another state.
  - Notify the agency if health care insurance coverage is made available to the adopted young adult and submit the ODM 06612 "Health Insurance Information Sheet" (Rev. 9/2016).
  - Semi-annually complete and return the JFS 00149 "Title IV-E Adoption Assistance Connections (AAC) to Age Twenty-One (AAC) Semi-Annual Assurance of Parental Responsibility and Eligibility for Continued Medicaid Coverage" (Rev. 5/2018) and JFS 00150 "Title IV-E Adoption Assistance Connections (AAC) to Age Twenty-One (AAC) Adopted Young Adult Semi-Annual Assurance of Parental Responsibility and Eligibility for Continued Medicaid Coverage" (Rev. 5/2018).
  - Semi-annually submit documentation to support ongoing parental responsibility and adopted young adult eligibility criteria.
  - Advise the social security administration that the adopted young adult is in receipt of AAC.

**ARTICLE III: OBLIGATION OF THE ODJFS ADMINISTRATION**

1. The agency will notify the adoptive parent(s) of changes in agency, state, or federal policy that have a potential effect on the amount of the AAC payment.
2. The agency will verify semi-annually the adopted young adult's continuing eligibility for AAC. The criteria for continuing eligibility are:
  - The adoptive parent(s) continues to maintain parental responsibility for the adopted young adult's care.
  - The adopted young adult continues to meet the AAC eligibility requirements.

**ARTICLE IV: ADOPTION ASSISTANCE CONNECTIONS TO AGE TWENTY-ONE PAYMENT**

1. Adoption assistance connections payments in the amount of \$ \_\_\_\_\_ per month will be provided on behalf of (adopted young adult's adoptive name) \_\_\_\_\_.
2. The terms of the agreement may be amended at any time if both parties agree to the change.

**ARTICLE V: MEDICAL CARE**

1. The adopted young adult is eligible for Medicaid benefits provided under Title XIX of the Social Security Act for as long as the agreement is in effect.
2. The adopted young adult is eligible for Medicaid benefits described in number 1. above in the state where he or she resides.

**ARTICLE VI: TITLE XX SOCIAL SERVICES AND OTHER SERVICES**

1. The adopted young adult is eligible for Title XX funded social services as long as the agreement is in effect.
2. The adopted young adult is eligible for Title XX funded social services in the state in which he/she resides. If a needed service(s) specified in this agreement is not available in the ~~new~~ other state of residence, the state making the original adoption assistance payments remains financially responsible for providing the specified service(s).
3. If the adopted young adult moves to another Ohio county, the adopted young adult will be provided with Title XX funded social services in the county where the adopted young adult resides. If any of the Title XX funded social services specified in this agreement are not available in the county where the adopted young adult resides, ODJFS shall be responsible for ~~providing~~ securing those services. Nothing shall prohibit the adoptive parent(s) from applying for Title XX funded social services in the county of residence, even if the services are not already specified in this agreement.
4. The adopted young adult will be provided the following Title XX funded social services:  
\_\_\_\_\_  
\_\_\_\_\_
5. The agency shall provide or secure funding for the following services, whether or not they are available through Title XX.  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VII: TERMINATION**

1. The agreement is subject to termination if the agency determines:
  - The adoptive parent(s) is no longer maintaining parental responsibility for the adopted young adult's care.
  - The adoptive parent(s) dies.
2. The agreement is subject to termination if the agency determines:
  - The adopted young adult no longer meets the eligibility requirements.
  - The adopted young adult enlists in the military.
  - The adopted young adult marries.
  - The adopted young adult dies.
3. The agreement terminates at the end of the month of the adopted young adult's twenty-first birthday.
4. Following the termination, the adoptive parent(s) may reapply for AAC at any time prior to the adopted young adult attaining the age of twenty-one.

**ARTICLE VIII: APPEAL**

1. The adoptive parent(s) may appeal any agency decision to deny, reduce or terminate AAC or to deny the amount of AAC payment requested by the adoptive parent(s).
2. The agency must inform the adoptive parent(s) in writing of any decision to deny, reduce, or terminate AAC or to deny the amount of the AAC payment requested by the adoptive parent(s). The notice of denial must inform the adoptive parent(s) of the right to appeal through a state hearing as well as the procedure for requesting a state hearing.
3. The adoptive parent(s) may also appeal through a request for a state hearing in any case in which the agency fails to inform the adoptive parent(s) about potential financial, medical, or service benefits that may be available to the adopted young adult through the Title IV-E adoption assistance program.

**ARTICLE IX: EFFECTIVE DATE**

1. The agreement is effective on the date of final signature by both the adoptive parent(s) and ODJFS unless a later date is indicated in the space below for the subsidy payment to begin.
2. Subsidy Effective Date:        /        /        OR     Not Applicable

**SIGNATURES**

Adoptive Parent's Signature	Date (mm/dd/yyyy)
Adoptive Parent's Signature	Date (mm/dd/yyyy)
Authorized Agency Representative's Signature	Date (mm/dd/yyyy)



**TITLE IV-E ADOPTION ASSISTANCE CONNECTIONS TO AGE TWENTY-ONE (AAC)  
SEMI- ANNUAL ASSURANCE OF PARENTAL RESPONSIBILITY AND ELIGIBILITY FOR  
CONTINUED MEDICAID COVERAGE**

<b>SECTION I: ADOPTED PARENT(S) INFORMATION</b>			
Adopted Young Adult's Name (First, Middle, Last)		Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Adoptive Parent's Name		Adoptive Parent's Name	
Address		Email Address	
City, State, Zip		Phone Number	
Do you still maintain parental responsibility of the adopted young adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below. Does the adopted young adult reside in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain below. Is the adopted young adult enlisted in the military services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below. Is the adopted young adult married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below. Is there a need to amend the agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below.			
Provide a detailed explanation regarding any responses to the above questions, if applicable.			
<b>Please attach documentation to support the answers above.</b>			
Identify adoption assistance connections (AAC) requirements the adopted young adult meets: <input type="checkbox"/> Is completing secondary education or a program leading to an equivalent credential. <input type="checkbox"/> Is enrolled in an institution that provides post-secondary or vocational education. <input type="checkbox"/> Is participating in a program or activity designed to promote or remove barriers to employment. <input type="checkbox"/> Is employed for at least eighty hours per month. <input type="checkbox"/> Is incapable of doing any of the following activities described above due to a medical condition, which incapacity is supported by regularly updated information.			
<b>Please attach documentation to support the requirements marked above i.e., school or college enrollment letter, current class schedule, most recent month of employment payment stubs, letter from job training program verifying participation, written verification from a qualified professional verifying that the adopted young adult has a medical condition that prevents them from participating in the activities above. Your application will not be processed until all required documentation is submitted.</b>			
<b>SECTION II: LIST ALL HEALTH INSURANCE COVERAGE</b>			
LIST MEDICAID PROVIDER	<input type="checkbox"/> MOLINA	<input type="checkbox"/> CARE SOURCE	<input type="checkbox"/> UNITED HEALTHCARE
	<input type="checkbox"/> BUCKEYE	<input type="checkbox"/> PARAMOUNT	<input type="checkbox"/> OTHER: _____
<b>SECTION III: LIST ADDITIONAL INSURANCE COVERAGE</b>			
Policy Holder's Name		Policy Number	
Name of Insurance		Effective Date	
<b>SECTION IV: PARENT(S) SIGNATURE</b>			
Parent's Signature	Date	Parent's Signature	Date

**SECTION V: FOR AGENCY COMPLETION**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Is the adopted young adult under age 21?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the adopted young adult meet one of the AAC requirements?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the parent provided documentation of parental responsibility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the adopted young adult enlisted in the military services?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the adopted young adult married?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Provide a detailed explanation regarding any responses to the above questions, if applicable.

- The AAC Agreement will continue without changes.
- The AAC Agreement will continue with changes as reflected on the amended agreement (*attach copy*).
- The AAC Agreement will not continue ~~due to~~ (*attach written documentation of evidence to terminate if applicable*).

Printed Name of Eligibility Determiner

Signature of Eligibility Determiner

Date (mm/dd/yyyy)

ACTION: Original Ohio Department of Job and Family Services DATE: 09/20/2022 1:37 PM  
**TITLE IV-E ADOPTION ASSISTANCE CONNECTIONS TO AGE TWENTY-ONE (AAC) APPLICATION**

Ohio Administrative Code Chapter 5101:2-51 requires that an application be completed for each child for whom adoption assistance is requested. Note: If adoption assistance connections (AAC) to age twenty-one (AAC) is provided on behalf of an adopted young adult who is receiving SSI, it is the responsibility of the adopted parent(s) to advise the social security administration. This application must be completed by the adoptive parent(s).

<b>SECTION I: ADOPTIVE PARENT(S) INFORMATION</b>		
Name of Adoptive Parent ( <i>first and last</i> )	Name of Adoptive Parent ( <i>first and last</i> )	Phone Number
Address		
City, State, Zip		
Email Address		
Name of agency that you currently have/had an Adoption Assistance Agreement with:		
Was the adopted young adult age 16 or 17 when the original Adoption Assistance Agreement was signed? <input type="checkbox"/> Yes <input type="checkbox"/> No      If No, please explain below. Was the adopted young adult adopted at age 16 or 17? <input type="checkbox"/> Yes <input type="checkbox"/> No      If No, please explain below. Do you maintain parental responsibility for the adopted young adult? <input type="checkbox"/> Yes <input type="checkbox"/> No      If No, please explain below. Does the adopted young adult reside in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No      If No, please explain below. Is the adopted young adult enlisted in the military services? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, please explain below. Is the adopted young adult married? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, please explain below.		
Provide a detailed explanation regarding any responses to the above questions, if applicable.		
<b>SECTION II: ADOPTED YOUNG ADULT'S INFORMATION</b>		
Name of Adoptive Young Adult ( <i>First, Middle, Last</i> )	Date of Birth ( <i>mm/dd/yyyy</i> )	<input type="checkbox"/> Male <input type="checkbox"/> Female
Identify AAC requirements the adopted young adult meets:		
<input type="checkbox"/> Is completing secondary education or a program leading to an equivalent credential. <input type="checkbox"/> Is enrolled in an institution that provides post-secondary or vocational education. <input type="checkbox"/> Is participating in a program or activity designed to promote or remove barriers to employment. <input type="checkbox"/> Is employed for at least eighty hours per month. <input type="checkbox"/> Is incapable of doing any of the following activities described above due to a medical condition, which incapacity is supported by regularly updated information.		
<b><i>Please attach documentation to support the requirements marked above i.e., school or college enrollment letter, current class schedule, most recent month of employment payment stubs, letter from job training program verifying participation, written verification from a qualified professional verifying that the adopted young adult has a medical condition that prevents them from participating in the activities above. Your application will not be processed until all required documentation is submitted.</i></b>		
<b>SECTION III: HEALTH INSURANCE</b>		
If the adopted young adult is or will be covered by health, accident, or hospital insurance, complete the following:		
Policy Holder	Policy Number	
Name of Insurance Company	Effective Date	
Benefits to be paid		
<input type="checkbox"/> Hospital <input type="checkbox"/> Doctor <input type="checkbox"/> Person Insured		

Identify any limitations/riders affecting the coverage for the adopted young adult.

**SECTION IV: PARENT SIGNATURE**

Parent's Signature

Date

Parent's Signature

Date

**SECTION V: FOR AGENCY COMPLETION**

Was the adopted young adult's age 16 or 17 when the original AA Agreement was signed?  Yes  No

Was the adopted young adult adopted at age 16 or 17?  Yes  No

Is the parent(s) maintaining parental responsibility for the adopted young adult?  Yes  No

Does the adopted young adult meet one of the AAC requirements?  Yes  No

Provide a detail explanation regarding any No responses to the above questions.

- The Adoption Assistance Connections Application is approved.
- The Adoption Assistance Connections Application is pending. ~~Explain.~~
- The Adoption Assistance Connections Application is denied. ~~Explain.~~

Provide a detail explanation regarding a pending or denied application.

Printed Name of Eligibility Determiner

Signature of Eligibility Determiner

Date