

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5101:2-51-02

Rule Type: New

Rule Title/Tagline: Eligibility for the adoption assistance connections 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. J6-06 P.O. Box 183204 Columbus OH
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I. Rule Summary

1. **Is this a five year rule review?** No
 - A. **What is the rule's five year review date?**
2. **Is this rule the result of recent legislation?** Yes
 - A. **If so, what is the bill number, General Assembly and Sponsor?** HB 50 - 131 - Representative Dorothy Pelanda
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 and 5101.1414
6. **What are the reasons for proposing the rule?**

This rule is being filed to follow the legislative mandates in complying with HB 50, 131st General Assembly. In accordance with section 5101.141 of the Revised Code, administrative rules have been written to outline the requirements for the Adoption Assistance Connections (AAC) to Age Twenty-One program. Adopted young adults who are age 18 may continue adoption assistance payments to age 21. The AAC program

provides adoption assistance payments on behalf of the adopted young adults that were in the permanent custody of a public children services agency (PCSA), had an adoption assistance agreement finalized after the age of 16 or 17 and finalized an adoption before age 18.

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

This new rule outlines the requirements that the adoptive parent(s) must assure they continue to provide parental responsibility for the adopted young adult, the adopted young adult also assures ongoing parental support, and the adopted young adult meets one of the five eligibility criteria.

8. Does the rule incorporate material by reference? Yes

9. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.71 to 121.76, please explain the basis for the exemption and how an individual can find the referenced material.

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).

10. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.

"PCSA" was changed to "AAC representative" in Section (L) of the rule to identify the duties of the AAC representative when the AAC representative proposes to terminate the AAC agreement.

Section (A)(5) of the rule was revised to include language for mental health conditions as follows: "diagnosed physical or mental health condition."

Additionally, language was added to reference "notice of termination" in section (T) (3) of the rule.

II. Fiscal Analysis

- 11. As a result of this proposed rule, please estimate the increase / decrease in revenues or expenditures affecting this agency, or the state generally, in the current biennium or future years. If the proposed rule is likely to have a different fiscal effect in future years, please describe the expected difference and operation.**

This will increase revenues.

\$1,299,919

The state is now responsible for the payment of the full nonfederal share of payments made on behalf of adopted young adults who are eligible for this program. The monthly adoption assistance payment will be paid with state and federal dollars if the person meets the requirements for the extension under House Bill 50.

The state's estimated expenditure amount is expected to be a maximum of \$331,607 for the remainder of SFY 2018.

The state's estimated expenditure amount is expected to be a maximum of \$968,312 for SFY 2019.

The state's estimated expenditure amount is expected to be remain constant or gradually increase based upon future numbers of eligible youth and future subsidy amounts.

The state's estimated expenditure amount for compliance for all persons and/or organizations is expected to be a maximum of \$260,000 for the remainder of SFY 2018.

The state's estimated expenditure amount for compliance for all persons and/or organizations is expected to be a maximum of \$520,000 for SFY 2019.

The state's estimated expenditure amount is expected to remain constant o gradually increase based upon future costs or administering/complying with the law.

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

No cost of compliance.

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

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

III. Common Sense Initiative (CSI) Questions

15. Was this rule filed with the Common Sense Initiative Office? No

16. 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**

- 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**

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

SECTION I: ADOPTED YOUNG ADULT INFORMATION		
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
Parent's Name	Parent's Name	
Address	Email Address	
City, State, Zip	Phone Number	
County of Initial AA Agreement		
Does your parent still provide parental responsibility to you as an adopted young adult? <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.		
Is there a need to amend the agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below.		
<i>Please attach documentation to support the answers above.</i>		
SECTION II: PROGRAM REQUIREMENTS		
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. (NEED TO EXPLAIN BARRIERS, CCEMP, JOB CORP IN RULE)		
<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.		
<i>Please attach documentation to support the requirements marked above i.e. school or college enrollment letter, current class schedule, most recent employment payment stub, 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>		
SECTION III: ADOPTED YOUNG ADULT SIGNATURE		
Adopted Young Adult Signature	Date	
SECTION IV: 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 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 detail explanation regarding any "No" responses to the above questions		
<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 due to (<i>attach written documentation of evidence to terminate if applicable</i>)		
Signature of Eligibility Determiner	Date (<i>mm/dd/yyyy</i>)	

TITLE IV-E ADOPTION ASSISTANCE CONNECTION TO AGE TWENTY-ONE SEMI-ANNUAL ASSURANCE OF PARENTAL RESPONSIBILITY AND ELIGIBILITY FOR CONTINUED MEDICAID COVERAGE

SECTION I: ADOPTED PARENT(S) INFORMATION			
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	
Parent's Name	Parent's Name		
Address		Email Address	
City, State, Zip		Phone Number	
County of Initial AA Agreement			
Do you still have 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.			
Please attach documentation to support the answers above.			
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. (NEED TO EXPLAIN BARRIERS, CCEMP, JOB CORP IN RULE) <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.			
Please attach documentation to support the requirements marked above i.e. school or college enrollment letter, current class schedule, most recent employment payment stub, 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.			
SECTION II: LIST ALL HEALTH INSURANCE COVERAGE			
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			
SECTION III: LIST ADDITIONAL INSURANCE COVERAGE			
Policy Holder's Name		Policy Number	
Name of Insurance		Effective Date	
SECTION IV: PARENT(S) SIGNATURE			
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 detail explanation regarding any "No" responses to the above questions			

- 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*)

Signature of Eligibility Determiner

Date (*mm/dd/yyyy*)

Ohio Department of Job and Family Services

TITLE IV-E ADOPTION ASSISTANCE CONNECTIONS TO AGE TWENTY-ONE 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 is provided on behalf of 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).

SECTION I: ADOPTIVE PARENT(S) INFORMATION		
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 an Adoption Assistance Agreement with		
Was the adopted young adult adopted at age 16 or 17?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain below.
Are you legally responsible 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.
Detail the explanation given above, if applicable.		
SECTION II: ADOPTED YOUNG ADULT'S INFORMATION		
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.		
<i>Please attach documentation to support the requirements marked above i.e. school or college enrollment letter, current class schedule, most recent employment payment stub, 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>		
SECTION III: HEALTH INSURANCE		
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
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SECTION V: FOR AGENCY COMPLETION

Is the adopted young adult age 18 on or after July 1, 2017?	<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
Was the adopted young adult adopted at age 16 or 17 and have an AA agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the parent(s) legally and financially responsible for the adopted young adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

- The Adoption Assistance Connection Agreement is pending. Explain.
- The Adoption Assistance Connection Agreement is approved.
- The Adoption Assistance Connection Agreement is denied. Explain

Signature of Eligibility Determiner	Date
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ASSISTANCE AGREEMENT

The following adoption assistance connection (AAC) to age twenty-one 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/adopting parent(s), hereinafter called the "adoptive parent(s)," residing at .

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

ARTICLE I: GENERAL PROVISIONS

1. The adoptive parent(s) represents that he/she/they (*please check one below*):
 - Have adopted a child that is now an adopted young adult.
 - Are legally responsible for the adopted young adult.
 - Adopted young adult has attained the age of eighteen on or after July 1, 2017 and meets one of the following requirement:
 - 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 be legally responsible 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 legally responsible for the adopted young adult's care, the family relocates, the adopted young adult marries, enlisted in the military, no long 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).
 - Provide documentation that the adopted young adult is enrolled in school or is incapable of attending school full-time by completing and returning the JFS 00149 "Title IV-E Adoption Assistance Connection (AAC) to Age Twenty-One Semi-Annual Assurance of Legal Responsibility, School Attendance and Eligibility for Continued Medicaid Coverage" (Rev. 12/2017).
 - It is the responsibility of the adopted parent(s) to 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 affect 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 be legally responsible for the child'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 (child'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 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, the county which entered into the adoption assistance agreement 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 adopted parent(s) is no longer legally responsible for the child’s care.
 - The adopted 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 adopted parent(s) may reapply for the 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.

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)