

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

Agency Name

**Comprehensive Case Management and
Employment Program**

Division

Michael Lynch

Contact

**OFC- 4200 E. 5th Ave., 2nd fl. J6-02 P.O. Box
183204 Columbus OH 43218-3204**

Agency Mailing Address (Plus Zip)

614-466-4605

Phone

614-752-8298

Fax

Michael.Lynch@jfs.ohio.gov

Email

5101:14-1-04

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

**Comprehensive case management and employment program:
assessment and individual service strategy.****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? 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: **Section 305.190 of Am. Sub. HB 64 of the 131st General Assembly**5. Statute(s) the rule, as filed, amplifies or implements: **Section 305.190 of Am. Sub. HB 64 of the 131st General Assembly**

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

To change policy relating to the administration of the Comprehensive Case Management and Employment Program (CCMEP).

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 process for assessing/determining the job readiness of Comprehensive Case Management and Employment Program (CCMEP) participants; for identifying barriers to self-sufficiency; and for determining the services necessary to overcome those barriers. This rule has been revised to allow program participants who are enrolled in secondary school to receive a simpler assessment. Additionally, the definition of secondary school was added to this rule.

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:

Not Applicable.

12. Five Year Review (FYR) Date: **3/24/2021**

(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

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**

**COMPREHENSIVE CASE MANAGEMENT EMPLOYMENT PROGRAM (CCMEP)
COMPREHENSIVE ASSESSMENT – SECONDARY SCHOOL**

Name		SSN or Case Number	
Case Manager Name		Date	
Please take a minute to introduce yourself and explain your role with the agency: <i>Today we are here to talk about your goals and how we can work together to create a plan to achieve those goals. First, we need to talk about your current situation. All of the information obtained is confidential, but it can be used for the purposes of program administration, which would include sharing information as needed for service or treatment referrals, or as otherwise required by law.</i>			
CONTACT INFORMATION			
Address		Phone	Email
OhioMeansJobs.com username or email			
EDUCATION			
<i>Tell me about your education background.</i>			
<i>Secondary Education</i>			
Are you currently in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where are you attending?		Are you on target to graduate/complete (grade)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been tested for a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If yes, what were the results?	Do/did you have an Individualized Education Plan (IEP) while in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what?	
What career opportunities are you interested in exploring?			
EMPLOYMENT			
<i>Tell me about your work experience.</i>			
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date	Hours per week	Hourly Wage
If yes, current employer	Current Position and Duties	What do you like most?	What do you like least?
Do you have work experience? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Previous Work Experience	Start Date	Hours per week	Hourly Wage
What did you like most?		What did you like least?	
<i>Tell me about your volunteer experience.</i>			
Are you currently volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, organization	What do you like most?	What do you like least?
Employability			
Is anything preventing you from working?		Have you created a resume? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have valid state-issued identification or driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?
Do you know how to use a computer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Computer software programs		
Notes			
PERSONAL WELL-BEING			
<i>Now we will be talking about your personal well-being. These questions will help identify any situation(s) in your life, or the lives of people who live with you, that make going to school or working more difficult. This information is confidential and will not be shared with anyone else except as needed for program referrals or services, or as required. We will use this information to help create your individual opportunity plan.</i>			
Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when is your due date?	If you are pregnant, are you receiving prenatal healthcare? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you are a parent, please tell me about your children.</i>			
Do you have any minor children (under 18)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have safe, stable child care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Barriers			
Do you have any physical barriers or disabilities that keep you from working? <input type="checkbox"/> Yes <input type="checkbox"/> No		What accommodations could help you work?	
Do you or anyone in your household have a medical problem/condition that keeps you from working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who	What accommodations could help you work?	

Mental Health

Have you ever been diagnosed with a mental illness that required treatment or medication?

☐ Yes ☐ No

Diagnosis

Diagnosis date

Substance Abuse

Do you feel like you would benefit from drug or alcohol treatment?

☐ Yes ☐ No

Safety

Are you afraid for your safety or your children's' safety at home?

☐ Yes ☐ No

Housing

Describe your housing situation

Are you concerned about being homeless?

☐ Yes ☐ No

Describe your relationship with your family.

Please identify three people you can use for support and encouragement as we work together on your individual opportunity plan goals.

Notes

INTERESTS AND APTITUDES

Tell me about you.

Do you prefer being alone or with other people?

What are your hobbies or interests?

What groups/organizations/clubs are you involved in?

What are your strengths?

What are your weaknesses?

What is your career goal?

How do you plan to meet this career goal?

Notes

CLIENT RELEASE

I give my approval for JFS staff, OhioMeansJobs Center staff and partner agencies to exchange and disclose necessary information about me for services to be provided to me by all programs administered via the JFS, OhioMeansJobs Center and/or partner agencies. I attest that the information stated above is true and accurate, and I understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination of services and/or penalties as specified by law.

Participant Signature

Date

Parent or Guardian Signature (if applicable)

Date

Note: As part of the new CCMEP program(s) in which you are participating, ODJFS is working with an independent evaluator (Ohio State University) to study the effectiveness of the program(s) and services being offered and to learn more about employment outcomes, including job placement. Ohio State University may contact you to gather information about your occupation, wages, working hours and other feedback. The purpose of this contact will be to help ODJFS improve its program(s) and services. Your participation in the evaluation will be voluntary and any personal, identifying information about you that is obtained or shared by Ohio State University will be kept confidential.

SUMMARY

Participant Strengths: *(Include supports and resources that will help the individual meet education and employment goals.)*

Participant Barriers: *(Include barriers that impact the individual's ability to obtain or maintain education and employment goals.)*

Summarize how the individual's strengths mitigate barriers to employment. *(Include barriers that must be addressed in the individual opportunity plan and identify program and other community resources available to help the individual achieve his/her education and employment goals.)*