

**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

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**5101:14-1-04**

Rule Number

**NEW**

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? **Yes**Bill Number: **HB64**General Assembly: **131**Sponsor: **Ryan Smith**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 implement provisions of Sec. 305.190 of Amended Substitute House Bill 64, of the 131st General Assembly, that was signed into law requiring 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.

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:

(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**

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 employment 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>			
<b>CONTACT INFORMATION</b>			
Address		Phone	Email
OhioMeansJobs.com username or email			
<b>EDUCATION</b>			
<i>Tell me about your education background.</i>			
<i>Secondary Education</i>			
Do you have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of attainment	If no, would you like to obtain your HS diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, would you like to obtain a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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
If no, what is the highest grade you completed?	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?	Is English your primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, would you be interested in ESL/ESOL classes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Post-Secondary Education</i>			
Are you enrolled in post-secondary education or other job-related occupational skills training? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, where are you attending?	If yes, what are you studying?		If yes, are you on target to graduate/complete program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are you interested in obtaining additional education, training or credentials? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what would you like to obtain?		

What career opportunities are you interested in exploring?			
Have you participated in other job readiness/support programs in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type?	If yes, what did you like or not like about the program?
Have you completed basic skills testing or career assessments?		If yes, what type?	What were the results?
Insert results of basic skills assessment (participants are required to complete a basic skills assessment):			
Notes			
<b>EMPLOYMENT</b>			
<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?	
Previous Work Experience	Start Date	Hours per week	Hourly Wage
What did you like most?	What did you like least?	What did you like most?	What did you like least?

*Tell me about your volunteer experience.*

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?
Do you have volunteer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, organization	What did you like most?	What did you like least?

*Employability*

Have you ever quit /not returned to a job or been fired from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please explain		Have you had difficulty finding employment? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please explain	
Are you interested in working <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you filled out a job application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you used a computer for job searching? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you created a resume? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had a job interview in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is anything preventing you from working?	
Do you have valid state-issued identification or driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type	If no, do you have a suspension/revocation? <input type="checkbox"/> Yes <input type="checkbox"/> No	What must be done to reinstate?
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?	If yes, main source of transportation? <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Other	
Do you know how to use a computer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Computer software programs		

Notes

**MILITARY SERVICE**

Veteran Status <input type="checkbox"/> Active <input type="checkbox"/> Reserved <input type="checkbox"/> Discharged <input type="checkbox"/> Retired		Military Branch <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> USAF <input type="checkbox"/> USMC <input type="checkbox"/> US Merchant Marine	
Discharge Character <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other		Years in Military	Military M.O.S. (job description)
Applied for Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Rating	Chapter 31 Referral <input type="checkbox"/> GI Bill <input type="checkbox"/> Training Opportunity <input type="checkbox"/> Not Applicable	

Notes

## LEGAL BARRIERS

Have you been involved in a juvenile court system? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, tell me about it.	
Has a court determined you an unruly or delinquent youth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you successfully complete your terms? (Probation, community service, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been involved in an adult court system? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, tell me about it.	
Do you currently have any restrictions based on your court involvement/criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No	What are your restrictions?	
Have you been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Charge and Date of Conviction	Release date of Conviction
Are you on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Information for Supervising Officer or Court	
Have you been turned down for a job based on your legal record? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain?	

Notes

## PERSONAL WELL-BEING

*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 getting or keeping a job 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.*

Do you and your family have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a regular doctor or wellness clinic that you visit for routine checkups? <input type="checkbox"/> Yes <input type="checkbox"/> No
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

*If you are a parent, please tell me about your children.*

Do you have any minor children (under 18)? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	Are your children in your house? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your relationship with the other parent?
Do you have safe, stable child care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have back-up child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		



Is there a court order for you to receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you receive full payments on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a current child support order you need help with? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a court order for you to pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are you able to make full payments on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need help modifying your child support order? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your children attending school regularly, if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, why not?	
Do you or any of your children receive services that require you to frequently miss work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide details	
Do you currently have an open case with Child Protective Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide details	
<b>Barriers</b>			
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?	
Do you or anyone in your household have any conditions that limit the type of work you can do? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who	What accommodations could help you work?	
Do you or anyone in your house have any conditions that keep you from driving? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who	What accommodations could help you drive?	
Have you or anyone in your house applied for disability benefits from Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who	Application (date) and for what?	
Do you or anyone in your house receive disability benefits from Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who	Receiving (date) and for what?	
<b>Mental Health</b>			
Have you ever been diagnosed with a mental illness that required treatment or medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diagnosis	Diagnosis date	
Over the last month, how often have you felt nervous or anxious? Rate 0-5, 0 being never and 5 being nearly every day			
Over the past month, how often have you felt hopeless? Rate 0-5, 0 being never and 5 being nearly every day			
Over the past month, how often have you felt restless or fidgety or unable to concentrate? Rate 0-5, 0 being never and 5 being nearly every day			
Over the past month, how often have you felt so depressed that nothing could cheer you up? Rate 0-5, 0 being never and 5 being nearly every day			
Over the past month, how often have you felt worthless? Rate 0-5, 0 being never and 5 being nearly every day			
Over the past month, how often have the simplest things felt like an effort? Rate 0-5, 0 being never and 5 being nearly every day			
Total for the last 6 questions. It is recommended that a score of 20 or more should result in a referral to the local mental health agency		Score <a href="#">Click here to enter text.</a>	

## Substance Abuse

Are you or anyone in your house participating in drug or alcohol treatment?

☐ Yes ☐ No

Who, for what?

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

☐ Yes ☐ No

Would you commit to remaining substance free throughout your participation in this program?

☐ Yes ☐ No

In the last three months, have you felt you should cut down or stop drinking or using drugs?

☐ Yes ☐ No

In the last three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or doing drugs?

☐ Yes ☐ No

In the last three months, have you felt guilty or bad about how much you drink or use drugs?

☐ Yes ☐ No

In the last three months, have you been waking up wanting to have an alcoholic beverage or use drugs?

☐ Yes ☐ No

*If the client answered yes to at least two of the last four questions, it is recommended they be referred to a substance abuse provider for further assessment.*

## Safety

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

☐ Yes ☐ No

Is your partner (anyone) doing anything to make it difficult for you to work or do other activities in your daily life? ☐ Yes ☐ No

If yes, please explain.

Is someone abusing you?

☐ Yes ☐ No

Is someone abusing your children?

☐ Yes ☐ No

If yes, please explain.

Are you involved with the court system due to domestic violence or abuse?

☐ Yes ☐ No

Where is the perpetrator now?

Have you ever had a protection order filed against you?

☐ Yes ☐ No

If yes, is this order still in place?

## Housing

Describe your housing situation

Are you concerned about being homeless?

☐ Yes ☐ No

Do you or your family have enough money to cover your monthly expenses?

☐ Yes ☐ No

Do you or your family rely on community resources to meet needs? If yes, what resources? (Example: food banks, community meals, rental assistance, payday lending, etc.)

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?

Do you consider yourself to be a leader?

☐ Yes ☐ No

If yes, why? If no, why not?

Do you have a goal in life?

☐ Yes ☐ No If yes, what is it?

How do you plan to meet this life goal?

What is your career goal?

How do you plan to meet this career goal?

Explain why you want that career.	Is there anything in your life right now preventing you from achieving your goals? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain.
Notes	

CLIENT RELEASE	
<i>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.</i>	
Participant Signature	Date
Parent or Guardian Signature (if applicable)	Date

## 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.)*