

5101:2-16-05

Copayment for publicly funded child care benefits.

(A) What are the copayment requirements for families receiving publicly funded child care benefits?

- (1) Families shall be assigned a weekly copayment amount based on income level.
- (2) Families shall pay the assigned copayment(s) directly to their child care provider(s).
- (3) Weekly copayment amounts shall be based on the federal poverty guidelines released annually by the United States department of health and human services.
 - (a) Each family with a monthly income of one hundred per cent or less of the federal poverty level (FPL) shall have a weekly copayment of zero dollars.
 - (b) Each family with a monthly income of more than one hundred per cent of the FPL shall have a weekly copayment based on family size and gross monthly income.
 - (c) The family copayment schedule will be published annually in a child care manual procedure letter.

(B) How is the copayment calculated?

To calculate the family's copayment, the county agency shall:

- (1) Determine the family's monthly income pursuant to rule 5101:2-16-03 of the Administrative Code, and multiply by twelve to calculate the family's annual income.
- (2) Divide the family's annual income by one hundred per cent of the FPL that corresponds to the family size to determine the family's FPL. The FPL guidelines are published annually in a child care manual procedure letter pursuant to rule 5101:2-16-02 of the Administrative Code.
- (3) Round the family's FPL determined in paragraph (B)(2) of this rule up to the next five per cent (for example, one hundred two per cent FPL is rounded to one hundred five per cent FPL).
- (4) Using the FPL determined in paragraph (B)(3) of this rule, multiply by one hundred per cent of the FPL that corresponds to the family size and divide by

twelve, rounding up to the nearest dollar to determine the maximum monthly income.

- (5) Using the chart in appendix A to this rule, multiply the maximum monthly income as determined in paragraph (B)(4) of this rule by the appropriate copay multiplier, round to the nearest whole dollar, multiply by twelve, and divide by the number of weeks in the current state fiscal year to determine the family's weekly copay.

(C) If a family has more than one weekly authorization for child care, how is the copayment distributed?

- (1) The copayment amount shall be equally distributed among all authorizations each week.
- (2) The distributed copayments shall be rounded down to the nearest whole dollar.
- (3) The caretaker shall be notified of the copayment amounts for each authorization.

(D) How long is a family copayment effective?

The copayment amount that is assigned to the family upon determination of eligibility shall be in effect for the entire eligibility period unless any of the following occurs:

- (1) The caretaker reports a change in family income, family size, or both, that reduces the amount of the copayment.
- (2) An incorrect copayment was assessed by the county agency as a result of agency error, recipient error, or recipient fraud, resulting in corrective action to reduce or increase the family's copayment.
- (3) The Ohio department of job and family services (ODJFS) requires a change in the copayment.
- (4) The caretaker is no longer receiving protective child care or homeless child care as described in rule 5101:2-16-02 of the Administrative Code.

(E) When can a family copayment increase?

Copayments may increase at the time of redetermination/recertification or reinstatement approval. The new copayment amount is effective on the first day of the new eligibility period.

(F) When can a family copayment be reduced?

A family copayment may be reduced any time a change is reported in income or family size that reduces the copayment, even during the current eligibility period.

(G) When shall the county agency waive the copayment requirement?

The county agency shall waive the copayment requirement for families eligible for protective or homeless child care benefits pursuant to rule 5101:2-16-02 of the Administrative Code.

(H) Is a copayment impacted if the family does not utilize all of the authorized hours for child care in a week?

A family shall be required to pay the copayment assigned for a child's authorization or the child's cost of care for that week, whichever amount is lower.

(I) Is the family required to pay the copayment when only absent days or professional development days are reported for the week?

A family shall not be required to pay the copayment when only absent days and/or professional development days are reported, with no hours of attendance at the child care program during that week.

(J) What is the due date for each copayment?

The family will sign a written agreement with the provider(s) in which a mutually agreed upon due date for each copayment is specified, pursuant to rule 5101:2-16-09 of the Administrative Code.

(K) What happens if the caretaker does not pay the copayment according to the signed agreement with the child care provider?

A caretaker shall be ineligible for child care benefits if a delinquent copayment is owed, unless satisfactory arrangements are made to pay the delinquent copayment. Arrangements to pay a delinquent copayment shall be satisfactory to both the caretaker and the provider.

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