

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5101:2-16-07

Rule Type: New

Rule Title/Tagline: Caretaker improper payments or misuse of publicly funded child care benefits.

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

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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? No

3. What statute is this rule being promulgated under? 119.03

4. What statute(s) grant rule writing authority? 5104.38

5. What statute(s) does the rule implement or amplify? 5104.38

6. What are the reasons for proposing the rule?

This proposed rule replaces rescinded rule 5101:2-16-70 to group regulations according to topic and to renumber the rules consecutively as part of the five year rule review.

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 around caretaker improper payments or misuse of publicly funded child care benefits. The definition of a child care improper payment was clarified.

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 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).

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).

10. **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

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 have no impact on revenues or expenditures.

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The proposed rule will not have an impact on the agency's projected budget during the current biennium.

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

Not applicable.

- 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

Ohio Department of Job and Family Services

COUNTY NOTICE OF CHILD CARE BENEFIT REPAYMENT REQUIREMENTS FOR CARETAKERS

Name of Caretaker				Case Number
Mailing Address	City	State	Zip Code	County
<i>The county agency has determined that you are responsible to repay child care benefits you received but were not eligible for, and for which a child care provider has been paid. Please review this form carefully and complete Sections II and III as instructed.</i>				
SECTION I: BENEFIT REPAYMENT				
Period of child care benefit repayment From _____ To _____ (date) (date)				Amount of repayment \$ _____
The reason for the repayment is:				
The regulations supporting the repayment determination are:				
Name and Title of County Representative		Telephone Number	Date of Mailing	
Mailing Address of County Agency		City	State	Zip Code
SECTION II: YOUR RESPONSIBILITY You are responsible for this repayment. You may repay the amount by choosing one of the following three repayment methods. You must return this form with your choice of repayment method within 15 calendar days from the mailing date on this notice. If you do not, we may take legal action against you to recover the amount and you may not be eligible for child care assistance until you make repayment in full. If you choose a repayment method and later find that the repayment is difficult or impossible, you must contact the county representative listed in Section I . A new repayment agreement may be negotiated. You will still be responsible for repayment in full of the amount.				

Name of Caretaker	Case Number
Please check the box that indicates the option you choose:	
<input type="checkbox"/> Lump-sum Repayment: I agree to make repayment in full of the amount shown in Section I , in the form of one payment, within 30 calendar days of the date of my signature below.	
Signature	Date of Signature
<input type="checkbox"/> Monthly Repayment Agreement: I agree to make repayment of the amount shown in Section I , by making monthly payments until repayment is made in full. The first payment must be made within 30 calendar days of the date of my signature below.	
I agree to repay \$ _____ per month, every month until repayment is made in full. The first payment will be made by _____ (a date that is no more than 30 calendar days from the date of my signature below).	
Signature	Date of Signature
<p>SECTION III: YOUR RIGHT TO A HEARING</p> <p>This notice is to tell you about action we are proposing to take. If you do not understand this action, you should contact the county representative listed in Section I. If you do not agree with this action, you have a right to a state hearing. A state hearing lets you or your representative (lawyer, welfare rights worker, friend, or relative) give your reasons against the action. Someone from the county agency will attend the hearing to present the reasons for this action. A hearing officer from the Ohio Department of Job and Family Services will make the final decision.</p> <p>If you want a state hearing, the county agency must receive your hearing request within 90 calendar days of the mailing date on this notice. If someone else makes a written hearing request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.</p> <p>If you want information or free legal services but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association toll free, at 1-800-589-5888.</p> <p><input type="checkbox"/> I want a county conference and a state hearing.</p> <p><input type="checkbox"/> I want a state hearing only.</p>	
Signature	Date of Signature

Return this form to the county representative listed in **Section I**