

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5101:2-16-09

Rule Type: New

Rule Title/Tagline: Provider responsibilities for publicly funded child care.

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

Contact: Michael Lynch

Email: Michael.Lynch@jfs.ohio.gov

Phone: 614-466-4605

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 166 - 133
- Oelslager

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

4. What statute(s) grant rule writing authority? 5104.30, 5104.38

5. What statute(s) does the rule implement or amplify? 5104.30, 5104.32, 5104.34, 5104.35, 5104.37, 5104.38

6. What are the reasons for proposing the rule?

This rule is being proposed to replace rescinded rules 5101:2-16-42, 5101:2-16-43, and 5101:2-16-44 to group regulations according to topic and to renumber the rules consecutively as part of the five year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 rule outlines the eligibility and program requirements for child care providers participating in the publicly funded child care program. The following changes were made:

- 1) Grouped all requirements for providers into one new rule written in the question and answer format.
- 2) Created a definition of who is eligible to sign a provider agreement.
- 3) Added the requirement for a provider to have a written and signed copay agreement with the caretaker.
- 4) Clarified how a provider may receive enhanced payments for caring for a child with special needs.

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 the Ohio Revised Code. This question is not applicable to any incorporation by reference to the Ohio Revised Code because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76(A)(1).

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).

This rule incorporates one or more dated references to a federal act or acts. This question is not applicable to any dated incorporation by reference to a federal act because such reference is exempt from compliance with RC 121.71 to 121.74 in accordance with RC 121.75(C).

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

This rule is being revised to update Step Up To Quality requirements and exemptions for publicly funded child care providers as a result of new budget language in Am. Sub. H.B. 166 of the 133rd General Assembly, to add that the rule changes are a result of the passage of this legislation, and to update the process for deducting school-age hours in the automated system due to changes in system functionality.

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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This rule has no expected fiscal impact on current or future budgets.

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

Based on the preparedness of the child care provider, the on-line provider agreement takes about forty-five minutes to complete.

A border state provider must complete an online form and upload the required documents. Depending on the preparedness of the program, this should take approximately one hour to complete.

An ODE program needs approximately one hour to complete the JFS 01140.

To request approval for the enhanced rate for a child with special needs, a child care provider must submit the JFS 01231. The JFS 01231 takes approximately one hour to complete.

- 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? Yes

16. Does this rule have an adverse impact on business? Yes

A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? Yes

An eligible provider must sign a provider agreement with the Ohio department of job and family services to receive payment for providing publicly funded child care services.

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? Yes

Failure to maintain the requirements of this rule could result in the termination of the provider agreement and the ability to be reimbursed for publicly funded child care services.

C. Does this rule require specific expenditures or the report of information as a condition of compliance? Yes

Child care providers must submit attendance data via the automated child care system for services provided.

REQUEST FOR PAYMENT RATE FOR SPECIAL NEEDS CHILD CARE☐ New request☐ Renewal (special needs rates are valid for one year from date of approval)

Date
Provider Number
County
Provider Phone Number
Case Number
County
Child Date of Birth

Section I: General Information

Provider Name	Provider Number
Provider Address	County
Provider Email	Provider Phone Number
Caretaker Name	Case Number
Caretaker Address	County
Child Name	Child Date of Birth

Section II: Special Needs Criteria (Caretaker Completes This Section)

What special needs does your child have? (include diagnosis, conditions, behaviors or other information specific to the child's needs)

Does your child have a diagnosis or condition identified by a physician or medical provider? (If yes, submit supporting documentation from the physician, special educator or other licensed professional)

☐ Yes ☐ No

Does your child have one of the following? **It may be used as supporting documentation of the diagnosis and need for adjustment to care** (Please check all that apply and include a copy with this request)

- ☐ Individualized Family Service Plan (IFSP) from Birth to 3
☐ Individualized Education Program (IEP) from a school district
☐ 504 plan (child has an alternative plan in place to provide some assistance to participate fully in school)
☐ Other plan (please describe)

Does your child have a signed JFS 01236 Child Medical/Physical Care Plan for Child Care on file with the child care provider? ☐ No ☐ Yes (Provide a current copy)

Signature of Caretaker	Date
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Section III: Provider Rationale (Child Care Provider Completes This Section)

The provider must describe the rationale for the increased payment.

- The child's delays/conditions affect the development of the child, and our program must (check all that apply):
 - ☐ Provide special adaptations
 - ☐ Modify the facility
 - ☐ Adjust programs or services on a regular basis

Provide the details on how you are implementing the above:

- What are the child's additional needs for care that are not accounted for in the regular reimbursement rate?
(i.e. explanation or list of additional expenses, what adjustments to care or programming are being made)

Signature of Provider

Date

Complete and submit to this form and all documentation to: SpecialNeedsChildcare@jfs.ohio.gov