

## Rule Summary and Fiscal Analysis

### Part A - General Questions

**Rule Number:** 5101:2-44-13.1

**Rule Type:** Amendment

**Rule Title/Tagline:** Eligibility and application process for the post adoption special services subsidy (PASSS) program.

**Agency Name:** Department of Job and Family Services

**Division:** Division of Social Services

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#### I. Rule Summary

1. **Is this a five year rule review?** Yes
  - A. **What is the rule's five year review date?** 4/10/2019
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?** 5153.166
5. **What statute(s) does the rule implement or amplify?** 5153.163
6. **What are the reasons for proposing the rule?**

Five-year 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 application process for the post adoption special services subsidy (PASSS) program designed to assist eligible families to receive

designated services. Corrections include: updating a form revision date; correcting an acronym; reformatting language; and adding a new form.

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 RC121.7 to 121.74 pursuant to RC 121.76(A)(1).

This rule incorporates one or more dated references to and ODJFS form or forms. Each cited ODJFS form is dated and is generally available to persons affected by this rule via the "Info Center" link on the ODJFS WEB SITE (<http://jfs.ohio.gov/>) 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).

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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No fiscal effects expected on current or future budgets.

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

No costs of compliance.

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

**CREDENTIALS OF PROFESSIONAL PROVIDERS OF PASSS FUNDED  
THERAPEUTIC SERVICES AND MEMORANDUM OF UNDERSTANDING**

Child's Name <i>(first and last)</i>		Date of Birth
Specify the therapy being provided to the child		
Professional Experience (please describe your professional experience with the therapy you will provide to the child)		
Education and Training (please list all specific education and training relative to the therapy you will provide to the child)		
Professional Credentials		
Name of Provider <i>(first and last)</i>		
Name of Practice/Office		
Street Address of Practice/Office		
City, State and Zip Code		(Area Code) Telephone Number
Ohio License #	Licensing Board	
<p><i>My therapeutic interventions will comply with all treatment aspects contained in Ohio Administrative Code rules 5122-26-16 "Seclusion, restraint and time-out," 5122-26-16.1 "Mechanical restraint and seclusion," and 5122-26-16.2 "Physical restraint" I proclaim competence to the therapeutic technique(s) specified and acknowledge that my practice is governed under laws and rules of the occupational regulatory board specified above.</i></p>		
Signature of Provider of Service(s)		Date

Ohio Department of Job and Family Services  
**INSTRUCTIONS FOR COMPLETING THE JFS 01052,  
CREDENTIALS FOR PROVIDERS OF PASSS FUNDED THERAPEUTIC SERVICES  
AND MEMORANDUM OF UNDERSTANDING**

**Child's names:** Enter the first and last name of the child.

**Date of Birth:** Enter the child's date of birth.

**Specify the therapy service:** Provide a clear written statement of the type of therapeutic service that will be provided to the child. Per Ohio Administrative (OAC) 5101:2-44-13.1 (D)(1)

**Professional Experience:** describe the professional experience with the therapy provided to the child  
**(Include whether the professional will directly provide or supervise requested service).**

**Education and Training:** list the education and training of the professional relative to the therapy being provided to the child.

**Professional Credentials:** Example PhD, LPC LSW, or LISW

**Name of Provider:** Enter the first and last name of the provider who will directly provide the therapeutic service.

**Name of Practice:** Enter the name of the practice.

**Street Address of Practice:** Enter the location of the practice.

**City, State and Zip Code:** Enter the city, state and zip code where the practice is located.

**Telephone Number:** Enter the area code and telephone number of the practice.

**Ohio License #:** Enter the license number of the profession

**Licensing Board:** Enter the name of the Licensing Board in which the provider is authorized to practice.