

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5101:2-46-12

Rule Type: New

Rule Title/Tagline: Reimbursement of Title IV-E nonrecurring kinship guardianship assistance program (KGAP) expenses.

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 **Phone:** 614-466-4605

Email: Michael.Lynch@jfs.ohio.gov

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 110 - 134
- Scott Oelslager
3. **What statute is this rule being promulgated under?** 119.03
4. **What statute(s) grant rule writing authority?** 5153.163, 5101.1417
5. **What statute(s) does the rule implement or amplify?** 5153.163, 5153.16
6. **What are the reasons for proposing the rule?**

The reason for proposing the rule is to implement a statewide federal kinship guardianship assistance program (KGAP) pursuant to Ohio revised code 5153.163.
7. **Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

OAC rule 5101:2-46-12 entitled "Reimbursement of Nonrecurring Kinship Guardianship Assistance Program (KGAP) Expenses" outlines the requirements for eligibility for nonrecurring KGAP expenses and the reimbursement of the nonrecurring expenses incurred by a kinship caregiver(s) that are directly related to the legal custody/guardianship of a child.

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. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

This rule incorporates one or more references to a form or a digital application into which data is entered. This question is not applicable to any incorporation by reference to forms or digital data applications because such reference is exempt from compliance with RC 121.75 to 121.74 pursuant to RC 121.75(B)(4).

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 121.75(A)(1)(d).

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 121.75(A)(1)(a).

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. **Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

0.00

Not Applicable.

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

No new cost.

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

15. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

Not Applicable.

III. Common Sense Initiative (CSI) Questions

16. Was this rule filed with the Common Sense Initiative Office? No

17. 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

D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restrictions (This section only applies to agencies indicated in R.C. 121.95 (A))

18. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.

Not Applicable

Ohio Department of Job and Family Services

AGREEMENT FOR PAYMENT OR REIMBURSEMENT FOR NONRECURRING EXPENSES INCURRED IN A KINSHIP GUARDIANSHIP PLACEMENT

SECTION I: GENERAL PROVISIONS

1. The following agreement has been entered into by and between _____ hereinafter called "Ohio Department of Job and Family Services (ODJFS)" and _____ the kinship caregiver(s), hereinafter called the "Kinship Caregiver(s)," residing at _____
2. The child's name _____

SECTION II: GENERAL TERMS OF THE AGREEMENT

1. The kinship caregiver(s) and ODJFS concur that the provisions for payment or reimbursement of nonrecurring Kinship Guardian Assistance Program (KGAP) expenses apply to guardianship prior to the court issuing an order granting legal custody/guardianship to the kinship caregiver(s).
2. The kinship caregiver(s) and ODJFS concur that the provisions of this agreement will apply only to:
 - a) Nonrecurring KGAP expenses incurred or paid by the kinship caregiver(s).
 - b) Nonrecurring KGAP expenses paid by ODJFS on behalf of the kinship caregiver(s).
3. The kinship caregiver(s) and ODJFS concur that payment or reimbursement will include only those nonrecurring KGAP expenses for which a bill or fee has been charged and for which the kinship caregiver(s) are ultimately liable (*i.e. the cost of services that ODJFS is not required to provide or to pay*).

SECTION III: SPECIFIC TERMS OF THE AGREEMENT

The kinship caregiver(s) and ODJFS agree to the following procedures for payment or reimbursement of the nonrecurring expenses of legal custody/guardianship with the understanding that total payments or reimbursement will not exceed \$2,000 per child for each kinship placement. Check each arrangement below which applies to this agreement.

1. ODJFS has reimbursed _____, and/or agrees to provide reimbursement to _____, the kinship caregiver(s), for the following KGAP expenses following payment by the kinship caregiver(s).
 - Court Cost issuing an order granting legal custody/guardianship
 - Legal Expenses
 - Transportation, Lodging and Food
 - Reasonable and necessary legal custody/guardianship fees
2. ODJFS has paid _____, and agrees to make payment(s) to _____, service provider(s) on behalf of the kinship caregiver(s) for the following KGAP expenses incurred by the kinship caregiver(s).
 - Court Cost issuing an order granting legal custody/guardianship
 - Legal Expenses
 - Transportation, Lodging and Food
 - Reasonable and necessary legal custody/guardianship fees
3. ODJFS agrees to submit a claim on behalf of the kinship caregiver(s) for payment or reimbursement of the following nonrecurring KGAP expenses incurred or paid by the kinship caregiver(s).
 - Court Cost issuing an order granting legal custody/guardianship
 - Legal Expenses
 - Transportation, Lodging and Food
 - Reasonable and necessary legal custody/guardianship fees

SECTION IV: PAYMENT OR REIMBURSEMENT IF NONRECURRING EXPENSES EXCEED \$2,000

In the event that nonrecurring expenses for the legal custody/guardianship of an individual child exceeds \$2,000, ODJFS agrees that the kinship caregiver(s) may choose the expenses to claim for payment or reimbursement from among the expenses they have not received previous payment or reimbursement.

SECTION V: VERIFICATION BY THE KINSHIP CAREGIVER(S)

1. The kinship caregiver(s) states that the nature and the amounts of the nonrecurring expenses listed in Section III will be accurately reported and documented.
2. The kinship caregiver(s) agrees to verify the nonrecurring KGAP expenses for which they have received payment or reimbursement from ODJFS, or which ODJFS has paid to a service provider on their behalf.
3. The kinship caregiver(s) agrees to submit a claim for payment or reimbursement and proof of expenditures only for those additional nonrecurring KGAP expenses for which they are financially responsible within two years of the court issuing the order of legal custody/guardianship to the kinship caregiver(s) or placement with the kinship caregiver(s) ending prior to the court issuing the order of legal custody/guardianship to the kinship caregiver(s).
4. The kinship caregiver(s) understands that if an agreement cannot be reached in the nature and amount of expenses which are eligible for payment or reimbursement, they are entitled to a state hearing in accordance with the policies and procedures contained in Chapter 5101:6-2 of the Ohio Administrative Code.

SECTION VI: VERIFICATION BY THE ODJFS

1. ODJFS asserts that a copy of this agreement, along with accurate documentation of the nonrecurring KGAP expenses itemized in Section III of this agreement, will be maintained in the case record.
2. The kinship caregiver(s) and ODJFS concur that payment or reimbursement for nonrecurring KGAP expenses will not exceed the total sum of \$2,000 for each child.

SECTION VII: AMENDMENT OF THE AGREEMENT

The kinship caregiver(s) and ODJFS concur that this agreement may be amended by mutual consent at any time prior to the court issuing an order of legal custody/guardianship to the kinship caregiver(s) subject to the conditions of rules 5101:2-46-07 and 5101:2-56-05 of the Administrative Code.

Kinship Caregiver(s) Signature	Email	Date
Kinship Caregiver(s) Signature	Email	Date
ODJFS Representative Signature	Email	Date

A signed copy of this Agreement was given/mailed to the kinship caregiver(s) on: _____
Date (mm/dd/yyyy)

Ohio Department of Job and Family Services

APPLICATION FOR REIMBURSEMENT OF NONRECURRING KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM (KGAP) EXPENSES

Date of Application (mm/dd/yyyy)		Case or ID Number (Completed by Agency)	
SECTION I: ODJFS INFORMATION			
Name of State Representative			
Address (City, State and Zip Code)			Telephone Number
SECTION II: KINSHIP CAREGIVER(S)			
Name of Kinship Caregiver (First and Last)		Name of kinship Caregiver (First and Last)	
Address	City, State and Zip Code		Telephone Number
SECTION III: CHILD			
Name of Child (First and Last)			<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth (mm/dd/yyyy)			
SECTION IV: PROGRAM CERTIFICATION (For ODJFS Use Only)			
<p>A. Is there a determination that the child cannot and should not be returned to the home of the specified relative? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Documentation Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what documentation is being attached?</p>			
<p>B. Is there documentation that reunification or adoption are not appropriate permanency options for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Documentation Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what documentation is being attached?</p>			
SECTION V: SIGNATURES			
Signature of Kinship Caregiver		E-mail	Date
Signature of kinship Caregiver		E-mail	Date

SECTION VI: DISPOSITION (FOR ODJFS USE ONLY)

This application relates only to the applicant's eligibility for the Reimbursement of Nonrecurring Kinship Guardianship Assistance Program (KGAP) Expense Program. Specific items to be paid or reimbursed shall be addressed on the JFS 00135, "Agreement for Payment or Reimbursement for Nonrecurring Expenses Incurred in a Kinship Guardianship Placement." This application for reimbursement of nonrecurring KGAP expenses has been:

Approved Denied

Reason for Denial:

Signature of Authorized ODJFS Representative

Date (mm/dd/yyyy)

SECTION VII: RIGHT TO A STATE HEARING

You have a right to a state hearing before the Ohio Department of Job and Family Services if your application is denied or if you disagree with any other actions taken on your application. For a complete explanation of your hearing rights and the hearing process, please read JFS 04059 "Explanation of State Hearing Procedures." A copy of the JFS 04059 should be given to applicant along with this application.