

Department of Job and Family Services

Mike DeWine, Governor Jon Husted, Lt. Governor Matt Damschroder, Director

December 6, 2022

Child Care Manual Transmittal Letter No. 160

TO:	All Child Care Manual Holders
FROM:	Matt Damschroder, Director
SUBJECT:	Rule Changes for Publicly Funded Child Care Ohio Benefits Statewide Implementation

Background

To improve Ohioans' access to county managed public assistance programs, publicly funded child care (PFCC) transitioned its benefit processing activities from the Child Care Information Data System (CCIDS) into the Ohio Benefits integrated eligibility system. In early 2022, five pilot counties initiated the statewide conversion's phased-in approach by utilizing the Ohio Benefits integrated eligibility system to process initial child care eligibility. By mid-2022, all counties converted all PFCC eligibility activities into the Ohio Benefits integrated eligibility system, making it the sole eligibility processing system for Supplemental Nutrition Assistance Program (SNAP), Cash Assistance, Medical Assistance, and Child Care Assistance programs.

Rules 5101:2-16-01, 5101:2-16-02, 5101:2-16-05, 5101:2-16-08, 5101:2-16-09 and 5101:2-16-10 of the Ohio Administrative Code (OAC) were amended to implement and clarify the utilization of the Ohio benefits integrated eligibility system for all PFCC benefit processing activities. These rules will go into effect on December 11, 2022.

The following rules have been amended

5101:2-16-01 "Definitions for eligibility for publicly funded child care benefits"

- Corrected the paragraph reference in (N)(4).
- Defined "Ohio benefits integrated eligibility system" as the centralized automated system that supports county agencies.

5101:2-16-02 "Application and qualification process for receipt of publicly funded child care benefits"

- Replaced "redetermination" with "recertification" to reflect language used in the Ohio benefits integrated eligibility system.
- Removed references to "child care information data system" and "CCIDS" for child care's conversion to the Ohio benefits integrated eligibility system for all eligibility processing.

- Replaced the JFS 01138 "Application for Child Care Benefits" with the JFS 07200 "Application for SNAP, Cash Assistance, Medical Assistance, or Child Care Assistance."
- Clarified that all counties will accept the JFS 07200, or the JFS 01121 "Early Childhood Education Eligibility Screening Tool" or the JFS 01122 "Publicly Funded Child Care Supplemental Application" as applications for initial PFCC eligibility.
- Added the definition of a telephonic signature.
- Clarified what is considered a valid PFCC application signature.
- Clarified that a minor parent can be a primary applicant if they've obtained their high school diploma or high school equivalency.
- Clarified that caretakers who are minor parents may qualify for child care eligibility if they received a high school diploma or a high school equivalence diploma or are participating in the learning, earning, and parenting (LEAP) program.
- Replaced the JFS 01124 "Re-determination Application from Child Care Benefits" with the JFS 07204 "Request to Reapply for Cash Assistance, SNAP and/or Child Care."
- Clarified that current child care recipients requesting to apply for SNAP and/or cash benefits at the time of their child care recertification are to file a JFS 07200 for SNAP and/or cash benefits.
- Clarified that all counties will accept the JFS 07204 as an application to recertify PFCC eligibility during an annual review.
- Clarified that before the end of the eligibility period, the caretaker is required to verify and/or update the information on the JFS 07204, submit proof of current household income and reported changes and sign and return the JFS 07204 with any necessary documentation to the county.
- Updated paragraph reference in (N)(1)(c).
- Replaced language referring to termination notice issuance at the end of a certification period with language that reflects the Ohio benefits integrated eligibility system's automated expiration notice and discontinuance processes.
- Clarified that all PFCC joint applications are to be processed in accordance with Chapter 5104. of the Ohio Revised Code (ORC) and Chapter 5101:2-16 of the OAC.

Appendix A to rule 5101:2-16-02 was revised to include electronic education as a qualified basic education activity.

Appendix B to rule 5101:2-16-02 was revised to add an official document of live birth, the State Online Query (SOLQ), and citizenship verifications that align with PFCC requirements obtained by other assistance program within the Ohio benefits integrated eligibility system as acceptable verifications of a child's citizenship.

5101:2-16-05 "Copayment for publicly funded child care benefits"

• Replaced "redetermination" with "recertification".

5101:2-16-08 "County agency responsibilities for the administration and determination of eligibility for publicly funded child care"

• Replaced "redetermination" with "recertification".

- Removed references to "child care information data system" and "CCIDS" for child care's conversion to the Ohio benefits integrated eligibility system for all eligibility processing.
- Removed "OB" and replaced with "Ohio benefits integrated eligibility system".
- Removed references for counties using OB due to all counties' utilization of the Ohio benefits integrated eligibility system.
- Removed the county's responsibility for assigning child care eligibility pay codes due to the Ohio benefits integrated eligibility system's automated pay code assignment functionality.
- Clarified that counties are to provide the caretaker a JFS 07204 at recertification.
- Removed references to the JFS 01124 due to child care being included on the JFS 07204.
- Clarified the county is to propose the expiration of benefits on or after the first day of the next-to-last month of eligibility, but before the first day of the last month of eligibility and that benefits will expire if the JFS 07204, household income and any other required documentation are not received prior to the end of the current eligibility period.
- Fixed spelling error in (I)(2).
- Clarified that all PFCC joint applications are to be processed in accordance with Chapter 5104. of the ORC and Chapter 5101:2-16 of the OAC.

5101:2-16-09 "Provider responsibilities for publicly funded child care"

• Removed guidance for requesting payment for services provided prior to December 16, 2018.

5101:2-16-10 "Payment rates and procedures for providers of publicly funded child care services"

• Clarified that in-home aides are not to claim pandemic days.

Forms

The following forms were made obsolete as of the date of this transmittal letter.

The JFS 01138 "Application for Child Care Benefits" has been replaced by the JFS 07200 "Application for SNAP, Cash Assistance, Medical Assistance, or Child Care Assistance"

The JFS 01124 "Re-Determination Application for Child Care Benefits" has been replaced by the JFS 07204 "Request to Reapply for Cash Assistance, SNAP and/or Child Care"

The JFS 01148 "Child Care Application/Redetermination Verification Checklist has been replaced by the JFS 07105 "Application/Reapplication Verification Request Checklist"

The following forms were made obsolete and are no longer being used by providers participating in PFCC for requesting payment for services prior to December 16, 2018.

The JFS 01949 "Request for Appeal of Child Care Provider Agreement"

The JFS 01261 "Publicly Funded Child Care Manual Claim for Assistance"

The JFS 01292 "Publicly Funded Child Care Request for Ohio ECC Payment Adjustment"

The JFS 01211 "Request for Payment of Publicly Funded Child Care Services Provided for a Denial of Application"

Implementation

Applicants can apply for PFCC using one of the following options:

- Ohio Benefits Self-Service Portal <u>Self Service Portal Home Page (ohio.gov)</u>
- Submit a JFS 07200 with the child care box is checked
- Submit a JFS 01121 when combined with the JFS 01122
- Telephonic application with job and family services county agencies that accept telephonic signatures.

Until December 31, 2022, counties may accept the JFS 01138 as an initial application for child care and the JFS 01124 as a request to recertify child care benefits. If a JFS 01138 is received, and the caretaker desires to add an authorized representative, the caretaker must submit written verification to the county agency.

What is a valid application?	A valid application is the JFS 01138 received on or before December 31, 2022, or the JFS 07200 (rev. 6/2022), or its electronic or telephonic equivalent or the JFS 01121 or the JFS 01122 and includes the applicant's name, address, and signature.
	After December 31, 2022, the JFS 01138 will no longer be accepted for child care.
What is a complete application?	The application is considered complete when the caretaker submits the following:
	Required information for all family members
	The complete information about all caretakers' qualified activities
	Verification of all household income
	Verification of citizenship or qualified alien status for the child(ren) in need of care
	Name and address of an eligible provider
What actions should a county take if it received a JFS 01138 and all verifications required for eligibility, but the caretaker never submitted the JFS 07200?	The JFS 01138 is considered a valid application until December 31, 2022. If the county received all verifications required for eligibility by the 30 th day, the county will update the case using the received verifications and determine the family's eligibility for child care.

What actions should a county take if it received a JFS 01138 and the verifications required for eligibility, but the JFS 07200 was not returned by the 30 th day?	The JFS 01138 is considered a valid application until December 31, 2022, therefore the JFS 07200 is not required for eligibility to be determined. If the caretaker fails to submit the required verifications by the 30 th day of the JFS 01138 receipt date, the application should be denied, and the county should notify the caretaker of their hearing rights.
What if the county received the JFS 01138 but has not sent out a request for verifications?	The county will send a checklist to the caretaker requesting the verifications required for eligibility. The caretaker will be allowed 10 days or the remainder of the 30 days in the 30-day application period, whichever is greater, to submit the required eligibility verifications.
What if a family was previously denied because they submitted a JFS 01138 and failed to return the JFS 07200 by the 30 th day?	Counties are not required to reexamine any child care cases that were denied because the JFS 01138 was submitted but the caretaker failed to submit a valid JFS 07200 requesting child care. Caretakers will need to reapply by submitting a valid JFS 07200 or a valid JFS 01138.
What if a JFS 01138 or JFS 01124 is received after December 31, 2022?	After December 31, 2022, the JFS 01138 and JFS 01124 will no longer be accepted for child care eligibility. If the JFS 01138 is received after December 31, 2022, the county is to contact the applicant informing them a JFS 07200 is to be used for initial application, send them the JFS 07200, or obtain their telephonic audio signature or direct them to the Self-Service Portal where an electronic JFS 07200 can be submitted. If the JFS 01124 is received after December 31, 2022, and BEFORE the end of the current eligibility period, the county is to contact the applicant informing them a JFS 07204 is to be used to recertify child care benefits, reissue the JFS 07204 via the Ohio benefits integrated eligibly system, or obtain their telephonic audio signature or direct them to the Self-Service Portal where an electronic JFS 07204 can be submitted. If the JFS 01124 is received after December 31, 2022, and AFTER the end of the current eligibility period, the county must contact the applicant informing them a JFS 07204 can be submitted.

Can the JFS 01121 and JFS	Yes. However, if the individual wants to apply for benefits
01122 be accepted for child care	other than child care, a valid JFS 07200 must be submitted.
after December 31, 2022?	
Can the JFS 07200 or a JFS	Yes, the JFS 07200 and JFS 01138 have all the information
01138 be used to complete a	required to recertify a family's child care benefits.
recertification in the place of the	Therefore, a valid JFS 07200 or valid JFS 01138 can be
JFS 07204?	accepted in place of the JFS 07204 at recertification. Like
	the JFS 07204, a valid JFS 07200 or valid 01138 must be
	submitted with proof of current household income and other
	changes prior to the end of the current eligibility period for
	the recertification process to be complete.
	If the caretaker fails to complete the rectification process
	timely, a new valid JFS 07200 or a valid JFS 01138 will be
	required and considered an initial application for child care
	eligibility.
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The most recent version of all ODJFS forms referenced in these rules can be accessed through Forms Central.

Please contact the Child Care Policy Helpdesk at childcarepolicy@jfs.ohio.gov or 1-877-302-2347, option 4, if you have any questions.

5101:2-16-01 **Definitions for eligibility for publicly funded child care benefits.**

- (A) "Absent day" means any day that a child is authorized and scheduled to be in the care of the provider, but is not in attendance, and child care would have been provided had the child been present with the provider.
- (B) "Adult" means an individual who is age eighteen or older.
- (C) "Authorization" means the hours that a county agency determines that a child may receive publicly funded child care from an eligible provider chosen by the caretaker. The authorization shall be reasonably related to the number of hours of the caretaker's qualifying activities.
- (D) "Authorized representative" in the Ohio benefits <u>integrated</u> statewide automated eligibility system means an individual other than the caretaker applying for and/or receiving publicly funded child care benefits, who is at least eighteen years of age and is identified in writing by the caretaker to act on their behalf. The authorized representative may do all of the following:
 - (1) Complete and submit initial and/or recertification applications and verifications for publicly funded child care on behalf of the caretaker.
 - (2) Report changes which may affect the caretaker's eligibility for publicly funded child care on behalf of the caretaker.
 - (3) Receive copies of all correspondence sent to the caretaker.
 - (4) Communicate on behalf of the caretaker.
- (E) "Automated child care system" means the automated electronic child care system that tracks attendance and calculates payments for publicly funded child care.
- (F) "Border state child care provider" means a child care provider who is licensed, certified, or otherwise approved by the border state to provide child care services. A border state child care provider may provide publicly funded child care only to a recipient who resides in an Ohio county.
- (G) "Caretaker" means the father or mother of a child, an adult who has legal custody of a child, an adult who is the guardian of a child, or an adult who stands in loco parentis, as defined in this rule, with respect to a child and whose presence in the home is needed as the caretaker of the child. Caretaker has the same meaning as "caretaker parent" as defined in section 5104.01 of the Revised Code.
- (H) "Child" means an infant, toddler, preschool child, or school-age child up to age eighteen.

- (I) "Child care" per section 5104.01 of the Revised Code means all of the following:
 - (1) Administering to the needs of infants, toddlers, preschool-age children and schoolage children outside of school hours;
 - (2) By persons other than their parents, guardians, or custodians;
 - (3) For part of the twenty-four-hour day; and
 - (4) In a place other than a child's own home, except that an in-home aide provides child care in the child's own home;
 - (5) By a provider required by Chapter 5104. of the Revised Code to be licensed or approved by the Ohio department of job and family services (ODJFS), certified by a county department of job and family services, or under contract with the department to provide publicly funded child care as described in section 5104.32 of the Revised Code.
- (J) "Designee/Sponsor" means the individual designated by the caretaker to record attendance for a child receiving publicly funded child care at an authorized provider.
 - (1) The caretaker shall not designate a child who is an infant, toddler or preschool child.
 - (2) The caretaker shall not designate the authorized provider or anyone acting in any capacity for the provider.
 - (3) A school-age child that is a designee/sponsor may only track attendance for themselves and other school-age children authorized on the same case and to the same provider.
- (K) "Eligibility period" means a period of at least twelve months that a family is determined eligible for publicly funded child care benefits, or the period until the family no longer meets eligibility requirements or requests termination. The family's eligibility period shall end on the last day of the twelfth month of eligibility.
- (L) "Eligible provider" means a child care provider who is eligible to receive public funds in accordance with Chapter 5104. of the Revised Code and rule 5101:2-16-09 of the Administrative Code.
- (M) "Head Start program" means a school-readiness program that satisfies all of the following:
 - (1) Is for children from birth to age five who are from low-income families;

- (2) Receives funds distributed under the "Improving Head Start for School-Readiness Act of 2007," 42 U.S.C. 9831, as in effect on 10/01/2021, and;
- (3) Is licensed as a child care program.
- (N) "Homeless children" as defined in 42 U.S.C. 11434a(2)(2015) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of 42 U.S.C. 11302(a)(1)(2014), and includes all of the following:
 - (1) Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals.
 - (2) Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of 42 U.S.C. 11302(a)(2)(C).
 - (3) Children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
 - (4) Migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in paragraphs (M)(1)(N)(1) to (M)(3)(N)(3) of this rule.
- (O) "Income" means gross income, as defined in rule 5101:2-16-03 of the Administrative Code.
- (P) "Infant" means a child under eighteen months of age.
- (Q) "In loco parentis" means an adult who is the caretaker of a child, including a relative, foster parent or stepparent, who is charged with the rights, duties and responsibilities of a parent and whose presence in the home is needed to perform these rights, duties and responsibilities.
- (R) "Minor parent" means a caretaker who is under age eighteen.
- (S) "Ohio benefits integrated eligibility system" means the centralized automated system that supports county agencies.
- (S)(T) "Preschool child" means a child who is three years old or older but is not a school child.

- (T)(U) "Professional development day" means a day in which a provider would normally provide child care for currently enrolled and scheduled children, but has closed to the public so that the provider and/or child care staff may undergo training meant to improve their professional knowledge, competence, skill and effectiveness as child care professionals.
- (U)(V) "Publicly funded child care" is the care of infants, toddlers, preschool children, and school-age children under age thirteen by an eligible provider. Publicly funded child care is paid, wholly or in part, with federal or state funds, including funds available under the child care block grant act Title IV-A, and Title XX, distributed by ODJFS.
- (V)(W) "School-age child" means a child who is enrolled in and attending a grade of kindergarten or above but is less than fifteen years old or, in the case of a child who is receiving special needs child care, is less than eighteen years old.
- (W)(X) "School hours" means the standardized hours of school as defined by the child's school. If the child is homeschooled, school hours are defined by the public school the child would attend if not being homeschooled.
- (X)(Y) "School not in session" means a day during the ODJFS defined school year when a school-age child is not able to attend school due to an official school closure, including a delayed start time or an early dismissal time.
- (Y)(Z) "School year" is defined by ODJFS as the first Sunday in September through the last Saturday in May.
- (Z)(AA) "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

(AA) "Statewide automated eligibility system" means the centralized automated system that supports counties utilizing Ohio benefits.

- (BB) "Step up to quality (SUTQ)" means the tiered quality rating system for licensed child care programs in Ohio.
- (CC) "Temporary absence" is when a caretaker is out of the home for up to forty-five consecutive days with a definite plan to return to the household.

- (DD) "Toddler" means a child who is at least eighteen months of age but is less than three years of age.
- (EE) "Week" is the seven-day period from twelve a.m. Sunday to eleven fifty-nine p.m. Saturday.

Effective:

Five Year Review (FYR) Dates:

12/11/2022

10/20/2024

CERTIFIED ELECTRONICALLY

Certification

12/01/2022

Date

Promulgated Under: Statutory Authority: **Rule Amplifies:** Prior Effective Dates: 119.03 5104.30, 5104.34, 5104.38 5104.01, 5104.38, 5104.34, 5104.30 02/11/1982, 09/01/1986, 05/01/1989 (Emer.), 09/28/1989, 04/01/1990 (Emer.), 06/22/1990, 07/01/1990 (Emer.), 09/30/1990, 05/01/1991 (Emer.), 07/29/1991, 11/01/1991 (Emer.), 01/20/1992, 03/02/1992 (Emer.), 07/30/1992, 01/01/1994, 10/01/1997 (Emer.), 12/30/1997, 02/22/2002, 06/09/2003, 07/01/2005 (Emer.), 10/01/2005, 02/01/2007, 10/21/2009, 03/28/2010, 08/28/2011, 05/04/2014, 07/10/2015, 09/28/2015, 12/16/2018, 10/20/2019, 01/24/2021, 02/27/2022

5101:2-16-02 Application and qualification process for receipt of publicly funded child care benefits.

- (A) How does a caretaker apply for publicly funded child care (PFCC) benefits?
 - (1) The caretaker is to complete a PFCC application and submit the application to the county agency that serves the caretaker's county of residence.
 - (a) A valid PFCC application includes any of the following forms with the applicant's name, address and signature on the form:
 - (i) The JFS 01138 "Application for Child Care Benefits" or its electronic equivalent, if the caretaker's county of residence is utilizing the child care information data system (CCIDS) for child care determinations.
 - (ii)(i) The JFS 07200 "Application for Cash, Food, Medical or Child Care Assistance" "Application for Supplemental Nutrition Assistance Program (SNAP), Cash Assistance, Medical Assistance or Child Care Assistance" or its electronic or telephonic equivalent, if the caretaker's county of residence is utilizing Ohio benefits (OB) for child care determinations.
 - (iii)(ii) The JFS 01121 "Early Childhood Education Eligibility Screening Tool" or the JFS 01122 "Publicly Funded Child Care Supplemental Application".
 - (iv)(iii) If the PFCC application does not include, at a minimum, the applicant's name, address, and signature, the application is not considered valid.
 - (A) If the caretaker's county of residence is utilizing CCIDS for child care determinations, signatures include the following:
 - (i) Handwritten signatures (including handwritten signatures that are transmitted by faesimile or other electronic submission). When the signatory cannot sign with a name, an 'X' is a valid signature. The county agency may require a witness to attest to an 'X' signature. An employee of the county agency may serve as a witness.

(ii) Electronic signatures through the online application.

(B)(b) If the caretaker's county of residence is utilizing OB for child care determinations, Valid PFCC application signatures include the following:

- (i) Handwritten signatures (including handwritten signatures that are transmitted by facsimile or other electronic submission). When the signatory cannot sign with a name, an 'X' is a valid signature. The county agency may require a witness to attest to an 'X' signature. An employee of the county agency may serve as a witness.
- (ii) Electronic signatures through the online application; and
- (iii) Telephonic signatures obtained in accordance with procedures approved by the Ohio department of job and family services (ODJFS). <u>A telephonic signature is an audio recording of the</u> <u>caretaker or authorized representative's verbal assent and summary</u> <u>of the information to which the family assents.</u>
- (b)(c) The application received date shall be the date the county agency receives a valid PFCC application as described in paragraph (A)(1)(a) of this rule. When the valid application is received after business hours, the application received date is to be the next business day. If the caretaker is found eligible, the beginning date of benefits is the application received date.
- (2) The application shall be considered complete when the caretaker has submitted all of the following:
 - (a) The JFS 01138 if the caretaker's county of residence is utilizing CCIDS for child care determinations, the JFS 07200 if the caretaker's county of residence is utilizing OB for child care determinations, or the JFS 01121 and the JFS 01122 with the required information for all family members. A family is any of the following:
 - (i) One or more caretaker(s) and all minor children who reside with the caretaker(s) in the same household.
 - (ii) A caretaker, a minor parent and the child of the minor parent when all reside in the same household, unless the minor parent is participating in the learning, earning and parenting (LEAP) program. If the minor parent is participating in LEAP, the caretaker is not included in the household.
 - (iii) A minor parent and the child of a minor parent if the minor parent has a high school diploma.
 - (iii)(iv) A caretaker with shared custody of minor children and all children who reside with the caretaker in the same household.

Minor children with more than one residence due to shared custody agreements are counted in the caretaker's household during the time periods they reside with the caretaker.

- (iv)(v) A caretaker who is a foster parent and/or stepparent and all of the minor children who reside with the caretaker in the same household.
- (v)(vi) Married caretakers and all minor children who reside with the caretakers in the same household.
- (vi)(vii) Unmarried caretakers who live in the same household with a common child and all of the minor children who reside with them. Both caretakers shall be considered caretakers for all the children in the family.
- (b) Complete information about the work, school, training or other activity for every caretaker in the household who is participating in an activity that necessitates child care.
 - (i) If the county agency determines that the caretaker is participating in a qualifying activity, verification of that activity is required for the application to be complete.
 - (ii) If the county agency determines that the caretaker is not participating in a qualifying activity, verification of a qualifying activity is not required for the application to be complete.
 - (iii) If there is more than one caretaker in the family, and a second caretaker is not participating in a qualifying activity but is unable to provide care for the child, written verification from a licensed physician, licensed psychologist, licensed psychiatrist or public children services agency (PCSA) that the caretaker cannot provide care for the child is required for the application to be complete.
- (c) Verification of income for all household members pursuant to rule 5101:2-16-03 of the Administrative Code. When there is no income, a statement of how the family is meeting basic living expenses is required pursuant to rule 5101:2-16-03 of the Administrative Code.
- (d) Verification of citizenship or qualified alien status for children in need of care as listed in appendix B to this rule.
- (e) The name and address of an eligible provider chosen for each child in need of care.

- (3) The caretaker is to complete the application process within thirty calendar days from the date the county agency receives a valid PFCC application as described in paragraph (A)(1) of this rule.
 - (a) When the thirtieth day falls on a weekend or a legal holiday, the completed application, including all verifications, is due on the next business day.
 - (b) The application shall be denied due to insufficient information if the county agency does not receive all required documentation within the thirty day time frame.
 - (c) The caretaker may submit a new application with supporting documentation pursuant to paragraphs (A)(2) and (A)(3) of this rule if he or she still wishes to apply for benefits.
- (B) What are the eligibility requirements to qualify for publicly funded child care benefits?
 - (1) The family is to meet the income requirements:
 - (a) Initially, a caretaker may be eligible for publicly funded child care benefits if the family's gross monthly income is at or below one hundred fortytwo per cent of the federal poverty level (FPL).
 - (b) If a child in need of care has a verified special need pursuant to paragraph (C)
 (1) of this rule, a caretaker may be eligible for publicly funded child care benefits if the family's gross monthly income is at or below one hundred fifty per cent of the FPL.
 - (c) Ongoing eligibility may be maintained if the family's gross monthly income is at or below three hundred per cent of the FPL.
 - (d) These amounts will be published annually in a child care manual procedure letter.
 - (2) All caretakers in the home shall be participating in one or more of the qualifying activities as listed in appendix A to this rule. If there is more than one caretaker in the family, child care may be approved for the number of hours in which no caretaker is available to provide care for the child(ren) because all caretakers are participating in qualifying activities, unless verification is received that the caretaker cannot provide care for the child, pursuant to paragraph (A)(2)(b) of this rule.
 - (3) The child in need of care shall:

- (a) Be under age thirteen at the time of application and may remain eligible through the end of the eligibility period in which they turn thirteen; or
- (b) Be under age eighteen at the time of application if the child meets the definition of special needs pursuant to rule 5101:2-16-01 of the Administrative Code, and may remain eligible through the end of the eligibility period in which they turn eighteen.
- (c) Meet the citizenship requirements as listed in appendix B to this rule.
- (4) The family shall not have more than one million dollars in cash, checking or savings accounts.
- (C) What if a child in need of care has special needs?
 - (1) If a caretaker indicates on an application that a child in need of care has special needs pursuant to rule 5101:2-16-01 of the Administrative Code, the county shall request verification of the child's special need. If the special need is verified, the provider may receive payment enhancements pursuant to rule 5101:2-16-10 of the Administrative Code for child care services provided for the child.
 - (2) If the provider must make special accommodations to care for the child, the caretaker and the provider may apply for a special needs payment enhancement so that the provider may receive additional payment enhancements per rule 5101:2-16-09 of the Administrative Code.
- (D) What if the caretaker is a minor parent?

A minor parent may be eligible for child care if they meet the eligibility requirements in paragraph B of this rule and the following requirements:

- (1) The minor parent received a high school diploma or a high school equivalence diploma; or
- (2) The minor parent is participating in the learning, earning and parenting (LEAP) program.
- (D)(E) What if a caretaker's qualifying activity ends before the end of a family's eligibility period?
 - (1) A family will remain eligible for child care if the county agency has documentation that a caretaker's qualifying activity will begin within the next thirty days.

- (2) A family may continue to be eligible for child care if a caretaker's qualifying activity ends and a new activity is not scheduled to begin pursuant to paragraph (D)(1)(E)(1) of this rule, if the following requirements are met:
 - (a) If the county agency is notified about the loss of a qualifying activity, eligibility may continue for at least three months-, but not more than four months from the date the qualifying activity ends, not to extend beyond the current eligibility period.
 - (b) If a new qualifying activity is verified to begin before the end of the three month time period, the family may continue to be eligible for child care, not to extend beyond the current eligibility period.
- (3) A child enrolled in a child care program that partners with a federally funded head start program may remain eligible for child care benefits until the end of the current head start program year if the county agency proposes termination of child care due to an unmet eligibility requirement. To remain eligible for continuation of child care benefits until the end of the current head start program year, the caretaker shall meet the following eligibility requirements:
 - (a) The caretaker shall meet the income eligibility requirements outlined in paragraph (B)(1) of this rule.
 - (b) The caretaker shall pay the assigned copayment.
 - (c) The caretaker shall complete the redetermination/recertification process pursuant to paragraph (<u>L)(M)</u> of this rule if the head start program year extends beyond the current eligibility period.
 - (d) The caretaker shall not have been found guilty by a court of law for child care fraud.

(E)(F) What if a caretaker is on temporary leave from employment?

- (1) The caretaker will be considered to have a qualifying activity required pursuant to paragraph (B)(2) of this rule if the caretaker has verification from the employer confirming that the caretaker will return after the leave ends.
- (2) If the caretaker does not have verification from the employer confirming the caretaker will return after the leave, the caretaker will be eligible for continued eligibility pursuant to paragraph (D)(<u>E</u>) of this rule.
- (3) Temporary leave from employment can include but is not limited to the following:

(a) Maternity leave.

(b) Leave taken according to the Family Medical Leave Act of 1993 (FMLA).

- (c) Short term disability.
- (d) Other leave as approved by the caretaker and employer.
- (F)(G) What is transitional child care?
 - (1) A caretaker shall be eligible for transitional child care benefits for the twelve-month period immediately following the end of participation in Ohio works first (OWF) if the caretaker meets all of the initial and redetermination/recertification eligibility requirements and all of the following apply:
 - (a) The caretaker needs child care due to employment.
 - (b) The caretaker's initial income does not exceed one hundred fifty per cent of the FPL. These amounts shall be published annually in a child care manual procedure letter.
 - (2) A caretaker who is ineligible to participate in OWF pursuant to section 5101.83 or 5107.16 of the Revised Code is not eligible for transitional child care.

(G)(H) What if a family needs protective care?

- (1) Protective child care is publicly funded child care services provided to assist in the care and protection of a child. Caretakers receiving protective child care shall be determined eligible without regard to income or assets and shall have their copayment waived pursuant to rule 5101:2-16-05 of the Administrative Code.
- (2) A case plan, as required in section 2151.412 of the Revised Code shall be prepared and maintained for the child and caretaker. The case plan shall indicate a need for protective child care to permit the caretaker to complete requirements of the case plan. Protective child care may be authorized only for a child who resides in the home of the caretaker for whom the case plan is written.

(H)(I) What if a family is homeless?

(1) The term "homeless children" means individuals who lack a fixed, regular and adequate nighttime residence as defined in rule 5101:2-16-01 of the Administrative Code.

- (2) If the homeless caretaker does not meet the eligibility requirements outlined in paragraph (B) of this rule, the family shall be determined eligible for homeless child care without regard to income or activity and the copayment shall be waived. The child in need of care shall still meet the requirements outlined in paragraph (B)(3) of this rule.
- (3) If the homeless caretaker does not have a qualifying activity, each child in need of care shall receive a full-time authorization.
- (4) Homeless child care shall be approved for ninety calendar days or the period of time that the caretaker and child are homeless, whichever period is shorter.
- (5) At the end of the homeless child care eligibility period, the county agency shall re-evaluate eligibility according to the requirements outlined in paragraph (B) of this rule. The maximum monthly income for ongoing eligibility, as defined in paragraph (B)(1)(c) of this rule, shall be used.
- (I)(J) What if a second caretaker is temporarily absent from the household, pursuant to rule 5101:2-16-01 of the Administrative Code?
 - (1) A second caretaker may be considered temporarily absent if they are out of the home for the following reasons:
 - (a) Attendance at school.
 - (b) Trip made in connection with current or prospective employment.
 - (c) Service in the military when it is the sole reason for the absence.
 - (d) Vacationing.
 - (e) Serving a jail sentence.
 - (2) The temporarily absent caretaker is used in the determination of eligibility in the following manner:
 - (a) The caretaker is counted in household size.
 - (b) The income contributed to the household by the absent caretaker is counted in the determination of eligibility pursuant to rule 5101:2-16-03 of the Administrative Code.

- (c) The caretaker's activity shall not be considered when determining authorizations for child care and the caretaker is not considered available for care.
- (J)(K) Can child care be approved if a second caretaker is out of the home for more than forty-five days?

If a second caretaker is out of the home for more than forty-five days, the caretaker shall not be included in the household for determining eligibility for child care.

(K)(L) Can child care benefits be reinstated after termination of child care benefits?

- (1) A caretaker may be eligible for reinstatement of child care benefits within sixty days following termination if the termination was due to income, or if the caretaker's employment, training or education activity was interrupted and the individual did not meet or no longer met the requirements in paragraph (D) of this rule.
 - (a) The caretaker shall complete either a JFS 01126 "Request for Reinstatement of Child Care Benefits" or the application for publicly funded child care defined in paragraph (A)(1) of this rule. If the most recent period of eligibility will expire at the end of the next month of the request for reinstatement, the caretaker shall complete the application for publicly funded child care defined in paragraph (A)(1) of this rule, or the redetermination/recertification application defined in paragraph (L)(M) of this rule.
 - (b) The maximum monthly income limit for ongoing eligibility, as defined in paragraph (B)(1)(c) of this rule, shall be used to determine income eligibility.
 - (c) The copayment amount shall be based on the current income and household size.
 - (d) The caretaker shall verify that he or she is engaged in a qualifying employment, education or training activity as required in this rule, and shall verify current income and household size.
 - (e) The caretaker shall not have an outstanding overpayment or outstanding delinquent copayment unless a repayment plan is in place and the terms of the repayment plan are being met.
- (2) The caretaker may be eligible only if the original eligibility period has not ended, and shall be eligible until the end of the original eligibility period.

(3) The caretaker is not eligible for reinstatement if the termination of eligibility was as a result of a redetermination/recertification of eligibility.

(L)(M) How does a caretaker re-apply for benefits at the end of their eligibility period?

Annually, a caretaker receiving publicly funded child care benefits is to submit thefollowing to their county agency if they wish to continue receiving benefits:

- (1) The JFS 01124 "Re-determination Application for Child Care Benefits" if the caretaker's county of residence is utilizing CCIDS for child care determinations; or
- (2) The JFS 07204 "Request to Reapply for Cash Assistance, SNAP, and/or Child Care" if the caretaker's county of residence is utilizing OB for child care determinations; or
- (1) Annually, a caretaker receiving publicly funded child care benefits is to submit the following to their county agency if they wish to continue receiving benefits:
 - (a) <u>The JFS 07204 "Request to Reapply for Cash Assistance, SNAP, and/or</u> <u>Child Care"; or</u>
 - (3)(b) The application for publicly funded child care as defined in paragraph (A)(1) of this rule; and
 - (4)(c) Household income verification and any other required supporting documentation.
- (2) When a family is currently receiving child care benefits and decides to apply for SNAP benefits and/or cash assistance at child care recertification, the JFS 07200 for SNAP and/or cash assistance is to be filed.
- (M)(N) How will a caretaker know when it is time to submit a redetermination/recertification application?

On or after the first day of the next-to-last month of eligibility, but before the first day of the last month of eligibility, the caretaker will be sent either of the following: the JFS 07204.

- (1) The JFS 01124 if the caretaker's county of residence is utilizing CCIDS for child care determinations; or
- (2) The JFS 07204 if the caretaker's county of residence is utilizing OB for child care determinations.

- (N)(O) What shall the caretaker submit to complete the re-determination/recertification process?
 - (1) Prior to the end of the current eligibility period, the caretaker whose county of residence is utilizing CCIDS for child care determinations shall complete the following:
 - (a) Verify information on the printed JFS 01124 and make changes as necessary.
 - (b) Submit proof of current household income and any other changes to the JFS 01124.
 - (c) Sign and return the JFS 01124 and necessary documentation to the county agency.
 - (2)(1) Prior to the end of the current eligibility period, the caretaker whose county of residence is utilizing OB for child care determinations is to complete the following:
 - (a) Verify information on the printed or electronic JFS 07204 and make changes as necessary.
 - (b) Submit proof of current household income and any other changes to the JFS 07204.
 - (c) Sign and return the JFS 07204 and necessary documentation to the county agency. Signatures may be handwritten, electronic, or telephonic, pursuant to paragraph (A)(1)(a)(iv)(b)(A)(1)(b) of this rule.
 - (3) If the caretaker does not submit a JFS 01124, a JFS 07204, or the application for publicly funded child care as defined in paragraph (A)(1) of this rule, and all required supporting documentation fifteen calendar days prior to the end of the current eligibility period, the caretaker will receive a termination notice.
 - (4)(2) If the re-determination/recertification is completed after the issuance of a <u>an</u> <u>expiration termination</u> notice and prior to the end of the current eligibility period, ongoing eligibility will be determined.
- (O)(P) What if a caretaker fails to cooperate in with the re-determination/recertification process?

If the caretaker does not comply with paragraph (N)(O) of this rule, eligibility shall expire be terminated effective the last day of the current eligibility period.

(P)(Q) How will a caretaker be notified when eligibility has been re-determined/recertified?

Upon the receipt of a completed JFS 01124, JFS 07204, or application for publicly funded child care as defined in paragraph (A)(1) of this rule, and all supporting verifications, the county agency shall determine if eligibility for publicly funded child care may be recertified for a new eligibility period.

- (1) If the county agency determines the caretaker is eligible for benefits for a new eligibility period, the county agency shall provide notice of approval for child care benefits using the JFS 04074 "Notice of Approval of Your Application for Assistance" or its computer-generated equivalent.
- (2) If the county agency determines the caretaker is ineligible for benefits for a new eligibility period, the county agency shall provide notice of denial of an application for benefits using the JFS 07334 "Notice of Denial of Your Application for Assistance" or its computer-generated equivalent.
- (Q)(R) How is a PFCC application processed when a caretaker is also applying for foodSNAP, cash and/or medical assistance?
 - (1) All PFCC joint applications for caretakers whose county of residence is utilizing OB for child care determinations, or separate applications for all caretakers, are to be processed in accordance with Chapter 5104. of the Revised Code and Chapter 5101:2-16 of the Administrative Code.
 - (2) No caretaker is to have PFCC benefits denied solely on the basis that an application to participate in another program has been denied or benefits under another program have been terminated without a separate determination that the caretaker failed to satisfy a PFCC eligibility requirement.
 - (3) The process for a caretaker that simultaneously requests PFCC and another program in OB-includes the following:
 - (a) If a caretaker is denied benefits for the other program, the caretaker is not required to resubmit another application for PFCC; and
 - (b) PFCC eligibility is to be determined in accordance with PFCC processing time frames from the date the joint application was initially accepted by the county agency.
- (R)(S) How does a caretaker withdraw a PFCC application, or request discontinuance of PFCC benefits?

The caretaker may voluntarily withdraw an application at any time before the county agency makes an eligibility determination. The caretaker may also voluntarily discontinue receiving PFCC benefits. The process for voluntarily withdrawing an application or discontinuing benefits includes the following:

- (1) The caretaker, or the caretaker's authorized representative in OB, on his or her own initiative, contacts the county agency either verbally or in writing to request that the application not be processed further, or that the PFCC benefits be discontinued.
- (2) The county agency is to document in the case file that a withdrawal or discontinuance request was made by the caretaker, how the request was made, and, if the information is given, why the caretaker wishes to withdraw the PFCC application or discontinue PFCC benefits.
- (3) The county agency is to provide notice of denial of an application for benefits using the JFS 07334 "Notice of Denial of Your Application for Assistance" or its computer generated equivalent.
- (4) The caretaker may submit a new application with supporting documentation pursuant to paragraphs A(2) and A(3) of this rule if they wish to apply for benefits.
- (S)(T) What happens when a caretaker moves out of state during an eligibility period?

If a caretaker moves out of the state of Ohio, the caretaker no longer qualifies for Ohio PFCC benefits. The process for a caretaker who no longer resides in Ohio includes the following:

- (1) The caretaker is to contact the county agency to advise of the move and to give an updated address.
- (2) The county agency is to propose termination of the case using the JFS 07334 "Notice of Denial of Your Application for Assistance" or its computer generated equivalent.

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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. Effective:

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5101:2-16-08 County agency responsibilities for the administration and determination of eligibility for publicly funded child care.

- (A) How shall the county agency, in accordance with Chapter 5104. of the Revised Code, manage the publicly funded child care program?
 - (1) The county agency shall accept any gift, grant, or other funds from public or private sources offered unconditionally or under conditions which are, in the judgment of the Ohio department of job and family services (ODJFS), proper and consistent with Chapter 5104. of the Revised Code and deposit such funds in the county public assistance fund established by section 5101.161 of the Revised Code.
 - (2) The county agency shall submit a plan to ODJFS for approval that assures the application process is as accessible to the public as possible and complies with section 5104.33 of the Revised Code. The county agency shall submit any revisions of the plan to ODJFS. The plan shall:
 - (a) Assure that alternative methods for application are available to families through telephone, fax, agency computer, the ODJFS child care web site and other means that are convenient and accessible for families. These shall include but are not limited to the following:
 - (i) To the extent permitted by federal law, the county agency may contract with child care providers, resource and referral organizations, or an outside entity to make all or any part of the eligibility determinations.
 - (ii) To the extent permitted by federal law, the county agency may contract with child care providers, resource and referral organizations, or an outside entity to collect information for use by the county agency in determining eligibility for child care benefits.
 - (iii) The county agency may use and accept electronic records and electronic signatures as specified in Chapter 1306. of the Revised Code.
 - (b) Station county agency employees at various sites in the county for the purpose of assisting applicants in completing the application process and for eligibility determinations at those locations.
 - (c) Extend county agency hours and assigning county agency employees to hours of employment outside the normal working hours of the county

agency to collect information relevant to applications for publicly funded child care and to make eligibility determinations.

- (d) Provide training and technical assistance to individuals or agencies so they may assist families in completing the application process and, where applicable, in making eligibility determinations.
- (3) The county agency shall provide caretakers with complete written explanations of the following:
 - (a) Instructions on how to apply for publicly funded child care.
 - (b) Factors used in determining eligibility including family income, family size, ages of family members and the caretaker's hours of employment, training or education.
 - (c) The caretaker's responsibility for reporting changes of information that may affect eligibility.
 - (d) The consequences to the caretaker for failure to accurately and completely report information or changes, including:
 - (i) A repayment of child care benefits pursuant to rule 5101:2-16-07 of the Administrative Code.
 - (ii) Termination or denial of child care benefits.
 - (iii) Penalty of fine and/or imprisonment if a court action renders a finding that the caretaker fraudulently received child care benefits for which the caretaker was not eligible.
- (4) The county agency shall report to ODJFS any known or suspected violations of Chapter 5104. of the Revised Code or the rules promulgated pursuant to that chapter regarding licensed child care centers, licensed family child care homes, Ohio department of education licensed preschool or school-age child programs, or approved child day camps.
- (5) The county agency shall cooperate and participate in all reviews including but not limited to, fiscal, programming, records, and other monitoring activities regarding publicly funded child care.
- (6) The county agency shall comply with the National Voter Registration Act of 1993 which requires each state to provide voter registration services at designated government agencies that provide public assistance.

- (a) The county agency shall distribute voter registration applications with applications for publicly funded child care, defined in rule 5101:2-16-02 of the Administrative Code.
- (b) The county agency shall follow procedures outlined in rule 5101:1-2-15 of the Administrative Code for the acceptance of voter registration applications.
- (7) The county agency shall cooperate with ODJFS for the recruitment of providers to meet the need for publicly funded child care in the county.
- (B) What is the record retention requirement for the county agency?
 - (1) The county agency shall maintain records in accordance with Chapter 149. of the Revised Code.
 - (2) Records shall be maintained a minimum of three years or until an audit is completed, if one has been initiated within a three-year period, to document compliance with child care requirements.
- (C) What is the county agency responsibility in the utilization of the child care information data system (CCIDS) or Ohio benefits (OB the Ohio benefits integrated eligibility system)?

The county agency shall limit access to and use of CCIDS or OBthe Ohio benefits integrated eligibility system, to the extent necessary to meet the requirements of the publicly funded child care program under the Child Care and Development Block Grant Act (CCDBG) of 1990, established in section 5082 of the Omnibus Budget Reconciliation Act of 1990, 104 Stat. 1388-236 (1990), 42 U.S.C. 9858, (11/2014) and reauthorized by the CCDBG Act of 2014.

- (1) Personnel having access to <u>CCIDS or OB the Ohio benefits integrated eligibility</u> <u>system</u> shall be limited to those who have been trained in the confidentiality requirements of ODJFS, who are informed of all penalties, who have been trained in security procedures and who have signed the JFS 07078 "Code of Responsibility."
- (2) The county agency shall monitor access to and use of CCIDS or OBthe Ohio benefits integrated eligibility system to prevent and promptly identify any unauthorized use.
- (3) The county agency shall ensure that all personnel who have access to, may have access to or are required to use <u>CCIDS or OBthe Ohio benefits integrated</u>

<u>eligibility system</u> are informed of applicable requirements and penalties and have been trained in security procedures.

(D) What is the county agency responsibility to migrant families?

The county agency shall assist migrant families in obtaining appropriate documentation in order to expedite the migrant family's determination of eligibility for child care benefits.

- (E) What is the county agency responsibility for the determination of eligibility for publicly funded child care?
 - (1) The county agency shall document the date a valid application for publicly funded child care, defined in rule 5101:2-16-02 of the Administrative Code, is received.
 - (2) The county agency shall determine eligibility no later than thirty calendar days from the date the county agency receives the valid application. The complete application and all required supporting documentation shall be retained in the agency's files.
 - (3) The county agency shall not require a face-to-face interview with the caretaker if the information required for determining the caretaker's eligibility for child care is already on file with the county agency and/or the required information can be obtained through other methods.
 - (4) If the county agency determines a caretaker is eligible for child care benefits, the eligibility period may begin on the date the county agency received the valid application, pursuant to rule 5101:2-16-02 of the Administrative Code. The county agency shall send the caretaker a notice of approval for child care benefits by the JFS 04074 "Notice of Approval of Your Application for Assistance" or its computer-generated equivalent.
 - (5) The county agency is to deny or terminate a caretaker's eligibility for child care benefits, after providing hearing notice rights as required by applicable rules in division 5101:6 of the Administrative Code, if the caretaker does any of the following:
 - (a) Does not meet current eligibility, unless the caretaker is approved for continuing eligibility pursuant to rule 5101:2-16-02 of the Administrative Code.
 - (b) Has another adult caretaker available in the family who can provide care for the child, and no written verification has been provided to the county agency from a licensed physician, licensed psychologist, licensed

psychiatrist or public children services agency (PCSA) that the caretaker cannot provide care for the child pursuant to rule 5101:2-16-02 of the Administrative Code.

- (c) Does not cooperate in determining eligibility for current or for past benefits.
- (d) Does not enter into or comply with an agreement with the county agency or ODJFS to repay a child care overpayment. If an initial application is received from a caretaker who owes an overpayment from a previous PFCC benefit period, the application shall be denied unless the caretaker enters into an agreement with the county agency or ODJFS to repay the overpayment.
- (e) Does not pay the required child care copayment unless the family makes arrangements to pay delinquent copayments.
- (f) Owes delinquent copayments to a child care provider, unless satisfactory arrangements are made to pay such delinquent copayments.
- (g) Requests to discontinue receiving PFCC benefits.
- (6) If the county agency determines a caretaker ineligible for child care benefits the county agency shall deny the application. The county agency shall:
 - (a) Provide the caretaker with a notice of denial of an application for child care benefits by the JFS 07334 "Notice of Denial of Your Application for Assistance" or its computer-generated equivalent.
 - (b) Authorize child care for a full time category of care pursuant to rule 5101:2-16-06 of the Administrative Code for the period of time between the date the county agency receives the valid application and the date of denial plus five days. Authorization for payment after denial shall not be approved if a caretaker received paid services after denial in the previous twelve months from the date of the valid application. The caretaker is not to be assigned a copayment for a payment after denial authorization.
- (7) The county agency may terminate a caretaker's eligibility for child care benefits, after providing hearing notice rights as required by applicable rules in division 5101:6 of the Administrative Code. The county agency shall propose termination of child care benefits using the JFS 04065 "Prior Notice of Right to a State Hearing" or its computer-generated equivalent at least fifteen calendar days prior to the date of the proposed action if any of the following occur:

- (a) The county agency determines the family is no longer eligible, and the family does not qualify for continuing eligibility pursuant to rule 5101:2-16-02 of the Administrative Code.
- (b) The caretaker does not comply with the automated child care system, which includes but is not limited to use of the automated system and approval of edited attendance as necessary.
- (c) The caretaker does not comply with a review conducted by ODJFS pursuant to rule 5101:2-16-12 of the Administrative Code.
- (8) The county agency shall not terminate child care benefits pursuant to paragraph (E)(5) of this rule if any of the following apply:
 - (a) A caretaker has not participated in an education or training activity which prepares the caretaker for paid employment due to a scheduled break in the education or training activity. This scheduled break cannot exceed one quarter or one semester.
 - (b) A caretaker has not utilized child care benefits.
- (9) The county agency shall use the procedures outlined by ODJFS for transferring cases between counties when the caretaker relocates to another county.
- (10) For counties utilizing OB for child care determinations, when When the child care application is signed with a telephonic signature, the county agency is to provide the caretaker a written copy of the summary of the information attested to on the telephonic application along with instructions on how to correct errors or omissions.
- (F) What is the county agency responsibility for informing caretakers of available child care providers?
 - (1) The county agency shall allow eligible caretakers a choice from all available child care providers who are certified, licensed or approved to provide publicly funded child care.
 - (2) The county agency shall make available a current list of all certified, licensed or approved providers in the county. The county agency shall provide selected portions of the list or the complete list as requested by the caretaker to facilitate parental choice. Such lists shall include, but are not limited to:
 - (a) Reasonable access to the child's home or school.

- (b) Reasonable access to the caretaker's place of employment, education or training.
- (c) Reasonable access to special child care needs as specified by the family.
- (G) What is the county agency responsibility for reporting all information required by ODJFS data and payment information systems?
 - The county agency shall transmit all data regarding child care eligibility and authorizations on a daily basis as required in the CCIDS or OB the Ohio benefits integrated eligibility system or other data systems required by ODJFS.
 - (2) The county agency shall provide caretakers with a verification checklist no later than ten calendar days following the receipt of a valid application for publicly funded child care as defined in rule 5101:2-16-02 of the Administrative Code, with notification of the requirements needed to complete the eligibility determination process.
 - (3) The county agency shall submit eligibility data no later than five calendar days following the date eligibility is determined or no later than five calendar days following any reported changes to a case that affect eligibility or authorizations.
 - (4) The county agency shall assign each family a payment code according to the family's programmatic eligibility for publicly funded child care benefits, if the county agency is utilizing CCIDS for child care determinations.
 - (5)(4) The county agency shall issue a notice of change in child care benefits to the caretaker within ten calendar days from the date the change of circumstances was reported by the caretaker.
- (H) What is the responsibility of the county agency in the re-determination/recertification process?
 - (1) In the event a caretaker requests a copy of the the re-determination/recertification application, the county agency shall provide both of the following:
 - (a) The JFS 01124 if the county agency is utilizing CCIDS for child care determinations, or the JFS 07204 "Request to Reapply for Cash Assistance, SNAP and/or Child Care" if the county agency is utilizing OB for child care determinations; and
 - (b) The voter registration application pursuant to this rule.

- (2) The county agency shall determine if eligibility may be recertified for a new eligibility period by the last day of the current eligibility period.
 - (a) If the county agency determines the caretaker is eligible for benefits for a new eligibility period, the new period shall begin on the date following the last day of the current eligibility period. The county agency shall provide notice of approval for benefits using the JFS 04074 "Notice of Approval of Your Application for Assistance" or its computer-generated equivalent.
 - (b) If the county agency determines the caretaker is ineligible for benefits for a new eligibility period, the county agency shall provide notice of denial of the application for benefits using the JFS 07334 "Notice of Denial of Your Application for Assistance" or its computer-generated equivalent. The eligibility shall end on the last day of the current eligibility period.
 - (c) The county agency is to propose <u>the expiration termination</u> of benefits <u>on</u> or after the first day of the next-to-last month of eligibility, but before the first day of the last month of eligibility using the JFS 04065 or its computer-generated equivalent. <u>Benefits will expire</u> if the caretaker fails to submit any of the following fifteen calendar days prior to the end of the current eligibility period:
 - (i) The JFS 01124 if the county agency is utilizing CCIDS for child care determinations; or
 - (ii)(i) The JFS 07204 if the county agency is utilizing OB for child care determinations; and
 - (iii)(ii) Household income verification and any other required supporting documentation.
- (I) What is the county agency responsibility regarding the authorized representative as defined in rule 5101:2-16-01 of the Administrative Code?
 - (1) When the caretaker provides written notification identifying an authorized representative, the county agency is to record the name of the authorized representative in the case file.
 - (2) The county agency is to inform the caretaker that the family will be held liable for any overpayments issued as a result of erroneous or <u>fraudulant_fraudulent</u> information given by the authorized representative.

- (J) How does the county agency process a PFCC application when the caretaker is also applying for foodSNAP, cash and/or medical assistance?
 - All PFCC joint applications for county agencies utilizing OB for child care determinations, or separate applications, for all county agencies, are to be processed in accordance with Chapter 5104. of the Revised Code and Chapter 5101:2-16 of the Administrative Code.
 - (2) No caretaker is to have PFCC benefits denied solely on the basis that an application to participate in another program has been denied or benefits under another program have been terminated without a separate determination that the caretaker failed to satisfy a PFCC eligibility requirement.
 - (3) The process for a caretaker that simultaneously requests PFCC and another program-in OB includes the following:
 - (a) If a caretaker is denied benefits for the other program, the caretaker is not required to resubmit another application for PFCC; and
 - (b) PFCC eligibility is to be determined in accordance with PFCC processing time frames from the date the joint application was initially accepted by the county agency.
 - (4) To facilitate participation in the program, the county agency is to notify caretakers who are applying for other types of assistance that they may file a separate application for PFCC benefits independent of the application for benefits of any other program.

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5101:2-16-09 **Provider responsibilities for publicly funded child care.**

- (A) Who is eligible to sign an agreement to provide publicly funded child care?
 - (1) A child care provider who operates a licensed child care center; a licensed type A or type B child care home; an approved Ohio department of education (ODE) licensed program; an approved child day camp; a certified in-home aide; or a regulated border state provider is eligible to sign a provider agreement.
 - (a) A school child or preschool program licensed by the ODE, pursuant to sections 3301.52 to 3301.59 of the Revised Code, will become eligible to sign a provider agreement after requesting approval to provide publicly funded child care services. All requests shall be made by:
 - (i) Submitting the JFS 01140 "Request to Provide Publicly Funded Child Care for Ohio Department of Education Programs" with a copy of the ODE license or the Ohio child licensing and quality system (OCLQS) generated equivalent to ODJFS.
 - (ii) Complying with background check requirements pursuant to rule 5101:2-12-09 of the Administrative Code.
 - (b) A border state provider shall register in OCLQS prior to signing a provider agreement.
 - (2) Except as described in paragraph (A)(3) of this rule, a provider who operates a licensed child care program is eligible to provide publicly funded child care only if the program is rated through the step up to quality program established pursuant to section 5104.29 of the Revised Code.
 - (3) A provider is exempt from paragraph (A)(2) of this rule if the provider operates any of the following:
 - (a) A program that operates only during the summer and not for more than fifteen consecutive weeks.
 - (b) A program that operates only during school breaks.
 - (c) A program that operates only on weekday evenings, weekends, or both.
 - (d) A program that holds a provisional license issued under section 5104.03 of the Revised Code.
 - (e) A program that had it's step up to quality program rating removed by the department of job and family services within the previous twelve months.

- (f) A program that is the subject of a revocation action initiated by the department, but the license has not yet been revoked.
- (4) Child care providers with a signed provider agreement shall maintain compliance with all requirements of the Child Care and Development Block Grant Act of 2014, P.L. 113-186 (11/19/2014), 128 Stat. 1971 (2014) 42 U.S.C. 9858 (CCDBG Act of 2014).
- (B) What are the provider requirements to sign an agreement for publicly funded child care services?
 - (1) Providers are eligible for payment after they complete the provider agreement with the Ohio department of job and family services (ODJFS) and have entered all required information in the automated system.
 - (a) The provider agreement is effective on the date it is signed and submitted by the provider or the date the provider becomes an eligible provider pursuant to paragraph (A) of this rule, whichever is later.
 - (b) The provider agreement as entered into with ODJFS may be terminated if ODJFS determines misuse of publicly funded child care or the automated child care system.
 - (c) The provider agreement as entered into with ODJFS, may be terminated in accordance with the terms contained in the agreement.
 - (d) The provider agreement shall be terminated if the eligible provider fails to maintain approval as an eligible provider.
 - (e) Providers of publicly funded child care with a valid provider agreement shall not be considered employees of ODJFS but shall be considered independent contractors who are responsible for the requirements of selfemployment.
 - (2) ODJFS shall pay eligible child care providers for publicly funded child care services provided to eligible caretakers authorized to that provider.
 - (a) An eligible child care provider who provides child care services for a caretaker who is potentially eligible for publicly funded child care benefits shall be paid for child care services if an authorization is created by the county agency pursuant to rule 5101:2-16-06 of the Administrative Code.

- (b) Payment for publicly funded child care services shall be contingent upon the availability and appropriation of state and federal funds.
- (C) How shall a provider track attendance for publicly funded child care services?
 - (1) Child care providers shall utilize the automated child care system to track attendance data for caretakers who have applied or have been determined eligible for publicly funded child care, in accordance with procedures outlined by ODJFS.
 - (2) Child care providers or a person acting in any capacity for the provider shall not use the personal identification information created by the caretaker or a caretaker's designee/sponsor to track or approve attendance in the automated child care system.
 - (3) The provider shall be responsible for the cost of replacement or repair of the hardware required for use of the automated child care system. Recoupment may occur through the payment adjustment process.
- (D) How are school hours deducted in the automated system for school-age children being cared for by a provider?
 - (1) The provider shall enter each school-age child's current school schedule in the automated system on or before the first day of the school year as defined in rule 5101:2-16-01 of the Administrative Code or the child's first week of attendance if authorization is after the first day of the school year. Each school schedule shall include all of the school year, but may begin earlier and/or end later.
 - (2) The schedule set by the provider for each school-age child shall be used to deduct the hours in which that child is in school and not at the child care program.
- (E) How shall a provider submit attendance data for child care services provided?

A child care provider shall submit all data for the calculation of payments in accordance with instructions provided by ODJFS.

- (1) Attendance data shall be submitted for payment after the close of the service week and no later than four weeks from the last day of the service week or four weeks from the last day of the week the authorization is provided to the automated system, whichever is later.
- (2) Only complete data (days with both an in and out time for the child receiving care) may be submitted.

- (3) Each school-age child shall have an associated school schedule set by the provider pursuant to paragraph (D) of this rule before the child's attendance may be submitted for payment.
- (4) Changes to attendance data shall be submitted with caretaker approval.
- (5) The provider may track attendance or make changes to attendance data in the automated child care system without caretaker approval if all of the following apply:
 - (a) There has been a loss of contact with the caretaker for five consecutive calendar days from the last day of attendance.
 - (b) The provider has notified the county agency of the loss of contact.
 - (c) The authorization to the provider has been ended.
 - (d) Any new or changed attendance is limited to no more than five consecutive days.
- (6) Once attendance has been submitted, the provider has until the following Saturday to recall the submitted attendance in order to make a change to the attendance data. Any changes made shall require caretaker approval pursuant to paragraphs (E)(4) and (E)(5) of this rule prior to resubmitting the attendance.
- (7) ODJFS will begin processing the payment on the Sunday following the submission of the attendance data.
- (8) If the attendance has not been submitted pursuant to the time line in paragraph (E) of this rule, ODJFS shall automatically process any complete attendance data for payment. No new attendance data may be submitted after this date.
- (9) ODJFS shall not pay for a child's attendance submitted by more than one provider for the same date and time.
- (F) How does a provider receive payment when a caretaker's application for publicly funded child care has been denied?
 - Child care providers shall submit attendance data pursuant to paragraphs (C) and (E) of this rule when notification has been received that a caretaker's application for child care has been denied.
 - (2) The provider may appeal a denial notice of eligibility for payment after denial within fifteen days from the date of denial if either of the following apply:

- (a) Payment was denied due to a caretaker's incomplete application.
- (b) Payment was denied because the provider did not have a valid provider agreement when services were provided.
- (3) Attendance submitted for payment after denial shall not include absent days or professional development days.
- (G) How does a provider request a payment adjustment after a payment has been issued?
 - (1) The provider shall submit a request for payment adjustment in the automated child care system within four weeks of the payment date. No new attendance may be submitted for payment adjustments.
 - (2) If the incorrect payment amount is because of a county agency data entry error, the provider shall contact the county agency to request correction of the error before the provider submits the request for payment adjustment. ODJFS shall not process the request for payment adjustment until the error is corrected by the county agency. The request for adjustment may exceed four weeks from the original payment date.
- (H) What are the provider's responsibilities to collect a copayment?
 - (1) The provider shall establish a written and signed agreement with the caretaker for payment of the child's assigned copayment.
 - (2) If an assigned copayment is delinquent more than two weeks from the date established in the written copayment agreement, the provider shall submit a record of the delinquent copayment to the county agency no later than three weeks from the date the copayment was due.
 - (3) If a provider fails to inform the county agency of the delinquent copayment, the caretaker shall be responsible for any delinquent copayments reported by the provider for up to the previous three weeks from the date the county agency was notified.
- (I) What is the process for requesting payment for services provided prior to December 16, 2018?
 - (1) Child care providers shall submit to ODJFS the JFS 01261 "Publicly Funded Child Care Manual Claim for Attendance" for attendance not recorded in the Ohio electronic child care (Ohio ECC) system for the following reasons:

(a) Authorization made prior to the back swipe period.

- (b) A bureau of state hearings decision.
- (c) The point of services (POS) device was not installed when services were provided.
- (d) A caretaker is awaiting a swipe card.
- (c) A carctaker withdraws without notice.
- (2) The child care provider shall submit the JFS 01261 no later than seven weeks from the week of service being submitted unless otherwise determined by ODJFS.
- (3) ODJFS shall reject the JFS 01261 for care provided during the back swipe period.
- (4) Child care providers shall submit to ODJFS the JFS 01292 "Publicly Funded Child Care Request for Ohio ECC Payment Adjustment" when a payment has been issued and needs to be corrected no later than seven weeks from the week of service unless otherwise determined by the bureau of state hearings.
- (5) Child care providers shall submit to ODJFS the JFS 01211 "Request for Payment of Publicly Funded Child Care Services Provided for a Denial of Application" when notification has been received that a caretaker's application for child care has been denied.
- (J)(I) What is the process for requesting a payment enhancement when a provider must make accommodations to care for a child with special needs?
 - (1) A child care provider may submit a request for a payment enhancement when accommodations must be made to care for a child who meets the definition of special needs as defined in rule 5101:2-16-01 of the Administrative Code.
 - (a) To request this payment rate, the provider shall submit a completed JFS 01231 "Request for Payment Rate for Special Needs Child Care" to ODJFS.
 - (b) ODJFS will notify the provider with verification of the approved amount, the effective date of the change in payment rate, or if the request is denied.
 - (c) An approved payment enhancement shall be in effect for twelve months for a child authorized to receive publicly funded child care at the approved provider.
 - (2) If state and/or federal funds are not available for the purchase of publicly funded child care services, ODJFS shall reserve the right to deny all requests.

(3) The granting of this payment rate by ODJFS shall not be construed as constituting precedence for the granting of any other payment changes or the subsequent renewal of a rate. All requests shall be considered on an individual basis.

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5101:2-16-10 **Payment rates and procedures for providers of publicly funded** child care services.

- (A) How are payment rates established in the publicly funded child care program?
 - (1) Payment rates are based on a market rate survey completed by the Ohio department of job and family services (ODJFS) to providers in the state of Ohio.
 - (2) Payment rates shall apply to all providers of publicly funded child care.
- (B) What is the payment rate for a provider not participating in step up to quality (SUTQ)?
 - (1) The payment rate for a provider not participating in SUTQ shall be the lower of these two:
 - (a) The rate shown in appendix A to this rule for non-rated programs in the provider's county of location.
 - (b) The provider's customary rate to the public.
 - (2) The rate determined in paragraph (B)(1) of this rule shall be the base rate used to calculate any applicable additional payment amounts pursuant to paragraphs (D), (F) and (G) of this rule.
- (C) What is the payment rate for a provider participating in SUTQ?
 - (1) The base payment rate for a provider participating in SUTQ shall be the lower of these two:
 - (a) The rate shown in appendix A to this rule for rated programs in the provider's county of location.
 - (b) The provider's customary rate to the public. If the customary rate is used, an additional four per cent will be added, not to exceed the rated appendix.
 - (2) Once the rate is determined in paragraph (C)(1) of this rule, an additional per cent shall be added, as follows:
 - (a) One-star rated programs shall be paid an additional five per cent.
 - (b) Two-star rated programs shall be paid an additional eighteen per cent.
 - (c) Three-star rated programs shall be paid an additional twenty-one per cent.
 - (d) Four-star rated programs shall be paid an additional twenty-nine per cent.

- (e) Five-star rated programs shall be paid an additional thirty-five per cent.
- (D) What is the payment rate for accredited providers?
 - (1) Providers who are accredited by an ODJFS approved accrediting body as listed at http://jfs.ohio.gov/cdc/childcare.stm shall be paid an additional ten per cent of the applicable payment rate established in paragraph (B)(1) of this rule or paragraph (C)(1) of this rule. This rate shall apply for all children receiving publicly funded child care services.
 - (2) Providers who are accredited and also participating in SUTQ shall be paid either the per cent additional payment in paragraph (C)(2) of this rule or the per cent additional payment in paragraph (D)(1) of this rule, whichever is higher.
- (E) What is the difference between a school-age rate and a summer school-age rate?
 - School-age rates shall be in effect during the school year as defined in rule 5101:2-16-01 of the Administrative Code.
 - (2) Summer school-age rates shall be in effect outside of the school year as defined in rule 5101:2-16-01 of the Administrative Code.
- (F) What is the compensation for child care services provided during non-traditional hours?
 - Providers who care for children during non-traditional hours shall be paid an additional five per cent of the applicable payment rate established in paragraph (B)(1) or (C)(1) of this rule.
 - (2) This rate shall apply to the child for all hours of care during a week when any non-traditional hours of care are provided.
 - (3) The payment shall not exceed the provider's customary charge to the public.
 - (4) Non-traditional hours are the hours between seven p.m. and six a.m. on weekdays, and between twelve a.m. Saturday and six a.m. Monday.
 - (5) Non-traditional hours include any hours of care provided on New Year's day, Martin Luther King Jr. day, Memorial day, Independence day, Labor day, Thanksgiving day and Christmas day.
- (G) How are providers compensated for the care of children with special needs?
 - (1) Providers who care for a child that the caretaker and the county agency have identified as having special needs pursuant to rule 5101:2-16-02 of the

Administrative Code shall be paid an additional five per cent of the applicable payment rate established in paragraph (B)(1) or (C)(1) of this rule. The payment shall not exceed the provider's customary charge to the public.

- (2) Providers who make special accommodations for the care of a child with special needs may receive twice the amount of the applicable payment rate established in paragraph (B)(1) or (C)(1) of this rule if approved pursuant to rule 5101:2-16-09 of the Administrative Code.
- (3) Payment enhancements or additional percentages shall only apply to the hours of care for the child with special needs.
- (H) What time increments are used for the payment of publicly funded child care services?
 - (1) Time increments are broken down into weekly categories based on the total number of hours per week that each child is authorized to receive publicly funded child care services, pursuant to rule 5101:2-16-06 of the Administrative Code. The categories of payment are as follows:
 - (a) An hourly payment is for hours of care totaling less than seven hours per week.
 - (b) A part-time payment is for hours of care totaling seven hours to less than twenty-five hours per week.
 - (c) A full-time payment is for hours of care totaling twenty-five hours to sixty hours per week.
 - (d) A full-time plus payment is for hours of care totaling more than sixty hours per week.
 - (e) A week is defined as the seven-day period from twelve a.m. Sunday to fiftynine minutes after eleven p.m. on Saturday.
 - (2) Payment shall be calculated using the total number of child care hours per week, that have been approved by the caretaker, if applicable, and submitted by the provider in the automated child care system.
 - (a) The total number of weekly hours of care received will be matched with the associated category and the provider will receive the payment rate for that category of care, up to the child's category of authorization.
 - (b) Payment shall not be made for hours that exceed the child's category of authorization.

5101:2-16-10

(I) Are providers compensated for registration fees?

Providers may receive registration fees for children receiving publicly funded child care according to the following criteria:

- (1) Annually, a provider with a valid provider agreement as of January first shall receive a twenty-five dollar registration fee for each child who received publicly funded child care from the provider in the previous calendar year. For approved day camps, the camp shall have had a valid provider agreement as of August thirtieth of the previous year.
- (2) The child must have received publicly funded child care from the provider for at least one day during January through December of the previous year.
- (J) Is a provider compensated when a child is absent from the program?
 - (1) A child is eligible for a maximum of twenty absent days during each six-month period of January through June and July through December of each state fiscal year.
 - (2) Absent days are defined in rule 5101:2-16-01 of the Administrative Code.
 - (3) A provider may be paid for an absent day for which a child is eligible. An absent day shall not be paid prior to actual attendance at the authorized program. The attendance shall be documented by a recorded in time and a recorded out time, and shall have occurred on any day in the previous rolling twelve months.
 - (4) The value of an absent day is based on the child's authorized hours for care, as follows:
 - (a) For a full-time or a full-time plus authorization, the value of an absent day is eight hours.
 - (b) For a part-time or an hourly authorization, the value of an absent day is five hours.
- (K) Are providers compensated for staff professional development days?
 - (1) Providers are eligible for two professional development days per state fiscal year. A fiscal year is defined as July first through June thirtieth.
 - (2) Professional development days are defined in rule 5101:2-16-01 of the Administrative Code.

- (3) Professional development days cannot be used on two consecutive calendar days or in two consecutive calendar months.
- (4) Professional development days shall not be used on any holiday listed in paragraph (F)(5) of this rule.
- (5) The value of a professional development day is based on a child's authorized hours for care, as follows:
 - (a) For a full-time or a full-time plus authorization, the value of a professional development day is eight hours.
 - (b) For a part-time or an hourly authorization, the value of a professional development day is five hours.
- (L) What is not included in the payment for publicly funded child care services?

The provider's publicly funded child care payment shall not include:

- (1) A child's copayment amount pursuant to rule 5101:2-16-05 of the Administrative Code.
- (2) Payment for services provided during the hours that a child is in care in another federal or state funded program (including, but not limited to, head start, early head start, or the early childhood education program).
- (3) Payment for services provided during the hours that a school-age child would typically be in attendance at a primary or secondary school.
 - (a) Payment will include time that a school-age child is participating in remote learning, including the remote portion of a hybrid school model, while in child care.
 - (b) Payment will not include time that the child is participating in instructional services which supplant or duplicate the academic program of any school.
 - (c) Payment will not include care during the school-day if the parent has the option to send the school-age child to in-person learning, including a hybrid school model, and instead opted for only remote learning.
- (M) What are the requirements regarding fees that a provider may charge to the caretaker?
 - (1) A provider shall make a caretaker aware of fees not covered by publicly funded child care payments for which the caretaker may be responsible.

- (a) A provider shall have a signed agreement with the caretaker for the payment of these fees.
- (b) Such fees may include:
 - (i) Late fees.
 - (ii) Activity fees.
 - (iii) Transportation fees.
 - (iv) Charges for absent days which exceed those eligible for payment from ODJFS.
 - (v) Charges for hours of care that exceed those authorized.
- (2) A provider shall not ask a caretaker to pay the difference between the provider's payment rate and the provider's customary charge to the public when the customary charge is higher.
- (3) A provider shall not ask a caretaker to pay the difference between the registration fee paid for the child by ODJFS and the provider's customary registration fee charge to the public when the customary registration fee is higher.
- (N) What are the payment rates for in-home aides that provide publicly funded child care services?

An in-home aide is the only provider of publicly funded child care services who may provide child care in the child's own home. Payment rates for in-home aides are to be determined according to the following:

- (1) An in-home aide shall be paid an hourly rate that is equal to the state minimum wage for forty or fewer hours in a week. An in-home aide pilot program may be operated in participating counties detailed in a child care letter published by ODJFS.
 - (a) An in-home aide in a participating county may be paid an enhanced hourly rate of thirteen dollars for forty or fewer hours in a week when at least one child qualifies for special needs child care as determined pursuant to this chapter or at least one child needs care during non-traditional hours is served.
 - (b) A rate of one and one-half times the rate in paragraph (N)(1)(a) of this rule will be paid for hours in excess of forty in a week.

- (c) This pilot will exist for the time period specified in a child care letter published by ODJFS or until funding is no longer available, whichever is sooner.
- (2) A rate of one and one-half times the state minimum wage shall be paid for hours in excess of forty in a week.
- (3) The total payment shall include child care services provided to all of the authorized child(ren) in the caretaker's home.
- (4) An in-home aide shall not claim absent days or professional development days for children receiving publicly funded child care services.
- (5) An in-home aide is not eligible for any payment enhancements or additional percentages to the payment rate.
- (O) Are providers compensated for pandemic days?
 - (1) A pandemic day means a day in which the provider would normally provide child care for currently enrolled children, but were advised to close by the Ohio department of health (ODH) or the local health department or closed in compliance with guidance from ODH and the United States centers for disease control and prevention (CDC) as a result of the COVID-19 pandemic.
 - (2) Providers are eligible for thirty-five pandemic days per fiscal year. <u>In-home aides</u> <u>are not to claim pandemic days.</u>
 - (3) The provider will provide ODJFS written documentation of the advisory to close. Failure to provide the documentation may result in the pandemic days not being paid.
 - (4) The value of a pandemic day is based on a child's authorized hours for care, as follows:
 - (a) For a full-time or a full-time plus authorization, the value of a pandemic day is eight hours.
 - (b) For a part-time or an hourly authorization, the value of a pandemic day is five hours.

Effective:

Five Year Review (FYR) Dates:

12/11/2022

10/20/2024

CERTIFIED ELECTRONICALLY

Certification

12/01/2022

Date

Promulgated Under: Statutory Authority: Rule Amplifies: Prior Effective Dates:

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(Emer.), 05/29/2020 (Emer.), 08/25/2020 (Emer.),
12/11/2020 (Emer.), 04/01/2021, 02/27/2022

ACTION: Final	
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Appendix A to rule 5101.2-10-02	

ENACTED
Appendix
5101:2-16-02

Qualifying Activities for the Publicly Funded Child Care Program

Eligibility for the publicly funded child care program requires all caretakers in the household to verify participation in one or more of the following qualifying activities:

- 1. Paid employment on a full-time or part-time basis.
- 2. Basic education activities.
 - a. Basic education activities include the following:
 - i. High school or equivalent education.
 - ii. Remedial high school education.
 - iii. Adult basic literacy education.
 - iv. Education for individuals with limited English proficiency.
 - b. Basic education activities shall be verified by the following documentation:
 - i. Proof of enrollment.
 - ii. The days and hours the caretaker is attending.
 - iii. The length of the class.
 - iv. Proof of initial testing, within the first month of class participation, showing the caretaker's education and/or literacy level.
 - v. When the class has open enrollment and no established end date, the caretaker shall provide proof of how often progress is measured and provide verification of their progress at least once every twelve months.
 - vi. When education activities are accessed via electronic media, the number of hours approved for child care are to equal the number of required hours per week for the course, as defined by the educational institution.
- 3. Post-secondary education activities.
 - a. Post-secondary education activities must be part of a course of study leading to a degree, certificate, or license. They include the following:
 - i. College classes.
 - ii. Federal work study assignments.
 - iii. Technical classes.
 - iv. Vocational classes.
 - b. The caretaker must have a record of satisfactory participation as defined by the school or institution.
 - c. When education activities are accessed via electronic media, the number of hours approved for child care are to equal the number of credit hours per week for the course, as defined by the educational institution.
 - d. Post-secondary education activities shall be approved by one of the following:
 - i. An accredited institution of higher education.
 - ii. An institution that has a certificate or has an authorization from the Ohio board of regents.
 - iii. An institution that has a registration from the state board of school and college registration.
- 4. Vocational and occupational job skills training that is directly related to the caretaker's employment goal.
 - a. Job skills training may include but are not limited to:
 - i. Classroom job skills training.
 - ii. Supervised on-the-job skills training.

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- iii. Refresher job skills training.
- b. Job skills training activities shall be approved by one of the following:
 - i. An accredited institution of higher education.
 - ii. An institution that has a certificate issued or has authorization from the Ohio board of regents.
 - iii. An institution that has a registration from the state board of school and college registration.
 - iv. A workforce inventory of education and training (WIET) provider who has been approved by the Ohio department of job and family services (ODJFS).
 - v. An apprenticeship program approved by the Ohio State Apprenticeship Council and registered with ApprenticeOhio.
- 5. Requirements set forth for those participating in Ohio works first (OWF) or the supplemental nutrition assistance program (SNAP) including:
 - a. Caretakers who have applied for or receive OWF and need child care to comply with a self-sufficiency contract or an individual opportunity plan.
 - b. Caretakers who are sanctioned under OWF and are participating in an approved activity to meet OWF requirements.
 - c. Caretakers who need child care to comply with a SNAP employment and training program plan.
 - d. Minor parents participating in the learning, earning and parenting (LEAP) program pursuant to rule 5101:1-23-50 of the Administrative Code.

ACTION: Final	
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ENACTED Appendix 5101:2-16-02

Verification of Citizenship for Children in the Publicly Funded Child Care Program

The county agency is to verify the United States (U.S.) citizenship or immigration status for children for whom a caretaker applies for child care benefits. If the child's verification of citizenship is verified via the State Online Query (SOLQ) or obtained by another assistance program within the Ohio benefits integrated eligibility system using documents listed in this appendix, reverification of citizenship is not required.

To be eligible for child care, a child must be one of the following:

- 1. A U.S. born citizen.
 - a. The caretaker shall provide a document specifically displaying a birthplace in the US. This document can be one of the following: civilian birth, baptismal, or church certificate, or an official document of live birth.
 - b. "Birthplace in the U.S." refers to an individual born in one of the fifty states, District of Columbia, Puerto Rico, Guam, Northern Mariana Islands, U.S. Virgin Islands, Swain Island, or American Samoa.
- 2. A foreign-born U.S. citizen.
 - a. The caretaker shall provide a citizen certification, U.S. passport, consular certification of birth or certificate of naturalization as verification.
- 3. A qualified alien.
 - a. Qualified alien means one of the following:
 - i. An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA), 8 U.S.C. 1101 (1/14),
 - ii. An alien who is granted asylum under section 208 of the INA, 8 U.S.C. 1158 (1/3/12).
 - iii. A refugee who is admitted to the United States under section 207 of the INA, 8 U.S.C 1157,
 - iv. An alien who is paroled into the U.S. under section 212(d)(5) of the INA, 8 U.S.C. 1182(d)(5), for a period of at least one year (3/2013),
 - v. An alien whose deportation is being withheld under section 243(h) of the INA, 8 U.S.C. 1253 (as in effect immediately before the effective date of section 307 of division C of Public Law 104-208) or section 241(b)(3) of the INA, 8 U.S.C. 1231(b)(3) (as amended by section 305(a) of division C of Public Law 104-208),
 - vi. An alien who is granted conditional entry pursuant to section 203(a)(7) of the INA, 8 U.S.C. 1153(a)(7) as in effect prior to April 1, 1980,
 - vii. An alien who is a Cuban or Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980),
 - viii. A battered alien who meets the conditions set forth in 8 U.S.C. 1641 (c)
 - ix. An alien who is the victim of a severe form of trafficking as set forth in 8 U.S.C. 1641 (c)(4)
 - Except as provided in paragraph (3)(c) of this appendix, a child who is a qualified alien as defined in 8 U.S.C. 1641, and who enters the United States on or after August 22, 1996, shall be required to live in the United States for five years before being eligible for child care.
 - c. A child in any of the following categories is exempt from the requirement that he or she live in the United States five years prior to eligibility:

- i. An alien who is admitted to the United States as a refugee under section 207 of the INA, 8 U.S.C. 1157. Eligibility is limited to five years from the date of entry into the U.S.
- ii. An alien who is granted asylum under section 208 of the INA, 8 U.S.C.1158. Eligibility is limited to five years from the date asylum was granted.
- iii. An alien whose deportation is being withheld under section 243(h) of the INA as in effect prior to April 1, 1997 or whose removal is withheld under section 241(b)(3) of the INA, 8 U.S.C. 1231 (1/3/12). Eligibility is limited to five years from the date of entry into the U.S.
- iv. An alien who is a Cuban or Haitian entrant as defined in section 501(e) of the Refugee Education Assistance Act of 1980. Eligibility is limited to five years from the date the status as a Cuban or Haitian entrant is granted.
- v. An alien admitted to the United States as an Amerasian immigrant as described in 8 U.S.C. 1612(a)(2)(A)(v) (1/7/11) pursuant to section 584
 P.L. 100-202 (12/1987). Eligibility is limited to five years from the date the individual was admitted into the U.S. as an Amerasian immigrant.
- vi. The unmarried dependent child of an alien meeting the veteran and active duty exception in 8 U.S.C. 1641(b)(2).
- d. Eligibility categories: each category of eligible alien status stands alone for purposes of determining eligibility. Subsequent adjustment to a more limited status does not override eligibility based on an earlier less rigorous status. Likewise, when eligibility expires under one eligibility status, the county agency shall determine when eligibility exists under another status.
- e. Timeframe for verification submission: the county agency shall provide alien applicants with a reasonable opportunity to submit acceptable documentation of their eligible alien status. A reasonable opportunity shall be at least ten days from the date of the county agency's request for an acceptable document.
- f. When the child is an alien, documentation from the United States citizenship and immigration services (USCIS) is required as proof of the child's alien status.
 - i. The county agency shall verify the forms presented as proof of alien status through the systematic alien verification for entitlements (SAVE) system. The SAVE system is an information sharing initiative allowing authorized staff to validate a noncitizen's immigration status by accessing USCIS data. The USCIS protects the individual's privacy in accordance with the INA of 1952 and other applicable statutes. No consent for release of information is required to use SAVE.
 - ii. The county agency shall compare the information provided through the SAVE system with the documents provided by the individual. If the documentation matches in SAVE, the process is complete.
 - iii. Additional or secondary verifications provide a more extensive validation if problems appear in the verification of alien status.
 - iv. In extraordinary situations, verification through a manual process may be required if the SAVE system is unable to provide determinations of

alien status in a timely manner, or initial inspections of an individual's documentation reveals discrepancies. Discrepancies are defined as obvious irregularities in name, date of birth or country of birth. A slight difference in the spelling of a name is not normally a discrepancy. For manual verification, the county is to submit the "Verification Request" (G845) (5/29/18) and/or the "Form G-845 Supplement, Verification Request" to the appropriate office, along with the proper documentation.

- v. No eligibility determinations shall be delayed, denied, reduced or terminated solely because of a pending SAVE verification.
- vi. If an individual appears eligible with available USCIS documentation and all other program eligibility criteria are met, the county agency shall issue child care benefits to the caretaker while awaiting a response from USCIS.
- vii. If a discrepancy exists after receipt of information from the SAVE system, the county agency shall propose termination of child care benefits using the JFS 04065 "Prior Notice of Right to a State Hearing" or its computer generated equivalent. The caretaker may be responsible for any overpayment pursuant to rule 5101:2-16-07 of the Administrative Code.