

DCY Rule Comments Implementing HB 96

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The Ohio Council of Behavioral Health & Family Services Providers appreciates the opportunity to provide feedback on the draft DCY rules implementing changes to the publicly funded child care program, as outlined in Transmittal Letter 74. We support DCY's efforts to improve access, streamline administration, and ensure consistency across eligibility and payment systems. At the same time, aspects of the proposed rules raise concerns about the need for flexibility to support families with complex needs and the potential for unintended impacts on providers that deliver care in coordination with behavioral health, child welfare, and recovery services.

Below are our specific comments on OAC 5180:6-1-02.

1. Paragraph (A)(2)(b)(iii) limits who may provide written verification that a second caretaker is unable to provide child care to licensed physicians, psychologists, psychiatrists, or the public children services agency (PCSA). This narrow scope may restrict access for families already engaged in behavioral health, recovery, or social services, where verification is more commonly provided by other licensed professionals.

In particular, independently licensed behavioral health practitioners and nurse practitioners often serve as the primary point of clinical contact for parents and caretakers. Their exclusion may create administrative delays and add burden to families already navigating complex care systems.

Recommendations: Expand the list of professionals authorized to provide this verification to include independently licensed practitioners under Chapters 4757 and 4758 of the Ohio Revised Code, as well as advanced practice registered nurses. These professionals are qualified to assess caregiving capacity, and their inclusion would improve access, reduce unnecessary barriers, and maintain appropriate safeguards.

2. Paragraphs (B), (D), and (I) outline the qualifying activities required for child care eligibility and the circumstances under which temporary absences or changes in participation affect authorization. While these rules reflect the need to align child care with employment and other formal activities, they may not fully account for the realities experienced by families involved in behavioral health treatment, recovery, or child welfare services.

Families navigating treatment or service transitions often face irregular schedules, short-term disruptions, or temporary lapses in participation that are part of a broader care plan. Additionally, absences related to inpatient treatment, detoxification, or crisis stabilization may not be clearly covered under the existing language on hospitalization or incarceration. These limitations could result in a loss of child care during critical periods of recovery or reunification.

Recommendation: Ensure that the definition of qualifying activities and temporary absences is sufficiently flexible to support families participating in behavioral health or recovery services. This may include explicitly recognizing inpatient or residential treatment as allowable absences and clarifying how temporary lapses in service participation are evaluated when they are part of a structured care or reunification plan.

Below are our specific comments on OAC 5180:6-1-06.

1. Paragraph (C) outlines the conditions under which child care authorizations may include travel time, sleep time, and extended hours of care. While these provisions help address nontraditional schedules, the current time limits and allowable justifications may not be adequate for families accessing intensive treatment services or living in areas with limited provider access.

Families participating in behavioral health or substance use treatment may need care that extends beyond standard hours due to travel distances, system-coordinated transportation, or overnight programming. The current maximum of 48 consecutive hours, and the conditions under which it may be approved, may not provide sufficient flexibility for providers to support families with more complex needs.

Recommendation: Retain and strengthen flexibility in authorization policies to accommodate families engaged in treatment or wraparound services. We encourage DCY to consider opportunities for greater alignment with care plans developed through behavioral health, child welfare, or recovery systems, including support for irregular schedules when necessary to maintain service engagement.

Below are our specific comments on OAC 5180:6-1-10.

1. Paragraph (O) aligns payment rates for licensed Type A family child care homes with the rate structure used for Type B homes. While we understand the intent to streamline the reimbursement system, this change may have unintended effects on programs that serve larger numbers of children or operate with more intensive staffing and oversight.

Some child care programs are designed to support families with complex needs, including those involved in behavioral health treatment, child welfare, or recovery services. These providers may deliver care in coordination with other systems, and the added capacity and stability they offer can be critical to positive child and family outcomes. Shifting to a single rate structure without accounting for provider type may limit the ability of these programs to continue offering high-quality, coordinated care.

Recommendation: Retain flexibility within the PFCC rate structure to account for differences in provider capacity and service models, including the potential for future rate differentiation or targeted enhancements for programs that serve children with higher needs or operate in coordination with behavioral health, child welfare, or recovery services.

Thank you for the opportunity to provide feedback and for your continued efforts to strengthen safety and oversight for youth in care. We value DCY's partnership and leadership, and we remain committed to supporting thoughtful implementation that aligns systems, reduces duplication, and promotes stability for providers, youth, and families. If you would like to discuss our comments further, please contact me at thrasher@theohiocouncil.org.