



Ohio Administrative Code

Rule 5180:2-42-66.1 Comprehensive health care for children in placement.

Effective: February 15, 2024

(A) The public children services agency (PCSA) or private child placing agency (PCPA) is to coordinate comprehensive health care for each child in its care or custody who enters into substitute care or has a placement change. In coordinating comprehensive health care, the PCSA or PCPA is to arrange for health care from the child's existing and previous medical providers as well as involve the parent, guardian, or custodian in the planning and delivery of health care services.

(B) If applicable, when petitioning for custody, the PCSA or PCPA is to determine whether the parent, guardian or custodian has health care insurance and / or financial resources to provide comprehensive health care.

(1) If insurance or financial resources are available, the PCSA or PCPA is to request financial support.

(2) If insurance or financial resources are not available, the PCSA or PCPA is to assess the child's eligibility for medicaid, Title IV-E, supplemental security income (SSI), or other assistance programs. Unless an application for Title IV-E has been submitted, the PCSA or PCPA is to apply for medicaid on behalf of the child no later than thirty days after the date of the child's placement into substitute care.

(C) The PCSA or PCPA is to ensure a medical screening is completed within five working days of each child entering into substitute care to prevent possible transmission of common childhood communicable diseases and to identify any symptoms of illness, injury, or maltreatment. A screening is not required for children directly placed into substitute care from the hospital. The medical screening is to be conducted by one of the following:

(1) A licensed physician.

(2) An advanced practice nurse.



(3) A registered nurse.

(4) A licensed practical nurse.

(5) A physician's assistant.

(D) The PCSA or PCPA is to arrange for the following health care pursuant to rule 5160-1-14 of the Administrative Code and the "Bright Futures" guidelines (rev. 2/2017) for a child who is in substitute care. The guidelines can be reviewed at <http://brightfutures.aap.org>. The agency additionally is to ensure:

(1) A comprehensive physical exam for children age three or over, including a review of physical, behavioral, developmental, vision, hearing and dental health is completed within sixty days after a child enters into substitute care. A comprehensive physical exam is not required if a comprehensive physical exam of the child has been conducted within six months prior to the child's entry into substitute care and a copy of the exam is filed in the child's case record. The agency is to ensure an annual comprehensive physical exam is completed no later than thirty days after the anniversary date of the child's last physical, which is to include a vision and hearing screening.

(2) Additional visits, as appropriate, should occur during the first sixty to ninety days of the child entering substitute care to:

(a) Assess the child in the process of transition;

(b) Monitor the adjustment to care;

(c) Identify evolving needs and;

(d) Continue information gathering.

(3) A child under the age of three receives required pediatric care, which includes medical, developmental, behavioral, dental, vision and hearing.



(4) A child age three or under is referred to the county "Help Me Grow Program" when a screening or assessment indicates the child has or is at risk of a developmental disability or delay.

(5) Every child entering substitute care receives immunizations appropriate to age and health history. If a child's record of previous immunizations is unavailable at the time of the comprehensive physical exam, and it is reasonable to assume that the child has received immunizations, immunizations may be postponed until an immunization record is available for review.

(6) A dental examination is completed for a child three years of age and older no later than six months after the child's placement into substitute care. The agency is to ensure a follow-up dental examination is completed every six months from the date of the last dental examination with a thirty day grace period for scheduling purposes.

(7) Treatment for any diagnosed medical or psychological need is initiated within sixty days of the diagnosis, unless treatment is required sooner.

(8) If a child has been adjudicated delinquent for any crimes listed in section 2152.72 of the Revised Code, the agency is to ensure a psychological examination is completed pursuant to division (C) of section 2152.72 of the Revised Code.

(E) For a medicaid eligible child, the PCSA or PCPA is to:

(1) Coordinate with the county department of job and family services (CDJFS) healthchek coordinator to secure a healthchek screening exam. The agency may authorize the substitute caregiver, managed care coordinator, medical providers and custodial parents to work with the CDJFS healthchek coordinator to schedule appointments and arrange transportation to those appointments.

(2) Complete the ODM 03528 "Healthchek and Pregnancy Related Services Information Sheet" (rev. 3/2018) and return the form to the CDJFS healthchek coordinator within the following timelines:

(a) Within sixty days of the child's entry into substitute care.



(b) Annually based on the date the previous ODM 03528 form was completed and returned to the CDJFS healthchek coordinator.

(3) Inform the substitute caregiver(s) about healthchek services within sixty days of placement into the caregiver's home by reviewing the ODM 03528 with the substitute caregiver and providing the caregiver a copy of the form.

(F) Comprehensive health care pursuant to paragraph (D) of this rule is not required if the child's placement episode is less than sixty days; however the PCSA or PCPA, is to coordinate health care whenever the child has a condition which indicates a need for treatment during the placement episode.