



Ohio Administrative Code

Rule 5180:2-5-37 Additional requirements for an agency that acts as a representative of ODJFS in recommending medically fragile foster homes for certification.

Effective: May 1, 2019

(A) The recommending agency shall not allow a medically fragile child to be placed in a foster home unless the foster caregiver(s) has been certified to operate a medically fragile foster home pursuant to this rule and rule 5101:2-7-17 of the Administrative Code. The recommending agency shall document in the homestudy of the caregiver's file how a foster caregiver for medically fragile children meets the requirements in paragraph (A) of rule 5101:2-7-16 of the Administrative Code.

(B) The recommending agency shall assign a treatment team to each medically fragile child placed in a medically fragile foster home. A licensed physician, licensed nurse practitioner or a registered nurse shall supervise the medical aspects of the child's service plan.

(C) A service plan shall be developed by the treatment team in accordance with the following requirements:

(1) An initial service plan shall be completed by the treatment team for each medically fragile child placed in a medically fragile foster home no later than thirty days after placement.

(2) The service plan shall be reviewed and revised, if necessary, at least once every sixty days thereafter.

(3) Service plan approval and any revisions shall be completed by the individual assigned under paragraph (B) of this rule who is supervising the medical aspects of the child's service plan and approved by the treatment team leader's supervisor.

(4) All treatment team members shall be notified in advance of each treatment team meeting and invited to participate. Documentation of the invitations shall be maintained in the child's record.

(D) The service plan for a medically fragile child placed in a medically fragile foster home shall



include:

(1) A nursing treatment plan signed by a licensed physician. The nursing treatment plan shall be reviewed and approved by a licensed physician at least every sixty days. The nursing treatment plan shall list all of the following:

(a) Any special instructions for the care of the child.

(b) The child's medications including instructions for administering the medications and potential side effects.

(c) The child's nursing needs.

(2) Treatment goals, clinical and/or rehabilitative services and other necessary interventions for the child and his family.

(3) The method by which the goals, rehabilitative services, and other necessary interventions will be attained and progress evaluated.

(4) The projected length of the child's stay in the foster home.

(5) The criteria to be met for the child's reunification with his or her parent(s)/family or guardian or the projected post-treatment setting into which the child will be placed upon attainment of the treatment goals

(6) Aftercare services to be provided or arranged.

(7) How the child's permanency plan for family reunification, adoption, independent living or other permanent living arrangement, as specified in the custodial agency's case plan, will be attained.

(E) If the service plan developed by the treatment team recommends any special needs for the child that would conflict with any rule in Chapter 5101:2-7 of the Administrative Code, the service plan shall be followed.



(F) The recommending agency shall develop an individual plan for respite care for each medically fragile child placed in a medically fragile foster home. The use of respite care shall comply with the agency's respite care policy prepared pursuant to rule 5101:2-5-13 of the Administrative Code. A copy of the individual plan for respite care for each medically fragile child placed in a medically fragile foster home shall be included in the child's case record.

(G) The agency shall ensure that a member of the agency's professional staff shall be on-call for foster caregivers for medically fragile children and each medically fragile child placed in a medically fragile foster home on a twenty-four hour, seven day a week basis.

(H) The agency shall ensure that foster caregivers for medically fragile children are provided with a manual containing all policies, procedures and other information related to the program not later than the date the individual becomes certified as a foster caregiver for medically fragile children. The agency shall provide foster caregivers for medically fragile children copies of any revisions to the manual within thirty days of the revision.

(I) The agency shall coordinate with the agency holding custody of a medically fragile child or the child's parent or guardian for the provision of all rehabilitative services and other necessary interventions contained in the child's service plan and any revisions thereto. The agency shall also implement those aspects of the child's service plan that are its responsibility.

(J) The agency shall ensure that a discharge summary is prepared pursuant to rule 5101:2-5-17 of the Administrative Code for each child discharged from a medically fragile foster home. This paragraph does not apply to a child who is receiving respite services other than as a direct placement.

(K) The recommending agency shall ensure the caregiver is provided written step-by-step instructions for each skilled procedure required to be performed for each medically fragile child placed in the home. Documentation of the receipt of this information shall be maintained in the caregiver's record and in the child's record.

(L) At the following times the agency shall disclose to the foster caregiver for medically fragile



children all information available to the agency about the child and his family pursuant to rule 5101:2-42-90 of the Administrative Code:

(1) At the time of a child's placement in a medically fragile foster home.

(2) Whenever additional information becomes available.

(M) The agency shall ensure that all professional treatment staff required to be licensed shall be appropriately licensed. Professional treatment staff shall demonstrate to the employing or contracting agency that the training required for professional licensure shall be in topics appropriate to medically fragile foster care. Documentation of the training topics shall be maintained in the child's record.

(N) All professional treatment staff shall be appropriately licensed and shall annually complete at least fifteen hours of training in specific issues addressing the needs of medically fragile children and the mission of the agency.

(O) The agency shall ensure that all professional treatment staff are provided with a manual of all policies and procedures relevant to the program at the beginning of their employment with the agency.

(P) The agency shall not prohibit foster caregivers for medically fragile children from participation in any formal or informal support groups organized for the purpose of supporting foster caregivers.

(Q) The recommending agency shall ensure a certified foster caregiver for medically fragile children complies with the following occupancy limits:

(1) With the exception of the provisions of paragraph (Q)(1)(c) of this rule, a foster caregiver for medically fragile children may provide foster care for not more than five foster children, two of whom may have intensive needs as described in rule 5101:2-47-18 of the Administrative Code requiring their placement in a medically fragile foster home.

(a) Any exception to the number of medically fragile foster children placed in the home shall be only



with specific justification in accordance with the agency's policy for matching medically fragile foster children and caregivers developed pursuant to rule 5101:2-5-13 of the Administrative Code.

(b) The justification, which may include the need to place a sibling group, or the abilities of a particular family in relation to the intensive needs of a particular child, shall be documented in the child's case record and in the medically fragile foster home record.

(c) A foster caregiver for medically fragile children who is also an appropriately trained and licensed professional may provide care for not more than five medically fragile foster children placed in the caregiver's home. An appropriately trained and licensed professional is considered one of the following:

(i) A registered nurse.

(ii) A licensed practical nurse.

(iii) A licensed emergency medical technician.

(iv) A physician assistant.

(v) A licensed physician.

(d) The recommending agency of a medically fragile foster home shall notify, within seventy-two hours, all agencies holding custody of any other children placed in the home if more than two medically fragile children are placed in a medically fragile foster home.

(2) Children placed in a foster home on or prior to March 31, 2005 shall not be moved to another placement solely to meet the requirements of paragraph (Q)(1) of this rule.

(R) The agency shall ensure that professional treatment staff shall have consultation at least every two weeks and at least monthly face-to-face contact with the foster caregiver for medically fragile children or at least one member of a foster caregiver for medically fragile children couple or co-parents serving an intensive needs child. At least one of the face-to-face contacts every two months



shall take place in the medically fragile foster home.

(S) The agency shall ensure that professional treatment staff shall have face-to-face meetings with each intensive needs child placed in a medically fragile foster home at least every two weeks. At least one of the face-to-face meetings each month shall take place in the medically fragile foster home.

(T) For each medically fragile child placed in a medically fragile foster home, the agency shall assure that the foster caregivers for medically fragile children keep a written record of the child's emotional response to treatment and progress towards achieving the treatment goals identified in the child's service plan.

(1) The written record shall include signed documents of treatment provided by any health care professional providing services to the child, as well as records of any hospitalizations and hospital emergency room or urgent medical care visits.

(2) All documentation shall be maintained current and kept in the manner prescribed by the agency.

(U) The agency shall assure that foster caregivers for medically fragile children are aware of the potential side effects of any prescribed medication for children placed in their home.

(V) If a child with special or exceptional needs is placed in a medically fragile foster home, the provisions of rule 5101:2-5-36 of the Administrative Code shall apply for that child.