

AUTHENTICATED, OHIO LEGISLATIVE SERVICE COMMISSION DOCUMENT #253662

Ohio Administrative Code

Rule 5101:2-7-17 Additional requirements for a foster caregiver for medically fragile children and a medically fragile foster home. Effective: April 1, 2019

(A) A foster caregiver for medically fragile children shall have at least two years of experience caring for medically fragile children or the equivalent medically fragile child care experience, education or training as determined by the recommending agency. This requirement shall not apply to a foster caregiver certified prior to January 1, 2003.

(B) Each foster caregiver for medically fragile children shall successfully complete the number of hours of preplacement and continuing training specified in the recommending agency's training policy for medically fragile foster homes required pursuant to rules 5101:2-5-13 and 5101:2-5-33 of the Administrative Code.

(C) Each foster caregiver for medically fragile children is a member of the treatment team and shall help develop and implement the service plan for each child as prescribed by the recommending agency.

(D) Occupancy limitations for a medically fragile foster home.

(1) With the exception of the provisions of paragraph (D)(2) 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 requiring their placement in a medically fragile foster home.

(a) Any exceptions to the number of medically fragile foster children to be served, must have specific justification in accordance with the agency's policy for matching foster children and foster caregivers for medically fragile children 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.



AUTHENTICATED, OHIO LEGISLATIVE SERVICE COMMISSION DOCUMENT #253662

(c) If more than two medically fragile foster children are placed in a medically fragile foster home, all agencies holding custody of any other children placed in the home shall be notified by the recommending agency of the foster home within seventy-two hours of placement.

(2) 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:

(a) A registered nurse.

(b) A licensed practical nurse.

(c) A licensed emergency medical technician.

(d) A physician assistant.

(e) A licensed physician.

(3) 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 (D)(1) or (D)(2) of this rule.

(E) A foster caregiver for medically fragile children or at least one member of a medically fragile foster caregiver couple or co-parent shall have consultation at least every two weeks and at least monthly face-to-face contact with the recommending agency's professional staff. At least one of the face-to-face contacts every two months shall be in the medically fragile foster home.

(F) A foster caregiver for medically fragile children shall prepare, and keep current, a written record of each medically fragile child's emotional response to treatment and progress towards achieving the treatment goals as identified in the child's service plan.

(1) The written record shall include signed documents of treatment provided by any health care professional, as well as records of any hospitalizations and hospital emergency room or urgent



AUTHENTICATED, OHIO LEGISLATIVE SERVICE COMMISSION DOCUMENT #253662

medical care visits.

(2) All documentation shall be maintained current and kept in the manner prescribed by the medically fragile foster care program.

(G) Under the direction of the treatment team leader, a foster caregiver for medically fragile children shall assume primary responsibility for implementing the in-home treatment strategies specified in the child's service plan and any revisions.

(H) A foster caregiver for medically fragile children shall work cooperatively with the family of the child according to the child's service plan and case plan.

(I) A foster caregiver for medically fragile children shall perform any additional responsibilities and duties established by the recommending agency in writing for a medically fragile foster caregiver.

(J) A foster caregiver shall attend and participate in the treatment team meetings for each child placed in the home. If the foster home for medically fragile children certificate is in the name of a couple or co-parents, only one caregiver is required to attend the treatment team meetings unless otherwise specified by the recommending agency.