

5101:2-7-17

Additional requirements for a medically fragile foster caregiver and a medically fragile foster home.

In addition to the requirements found in rules 5101:2-7-02 to 5101:2-7-15 of the Administrative Code, a medically fragile foster home shall meet the following requirements:

(A) A medically fragile foster caregiver initially certified after the effective date of this rule 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 ~~the effective date of this rule~~ January 1, 2003.

(B) Training requirements for a medically fragile foster caregiver.

(1) Each medically fragile foster caregiver shall successfully complete the number of hours of preplacement and ~~annual~~ continuing training specified in the recommending agency's training policy required pursuant to rule 5101:2-5-13 of the Administrative Code. No fewer than thirty-six hours of preplacement training and no fewer than ~~thirty~~ sixty hours of continuing ~~annual~~ training during each two year certification period is required for each medically fragile foster caregiver unless a waiver is approved by the recommending agency pursuant to paragraph (H) of rule 5101:2-5-33 of the Administrative Code. All preplacement and ~~annual~~ continuing training received by a medically fragile foster caregiver shall be subject to the requirements specified in paragraphs (C)(7) and (C)(8) of rule 5101:2-5-33 of the Administrative Code.

(2) Prior to receiving a child in placement, each medically fragile foster caregiver shall successfully complete an American red cross or American heart association first aid and adult and child cardiopulmonary resuscitation (CPR) certification training program or ~~its~~ the equivalent. If foster children under the age of three will be placed in the medically fragile foster home, infant CPR shall be included in the CPR certification. This training may be counted towards the training required by paragraphs (C)(7) and (C)(8) of rule 5101:2-5-33 of the Administrative Code. First aid and CPR certification shall be kept current at all times.

(C) Each medically fragile foster caregiver 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 (E)(2) of this rule, a medically fragile foster caregiver 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. 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 medically fragile foster caregivers pursuant to rule 5101:2-5-13 of the Administrative Code. Such 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. 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 foster care program within seventy-two hours of placement.
 - (2) A medically fragile foster caregiver who is also an appropriately trained and licensed professional such as a registered nurse, social worker, professional counselor, psychologist or teacher, or who has a minimum of a bachelor's degree in a child development or social services field and five years of child care experience and training related to serving children in foster care, and whose primary means of support is from reimbursement as a medically fragile foster caregiver, may provide care for not more than five medically fragile foster children placed in the caregiver's home.
 - (3) Children placed in a foster home on ~~the effective date of this rule~~ or prior to March 31, 2005 shall not be moved to another placement solely to meet ~~this requirement~~ the requirements of paragraphs (D)(1) or (D)(2) of this rule.
- (E) A medically fragile foster caregiver 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 medically fragile foster caregiver 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. 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 medical care visits. 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 medically fragile foster caregiver

shall assume primary responsibility for implementing the in-home treatment strategies specified in the child's service plan and any revisions thereto.

- (H) A medically fragile foster caregiver shall work cooperatively with the family of the child according to the child's service plan and case plan.
- (I) A medically fragile foster caregiver shall perform any additional responsibilities and duties established by the recommending agency in writing for a medically fragile foster caregiver.
- (J) A medically fragile 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.

Effective: 08/22/2005

R.C. 119.032 review dates: 03/31/2005 and 08/01/2010

CERTIFIED ELECTRONICALLY

Certification

07/11/2005

Date

Promulgated Under: 119.03
Statutory Authority: 5103.03
Rule Amplifies: 5103.02, 5103.03
Prior Effective Dates: 1/1/2003