



January 29, 2024

Family, Children and Adult Services Manual Transmittal Letter No. 537

TO: Family, Children and Adult Services Manual Holders

FROM: Matt Damschroder, Director

SUBJECT: Amendments to Children Services Licensing OAC Rules 5101:2-5-40 and 5101:2-9-02 and to Children Substitute Care OAC Rules 5101:2-42-65 and 5101:2-42-66.1.

This letter transmits amendments to Ohio Administrative Code (OAC) rules in Chapters 5101:2-5, 5101:2-9 and 5101:2-42. The rules are being amended to meet the five-year rule review. These revisions will reduce organizational red tape, improve efficiency, and assist agencies provision of services to children in out-of-home care while not compromising child safety and permanency. These rules will be effective February 15, 2024.

The following is a brief summary of the changes and additions:

All rules have been amended to remove regulatory restrictive words as described in SB 9 of the 135th General Assembly.

OAC 5101:2-5-40 entitled **Preplacement and continuing training programs** provides guidance to agencies seeking to operate a preplacement training program or a continuing training program. This rule is amended to remove the requirement of the annual submission of agency training plans and was replaced to require training plans be submitted when there is a new plan or changes to existing plans.

OAC 5101:2-9-02 entitled **Staffing requirements** provides guidance to agencies on supervision in the residential facility to ensure appropriate level of supervision in all areas of the facility. The number of hours a new staff member is required to have before being left unsupervised with residents is being reduced.

OAC 5101:2-42-65 entitled **Caseworker visits and contacts with children in substitute care** provides guidance to agencies regarding caseworker visits and contacts with the child and the substitute caregiver(s). Language requiring weekly contact with caregivers for children placed in special, exceptional, or intensive needs placements is being removed.



OAC 5101:2-42-66.1 entitled **Comprehensive health care for children in placement** guidelines for the public children service agencies (PCSAs) and private child placing agencies (PCPAs) on the coordination and provision of health care for each child in the agency's care or in the custody, placed into substitute care. This rule is amended to remove the requirement for medical screenings when a child's placement changes or when a child is placed into foster care directly from a medical setting.

INSTRUCTIONS:

The following chart indicates the materials that should be removed from the Family, Children and Adult Service Manual (FCASM) and the materials that are to be inserted in the FCASM.

LOCATION	REMOVE AND FILE AS OBSOLETE	INSERT/REPLACEMENT
Foster Care Licensing	5101:2-5-40	5101:2-5-40
	5101:2-9-02	5101:2-9-02
Social Services Substitute Care	5101:2-42-65	5101:2-42-65
	5101:2-42-66.1	5101:2-42-66.1
Transmittal Letters		FCASMTL No. 537

5101:2-5-40

Preplacement and continuing training programs plans.

- (A) A private child placing agency (PCPA), private noncustodial agency (PNA), or a consortium of such agencies that seeks to operate a preplacement training program or a continuing training program shallis to submit its training proposal(s) for approval to the agency's assigned Ohio department of job and family services (ODJFS) field office licensing specialist. Each training proposal submitted to ODJFS shallis to be approved for submission by the administrator or designee of the agency. Each training proposal submitted by a consortium shallis to be approved for submission by the administrator or designee of the primary agency of the consortium. Submission and approval of training proposals shallis to follow the time frames listed in paragraphs (B) and (F) of this rule.
- (B) A training proposal shallis to be submitted to ODJFS ~~by October fifteenth of every even-numbered year. An approved training proposal shall be valid for two calendar years beginning the first day of January each odd-numbered year~~ when the agency creates a new proposal or amends an existing plan. Any amendment to an approved training plan shallis to be submitted in accordance with paragraph (B) of rule 5101:2-5-13 of the Administrative Code.
- (C) A training proposal submitted by a consortium of PCPAs or PNAs shallis to identify the primary agency that will act as the fiscal agent for the consortium and all other agencies participating in the consortium. The proposal shallis to be approved for submission by the administrator or designee of the primary agency.
- (D) If ODJFS does not approve a PCPA's or PNA's training proposal, and the PCPA or PNA wishes to continue pursuing implementation of a training program, the PCPA or PNA shallis to submit a revised proposal within fifteen calendar days.
- (E) If ODJFS does not approve a PCPA's or PNA's training proposal, or if a previously approved training proposal or plan expires, the PCPA or PNA ~~shall~~ will not operate a preplacement or continuing training program for foster caregivers until a training proposal has been approved by ODJFS.
- ~~(F) Only a PCPA or PNA submitting a foster caregiver preplacement or continuing training proposal for the first time may submit a proposal at a time other than that specified in paragraph (B) of this rule. When approved, a training proposal submitted to ODJFS pursuant to this paragraph shall be valid only until December thirty-first of the next even-numbered year. Thereafter, the provisions of paragraph (B) of this rule shall apply.~~
- ~~(G)~~(F) The proposal shallis to include the following information:

- (1) The type(s) of training programs to be offered and the projected outcomes for each program. Types of training programs include the following:
 - (a) Preplacement training for prospective foster caregivers seeking certification to operate a foster home under the PCPA or PNA certified foster care function, including pre-adoptive infant foster home, family foster home, treatment foster home or medically fragile foster home.
 - (b) Continuing training for foster caregivers certified to operate a foster home under the PCPA or PNA certified foster care function, including pre-adoptive infant foster home, family foster home, treatment foster home or medically fragile foster home.
- (2) A statement outlining the types of foster care certifications the training program addresses.
- (3) The organization and structure of the training program which ~~shall~~ shall to clearly identify who will be responsible for operating the training program, the staffing level of the program, the person(s) responsible for policy decisions regarding the training program, and whether part of the training program functions will be subcontracted to other individuals, agencies or entities.
- (4) The policies and procedures of the training program which include, at a minimum, the following information:
 - (a) Policies and procedures for assessing foster caregiver training needs and utilizing foster caregivers continuing training plans as the basis for determining course offerings and learning activities such as workshops, coaching, distance learning and self-directed learning and the frequency of the course offerings and learning activities.
 - (b) Policies and procedures for developing and evaluating courses and learning activities which comprise the training program, including policies and procedures for assessing successful completion of a course and learning activities by the prospective foster caregiver or foster caregiver and procedures for notifying the recommending agency with which a prospective foster caregiver or a foster caregiver is affiliated of the successful completion of the course and learning activities.
 - (c) Policies and procedures for the selection and evaluation of qualified trainers.
 - (d) Policies and procedures for notifying agencies and foster caregivers of courses offered by the training program.

- (e) Policies and procedures for accepting applications for training courses and scheduling training.
 - (f) Policies and procedures for maintaining training records, tracking attendance at the training by course offering and by foster caregiver, including notification to the agency of foster caregiver attendance.
 - (g) Policies and procedures for a written evaluation of the effectiveness of the courses offered and the overall effectiveness of the training program. The policies and procedures ~~shall~~ is to specify that these evaluations will take place at least once every two years.
- (5) A description of course offerings and learning activities which contain, at a minimum, all of the following information:
- (a) Course and learning activities title and description.
 - (b) Target audience (family foster caregivers, treatment or medically fragile foster caregivers, pre-adoptive infant foster caregivers).
 - (c) Course learning objectives.
 - (d) Training hours.
 - (e) Course and learning activity outline.
 - (f) Qualifications of the trainer or coach.

~~(H)~~(G) A PCPA or PNA applying to be approved to operate a preplacement training program for persons seeking certification to operate a pre-adoptive infant foster home ~~shall~~ is to offer training courses addressing the required topics for a pre-adoptive infant foster home as described in rule 5101:2-5-33 of the Administrative Code.

~~(H)~~(H) A PCPA or PNA applying to be approved to operate a continuing training program ~~for persons seeking recertification~~ foster caregivers certified to operate a pre-adoptive infant foster home ~~shall~~ is to offer training courses appropriate to the training needs of the pre-adoptive infant foster caregivers that will be trained by the program. Such courses may include, but are not limited to, the following:

- (1) Infant care.
- (2) Early childhood development, including developmentally appropriate activities.
- (3) Cardiopulmonary resuscitation (CPR) and first aid.

~~(I)~~(J) A PCPA or PNA applying to be approved to operate a preplacement training program for persons seeking certification to operate a family foster home shallis to offer training courses addressing the required topics for a family foster home as described in rule 5101:2-5-33 of the Administrative Code.

~~(K)~~(J) A PCPA or PNA applying to be approved to operate a continuing training program for ~~persons seeking recertification~~ foster caregivers certified to operate a family foster home shallis to offer training courses appropriate to the training needs of the family foster caregivers that will be trained by the program.

~~(L)~~(K) A PCPA or PNA applying to be approved to operate a preplacement training program for persons seeking certification to operate a specialized foster home shallis to offer training courses addressing the required topics for a specialized foster home as described in rule 5101:2-5-33 of the Administrative Code.

~~(M)~~(L) A PCPA or PNA applying to be approved to operate a continuing training program for ~~persons seeking recertification~~ foster caregivers certified to operate a specialized foster home shallis to offer training courses appropriate to the training needs of the specialized foster caregivers that will be trained by the program. Such courses ~~shallare~~ to include continuous maintenance of certification in completion of a first aid training program and a child and adult CPR ~~certification~~ training program such as those training programs offered by the American red cross, the American heart association, or the equivalent.

~~(N)~~(M) A PCPA or PNA submitting a training proposal(s) shallis to comply with payment and/or reimbursement procedures outlined in rule 5101:2-5-38 of the Administrative Code.

~~(O)~~(N) A PCPA, a PNA or a consortium of such agencies operating a preplacement training program or continuing training program approved by ODJFS shallis to make the program available to prospective foster caregivers or foster caregivers without regard to the type of recommending agency from which a prospective foster caregiver or a foster caregiver seeks a recommendation and without charge to the foster caregiver. A PCPA or PNA may condition the enrollment of a prospective foster caregiver or a foster caregiver based upon the availability of space in the training program.

~~(P)~~(O) A regional training center of the Ohio child welfare training program (OCWTP) operating a preplacement or continuing training program may condition the enrollment in a preplacement or continuing training program of a foster caregiver whose recommending agency is a PCPA or a PNA on ~~either or both of the following:~~ the availability of space in the training program.

~~(1) Availability of space in the training program.~~

~~(2) Assignment to the program by the foster caregiver's recommending agency of the private recommending agency's training allowance payment due under rule 5101:2-5-38 of the Administrative Code.~~

~~(P)~~ (P) A PCPA or PNA may contract with an individual or a public or private entity to administer a preplacement or continuing training program operated by the agency and approved by ODJFS.

~~(R)~~ (Q) A public children services agency (PCSA) is not required to submit a training proposal to ODJFS. All foster caregiver training for prospective foster caregivers and foster caregivers recommended for certification by a PCSA is provided or arranged by a regional training center of the OCWTP or arranged by the PCSA with a preplacement or continuing training program operated by a PCPA or PNA that is approved by ODJFS.

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5101:2-9-02

Staffing requirements.

- (A) When children are present during waking hours in a residential facility living unit, there ~~shall~~is to be at least one child care staff person for each ten children. Child care staff ~~shall~~is to be on duty providing supervision to children where two or more children are congregated to ensure an appropriate level of supervision of all areas of the facility considering the ages and functioning levels of children in care.
- (B) Child care staff ~~shall~~is to provide supervision within sight or sound of the child or pursuant to the level of supervision specified in the child's service plan. A child may be left alone or unsupervised only in accordance with the service plan of that child.
- (C) At least one child care staff person for every five infants or toddlers ~~shall~~is to be present in a residential parenting facility to provide care and supervision to children in the absence of teenage mothers.
- (D) A residential parenting facility ~~shall~~will not permit a teenage mother to provide care or supervision to any child other than her own in the absence of the child's mother or child care staff.
- (E) A children's residential center (CRC) or residential parenting facility ~~shall~~is to have at least one awake child care staff person in each living unit where children are present during nighttime sleeping hours.
- (F) Staff members at a residential facility ~~shall~~will not have overnight guests in the facility except for the children of ~~live-in~~live-in staff members, who have resided in the home and are under the age of twenty-two.
- (G) In accordance with rule 5101:2-5-09.1 of the Administrative Code, a criminal records check and background check ~~shall~~is to be requested for each person eighteen years of age or older that resides with the staff members in a residential facility.
- (H) A JFS 01653 "Medical Statement for Foster Care/Adoptive Applicant and All Household Members" ~~shall~~is to be completed for each person eighteen years of age or older that resides with the staff members in a residential facility.
- (I) Children of staff members and children of residents living in a residential facility ~~shall~~are to be counted in all child care staff ratios.
- (J) Each residential facility ~~shall~~is to have a written work schedule including provisions for use of relief staff, and a backup plan for emergency relief staff.
- (K) A residential facility ~~shall~~is to have at least one child care staff on site who is:

- (1) Trained in the reasonable and prudent parent standard as described in division (C) of section 5103.162 of the Revised Code.
 - (2) Designated to make decisions involving the participation of a child in age appropriate or developmentally appropriate activities.
 - (3) Designated to be the caregiver authorized to apply the reasonable and prudent parent standard.
- (L) All relief child care staff and emergency child care staff of a residential facility ~~shall~~are to meet the requirements of rules 5101:2-5-09, 5101:2-5-09.1 and 5101:2-9-03 of the Administrative Code.
- (M) Newly hired child care staff ~~shall~~are to be given on-the-job supervision and ~~shall~~will not be left unsupervised with residents until all of the following requirements have been met:
- (1) The person has completed the initial orientation required by rule 5101:2-9-03 of the Administrative Code;
 - ~~(2) The person has completed an additional twenty hours of the first year training required by rule 5101:2-9-03 of the Administrative Code;~~
 - ~~(3)~~(2) The person possesses a current American red cross, American heart association or equivalent first aid and cardiopulmonary resuscitation (CPR) certification. The CPR certification ~~shall~~is to be the type applicable to the age and size of the children able to be served in the facility.

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5101:2-42-65

Caseworker visits and contacts with children in substitute care.

- (A) The public children services agency (PCSA) or private child placing agency (PCPA) that holds custody of a child ~~shall~~is to comply with the provisions set forth in this rule regarding caseworker visits and contacts with the child and the substitute caregivers to ensure the child's safety and well-being, and to assess whether the placement and services continue to meet the child's needs in accordance with the case plan.
- (B) Visits and contacts ~~shall~~are to be conducted by a caseworker within the PCSA or PCPA that has full responsibility for case planning and case management of the child's case.
- (1) If the caseworker responsible for the child's case is unable to complete the visit, the caseworker completing the visit ~~shall~~is to document in the child's case the reason someone other than the assigned caseworker visited the child.
 - (2) The caseworker assigned to the child's case ~~shall~~is to complete the majority of the required monthly visits.
 - (3) The PCSA or PCPA, as part of a managed care agreement as defined in rule 5101:2-1-01 of the Administrative Code, may contract with another agency to have the managed care caseworker assume responsibility for the child's case and caseworker visits required by this rule.
- (C) The minimum frequency of visits ~~shall~~will be as follows, with individual time for the child as appropriate to his or her ability to communicate:
- (1) For a child placed in a relative or non-relative home approved pursuant to rule 5101:2-42-18 of the Administrative Code or a foster home certified pursuant to Chapter 5101:2-5 of the Administrative Code:
 - (a) One face-to-face visit with the child and substitute caregiver within the substitute care setting during the first week of placement, not including the first day of placement.
 - (b) One face-to-face visit with the child and the substitute caregiver within the substitute care setting during the first four weeks of placement, not including the visit during the first week of placement.
 - (c) Monthly face-to-face visits with the child and substitute caregiver within the substitute care setting, which may include visits referenced in paragraphs (C)(1)(a) and (C)(1)(b) of this rule, provided that at least one of the visits occurs within each month.
 - (d) In a home which has two or more substitute caregivers, ~~assure~~ensure that each caregiver receives at least one of the face-to-face visits referenced in

paragraphs (C)(1)(a) to (C)(1)(c) of this rule in each three-month period. If a caregiver is out of the home for the entire three-month period (e.g. military leave or extended hospital stay) the caregiver is exempt from the visits for that time period.

- (e) If the circumstances of the case require more than one monthly visit, the additional visit(s) may be conducted by a caseworker employed by an agency contracted by the PCSA or PCPA to provide services for the case.
- (2) For a child for whom a special, exceptional, or intensive needs difficulty of care payment is made pursuant to rule 5101:2-47-18 of the Administrative Code and placed in a treatment or medically fragile foster home certified pursuant to Chapter 5101:2-5 of the Administrative Code:
- (a) One face-to-face visit with the child and substitute caregiver within the substitute care setting during the first week of placement, not including the first day of placement.
 - ~~(b) One contact each week with the caregiver to monitor the child's progress.~~
 - ~~(e)~~(b) One face-to-face visit with the substitute caregiver and child should occur twice monthly, but not within the same week.
 - ~~(d)~~(c) At least one of the monthly visits shallis to occur within the treatment or medically fragile foster home.
 - ~~(e)~~(d) In a foster home which has two or more substitute caregivers on the certificate, assure that each caregiver receives at least one of the face-to-face visits referenced in paragraphs (C)(2)(a) to (C)(2)(c) of this rule in each three-month period. If a caregiver is out of the home for the entire three-month period (e.g. military leave or extended hospital stay) the caregiver is exempt from the visits for that time period.
 - ~~(f)~~(e) At least one of the monthly visits shallis to be conducted by a caseworker within the PCSA or PCPA that has full responsibility for case planning and case management of the child's case. Any additional visit(s) may be conducted by a caseworker employed by an agency contracted by the PCSA or PCPA to provide services for the case.
- (3) For a child placed in a residential facility or substance use disorder (SUD) residential facility as defined in rule 5101:2-1-01 of the Administrative Code:

- (a) One contact with the residential facility or SUD residential facility and the child as developmentally appropriate within ten days of placement, not including the first day of placement.
 - (b) Monthly face-to-face visits with the child, within the residential facility or SUD residential facility. Visits ~~shall will~~ be conducted by a caseworker within the PCSA or PCPA that has full responsibility for case planning and case management of the child's case.
 - (i) If the caseworker responsible for the child's case is unable to complete the visit, the caseworker completing the visit ~~shall is to~~ document in the child's case the reason someone other than the assigned caseworker visited the child.
 - (ii) The caseworker assigned to the child's case ~~shall is to~~ complete the majority of the required monthly visits.
 - (c) The caseworker within the residential facility or SUD residential facility, performing casework duties, ~~shall will~~ not conduct visits on behalf of the PCSA or PCPA.
- (4) For a child who is sixteen years of age or older and placed in an independent living arrangement in which he or she has responsibility for his or her individual living environment:
- (a) One face-to-face visit with the child within the living environment within the first week of placement, not including the first day of placement.
 - (b) Monthly face-to-face visits with the child, within the living environment, which may include the visit referenced in paragraph (C)(4)(a) of this rule. Visits ~~shall are to~~ be conducted by a caseworker within the PCSA or PCPA that has full responsibility for case planning and case management of the child's case.
 - (i) If the caseworker responsible for the child's case is unable to complete the visit, the caseworker completing the visit ~~shall is to~~ document in the child's case the reason someone other than the assigned caseworker visited the child.
 - (ii) The caseworker assigned to the child's case ~~shall is to~~ complete the majority of the required monthly visits.

(D) Contacts and visits for children in the custody of a PCSA or PCPA ~~shall~~are to be documented in the child's case record as outlined in rules 5101:2-33-23 and 5101:2-33-70 of the Administrative Code and address the following:

(1) The child's safety and well-being within the substitute care setting. In assessing the child's safety and well-being, the caseworker ~~shall~~is to consider the following through observation and information obtained during the contact or visit:

(a) The child's current behavior, emotional functioning and current social functioning within the substitute care setting, and any other settings/activities in which he or she is involved. The caseworker ~~shall~~will also document evidence that the caregiver is following the reasonable and prudent parent standard in allowing the child regular opportunities to participate in age or developmentally appropriate activities.

(b) The child's current vulnerability.

(c) The protective capacities of the child's caregiver(s).

(d) Any new information regarding the child, the substitute care setting, and impact on the substitute caregiver's willingness or ability to care for the child including but not limited to:

(i) Changes in the marital status.

(ii) Significant changes in the health status of a household member.

(iii) Placement of additional children.

(iv) Birth of a child.

(v) Death of a child or household member.

(vi) A criminal charge, conviction or arrest of any household member.

(vii) Addition or removal of temporary or permanent household members.

(viii) Family's relocation.

(ix) Child's daily activities.

(x) A change in the caregiver's employment or other financial hardships.

(e) Any supportive services needed for the child or caregiver to assure the child's safety and well-being.

- (2) The child's progress toward any goals in the case plan as applicable from information obtained from the child and caregiver.
 - (3) Permanency planning in accordance with the child's case plan.
- (E) For a child who is placed through the "Interstate Compact for the Placement of Children" into a substitute care setting outside of Ohio, the agency ~~shall~~ is to follow the directives in Chapter 5101:2-52 of the Administrative Code, and the regulations of the interstate compact, located at https://aphsa.org/AAICPC/AAICPC/ICPC_Regulations.aspx.

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5101:2-42-66.1

Comprehensive health care for children in placement.

- (A) The public children services agency (PCSA) or private child placing agency (PCPA) shallis 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 ~~shall attempt 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 shallis 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 shallis to request financial support.
 - (2) If insurance or financial resources are not available, the PCSA or PCPA shallis 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 shallis 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 shallis to ensure a medical screening is completed within five working days of each child entering into substitute care ~~or when a child's placement changes~~ 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 ~~newborn~~ children directly placed into substitute care from the hospital. The medical screening shallis 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 shallis 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 shallis 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 ~~shall~~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 ~~shall~~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 ~~shall~~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) Pursuant to section 2152.72 of the Revised Code, if a child has been adjudicated delinquent for any crimes listed in section 2152.72 of the Revised Code, the agency shall ensure a psychological examination of the child is completed within sixty days of the child's entry into substitute care. A psychological examination of the child is not required if a psychological examination of the child has been conducted within twelve months prior to the child's entry into substitute care and a copy is filed in the child's case record. Prior to any subsequent placements, the agency shall ensure a new psychological examination is completed unless either of the following apply:~~

~~(a) A psychological examination of the child has been conducted within twelve months prior to the child's placement.~~

~~(b) A psychological examination of the child has been conducted within twenty-four months prior to the date of the adoptive placement when the foster caregiver seeks to adopt the foster child.~~

(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 section 2152.72 paragraph (C) of the Revised Code.

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

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

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

~~(a) Within sixty days of the child's entry into substitute care or move to a subsequent placement.~~

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

(3) Inform the substitute caregiver(s) about healthcek 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, ~~shall~~is to coordinate health care whenever the child has a condition which indicates a need for treatment during the placement episode.

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