



June 28, 2024

Family, Children and Adult Services Transmittal Letter No. 553

TO: Family, Children and Adult Services Manual Holders
FROM: Kara B. Wente, DCY Director
Matt Damschroder, ODJFS Director
SUBJECT: Amendments to Ohio Administrative Code rules 5101:2-42-66 and 5101:2-42-66.2

This letter transmits amendments to Ohio Administrative Code (OAC) rules 5101:2-42-66 and 5101:2-42-66.2 as a result of five-year rule review. The rules will be effective July 15, 2024.

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

OAC 5101:2-42-66 entitled **Administrative procedures for comprehensive health care for children in placement** provides the requirements to agencies for the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. EPSDT is a federally mandated program of comprehensive preventive services available to Medicaid-eligible individuals from birth through age twenty. The rule has been amended to remove the revision date from the form referenced in rule and regulatory restrictive words as described in Senate Bill 9 of the 134th General Assembly.

OAC 5101:2-42-66.2 entitled **Documentation of comprehensive health care for children in placement** provides guidance to agencies on the requirements to document and maintain a record of physical health examinations, developmental and psychological assessments, and treatment for each child in the care or custody of an agency. The rule has been amended to include providing the child’s health record to a child emancipating from custody. In addition, the rule has been amended to remove the revision date from the form referenced in the rule and regulatory restrictive words as described in Senate Bill 9 of the 134th General Assembly.

INSTRUCTIONS:

The following chart depicts what materials should be deleted from the Family, Children and Adult Services Manual (FCASM) and what materials are to be inserted in the FCASM.

LOCATION	REMOVE AND FILE AS OBSOLETE	INSERT/REPLACEMENT
Social Services	5101:2-42-66 5101:2-42-66.2	5101:2-42-66 5101:2-42-66.2
Transmittal Letters		FACASMTL No. 553

5101:2-42-66

Administrative procedures for comprehensive health care for children in placement.

- (A) The early and periodic screening, diagnosis, and treatment (EPSDT) program is a federally mandated program of comprehensive preventive health services available to medicaid-eligible individuals from birth through age twenty years. In Ohio, the program is called healthchek and is administered by the county department of job and family services (CDJFS). A healthchek screening examination or its equivalent constitutes comprehensive health care for all children in placement.
- (B) The public children services agency (PCSA), private child placing agency (PCPA) or private noncustodial agency (PNA) ~~shall~~ is to develop written interagency procedures to implement comprehensive health care for children in placement between the CDJFS and custody holding agency, if applicable. Interagency procedures ~~shall~~ are to include ~~a tracking to document~~ documentation that the substitute caregiver has been informed of healthchek services and transportation services and the substitute caregiver has been provided a copy of the ODM 03528 "Healthchek and Pregnancy Related Services Information Sheet." ~~(rev. 3/2018)~~.
- (C) The PCSA, PCPA or PNA ~~shall~~ is to review and amend the interagency procedures developed pursuant to paragraph (B) of this rule, as needed.

Effective: 7/15/2024
Five Year Review (FYR) Dates: 3/27/2024 and 07/15/2029

CERTIFIED ELECTRONICALLY

Certification

06/25/2024

Date

Promulgated Under: 119.03
Statutory Authority: 5153.166, 5103.03
Rule Amplifies: 5103.03, 5153.16
Prior Effective Dates: 09/28/1987 (Emer.), 12/27/1987, 01/01/1989,
01/01/1990, 05/01/1993, 10/01/1997, 02/01/2003,
04/20/2008, 05/01/2019

5101:2-42-66.2 **Documentation of comprehensive health care for children in placement.**

- (A) The custodial public children services agency (PCSA), private child placing agency (PCPA), and private noncustodial agency (PNA) ~~shall~~shall to document and maintain in the case record a record of physical health examinations, developmental and psychological assessments, and treatment for each child in the care or custody of a PCSA, PCPA, or PNA pursuant to rule 5101:2-5-10 of the Administrative Code.
- (B) A record of a child's health information may be collected from a variety of sources, including but not limited to:
- (1) The child's parent, caregiver, guardian, other relative(s) or other responsible adult familiar with the child's health history;
 - (2) The child, if age-appropriate;
 - (3) Medical providers;
 - (4) Mental health providers;
 - (5) Medical records;
 - (6) School personnel and records;
 - (7) County family and children first council;
 - (8) Early intervention coordinators;
 - (9) PCSA, PCPA, or PNA case records;
 - (10) Medicaid managed care plan; and
 - (11) Other social service agency personnel and records.
- (C) A record of a child's health care ~~shall~~shall to contain, but not be limited to, the following, when applicable:
- (1) A listing of a child's most recent and current medical, mental health, dental, and other health care providers including early and periodic screening and diagnostic treatment (EPSDT)/healthchek.
 - (2) A record of immunizations and dates of immunizations;
 - (3) A record of a child's illnesses, hospitalizations, surgeries, impairments, injuries and other significant medical problems and dates for each event;

- (4) A record of physical health examination and treatment;
 - (5) A record of dental examinations and treatment;
 - (6) A record of vision examinations and treatment;
 - (7) A record of speech and hearing assessments and therapy/treatment;
 - (8) A record of developmental assessments and therapy/treatment;
 - (9) A record of mental health assessments and therapy/treatment;
 - (10) A record of drug screenings, assessments and therapy/treatment;
 - (11) A record of the child's sexual development history, including any family planning methods;
 - (12) A record of the child's physical, or sexual abuse history;
 - (13) A record of the child's prescription and nonprescription medications and any allergies to medications;
 - (14) A record of the child's food allergies and other allergies;
 - (15) The child's cultural background as it relates to nutrition, health care practices, and other relevant information;
 - (16) The health history of the biological parents and extended family; and
 - (17) Any other pertinent health information necessary to assure that those persons providing care for the child have adequate information to provide such care.
- (D) The custodial PCSA, PCPA, or PNA shallis to keep the parents, guardian, or custodian informed of the physical health care, mental health care, and developmental care provided the child during the child's substitute care placement. Such information shallis to be shared at least every six months or at the time of each semiannual administrative review as required by rule 5101:2-38-08 of the Administrative Code. The parents, guardian or custodian shallis to be informed and consulted anytime a child in substitute care experiences a serious health, mental health problem or medical emergency.
- (E) A substitute caregiver shallis to have access to all health care information to provide daily care for the child.

- (F) The PCSA may use the child's health care record prepared pursuant to this rule as a source document in completing the JFS 01443 "Child's Education and Health Information" form ~~(rev. 8/2010)~~ or other comparable form as required in rule 5101:2-38-08 of the Administrative Code, if applicable.
- (G) The PCSA may use a copy of the JFS 01443 form as a face sheet for the child's health record prepared pursuant to this rule.
- (H) The custodial PCSA or PCPA shall provide a copy of a child's health care record to the child's parent, guardian, custodian, or prefinalized adoptive parent pursuant to this rule, and rule 5101:2-48-16 of the Administrative Code and to the child upon emancipation from custody pursuant to rule 5101:2-42-19 of the Administrative Code, as applicable.
- (I) A PCSA shall maintain a record of a child's health care as a distinct part of the child's case record pursuant to rule 5101:2-33-23 of the Administrative Code, if applicable.

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