REQUEST FOR PROPOSALS

**Date Issued:**
November 7, 2017

**Proposals Due:**
10:30 AM on
November 28, 2017

Bidders must submit four (4) hard copies in a sealed envelope entitled:

Children Services Medical
Info and Related Services
Commissioners Office c/o
Commissioners Clerk
Bev Adzic, 20 S. 2nd Street
4th Floor, Newark, Ohio
43055

**NOTE:** Four (4) hard copies
must be received by the
submission date at the
address listed above in
order to be considered.
Fax or emailed proposals
will not be accepted.

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**Bidders’ Conference**
2:30 PM
November 20, 2017
OhioMeansJobs|Licking County
998 East Main Street,
Newark, Ohio 43055

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**Children Services**

Medical Information Management and
Related Services

**PURPOSE**
Licking County Job and Family Services is currently soliciting proposals to select a vendor to assist in the management of medical information needed for children services customers. Services include, but are not limited to, establishing timelines, task management, complying with applicable law or rule related to child medical information, researching children’s medical records and providers, obtaining necessary medical, dental, vision, and other health records, reviewing the health records, compiling records in a fashion needed for the appropriate management of children services medical information, and other duties as it relates to the management of children services medical information.

The vendor will assist Licking County Job and Family Services (LCJFS) with the following medical information management task, including but not limited to:

1. The administrative review and consultation of psychotropic medication for children in the care/custody of Licking County Job and Family Services.
2. Coordinate medical services with managed care (ie, health insurance) providers on behalf of Licking County Job and Family Services and its customers.
3. Establish and maintain systems to monitor, manage, and document routine medical, dental, and vision screenings.
4. Provide general medical oversight and guidance related to the care of children being served by Licking County Job and Family Services.
5. Research, compile information, and complete child medical summaries for adoption.
6. Other medical related information and services needed for the provision of agency services, safety/protection of customers and employees, and related services as needed.
Details regarding services identified above.

1. Psychotropic Medication Review
If a child comes into agency custody currently taking a psychotropic medication or a clinician is considering placing a child already in agency custody on a psychotropic, the assigned social worker will make a referral to vendor selected through this RFP, if a bid is awarded, who will (consistent with LCJFS Procedure #410 Monitoring Psychotropic Medication for Children in Substitute Care [attached as Attachment 2]):

A. Obtain the diagnostic assessment, psychological/psychiatric report and the psychotropic medication authorization completed by the prescribing clinician for each child that is prescribed a psychotropic medication.
B. Consult with prescribing clinician or clinician’s staff if there are questions or concerns regarding the prescription of the psychotropic medication
C. Advise the LCJFS Director or designee of information reviewed
D. If appropriate, seek final authorization from the LCJFS director or his designee for the child to begin psychotropic treatment
E. Create and maintain medical case file for each child in agency custody who is prescribed a psychotropic medication that documents medical appointments and refusals to take medication by child
F. The use of psychotropic medications will be reviewed at least quarterly to ensure they are still necessary
G. At least quarterly, provide a summary of psychotropic medication utilization and any conclusions and recommendations for each child in agency’s custody who has been prescribed a psychotropic medication

2. Coordination of Services with Managed Care Providers
The selected vendor will coordinate services with managed care providers, assisting with assessment of each child’s needs and identifying managed care providers, plans, and services that best meet the child’s specific needs. If case management from the managed care provider is needed, the vendor may complete (or assist with) a level of care needs assessment and contact managed care plan to advocate on behalf of the child.

3. Management of Routine Medical Appointments
Selected vendor is responsible for developing/enhancing, implementing, and maintaining a system for tracking and ensuring routine medical, dental, and vision screenings are conducted within guidelines established by best practice and Ohio Revised (or Administrative) Code. This process will ensure children placed in substitute care, such as foster and kinship care, receive necessary preventative and routine medical screening pursuant to LCJFS Procedures #505 and #506 Comprehensive Medical Care for Children in Substitute Care and Comprehensive Screenings for Children in Care, respectively (see Attachment 3).
4. **Provide General Medical Oversight and Guidance**

Provide guidance regarding medical related policies and procedures, agency practice, communicable diseases, medication, assessment of customers, and recommendations regarding the management of medical information and related services.

RN may also work with hospital, treatment centers, and other medical care teams to establish a continuity of care plan for children receiving medical services. The RN may also work with caregivers, such as foster, kinship, adoptive, or biological parents (or similar custodian) to establish and maintain specialized care.

5. **Child Medical Summaries for Adoption**

Child summaries are required to be compiled as part of the adoption process. Medical information may be gathered from a variety of sources, including but not limited to, the child’s parent, caregiver, guardian, or other relative or responsible adult familiar with the child’s health history; the child (if age appropriate); medical providers; mental health providers; medical records; school personnel and records; County Children and Families First Council; early intervention coordinators; public children services agency (PCSA), private child placing agency (PCPA), or private noncustodial agency (PNA) case records; and other social service agency personnel and records.

To expedite the adoption process, LCJFS is interested in partnering with a qualified provider to research and compile necessary medical information as part of child summaries that are required for adoption finalizations.

Considering the volume of medical information that must be researched, reviewed, and incorporated into the child summary, LCJFS will require these services to be provided by an individual who is at a minimum a Registered Nurse.

Medical information needed for child summaries is guided by rule through the Ohio Administrative Code (OAC). This may include, but is not limited to, the following:

1. OAC 5101:2-38-08 (Child’s Education and Health Information)
2. OAC 5101:2-42-66.1 (Comprehensive Health Care for Children in Placement)
3. OAC 5101:2-42-66.2 (Documentation of Comprehensive Health Care for Children in Placement)
4. OAC 5101:2-48-03 (Requirement of Social and Medical History)
5. OAC 5101:2-48-15 (Provision of Information to Prospective Adoptive Parent Matched with a Specific Child)

Each child’s medical summary shall contain at least the following, when applicable (additional information may be requested/required by LCJFS):

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 providers.
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.
7. A record of speech and hearing 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.
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 families
17. Any other pertinent health information necessary to assure that those persons providing care for the child have adequate information to provide such care.

6. Miscellaneous
   Other medical related information and services needed for the provision of agency services, safety/protection of customers and employees, and related services as needed.

BACKGROUND
Licking County Job & Family Services (LCJFS) is a combined Agency, administering federal, state, and county programs designed to enhance individual and family self-sufficiency and support services for children and adults. These programs are mandated and regulated by the federal and state governments. The Agency is comprised of Income Maintenance/Public Assistance, Workforce Development, Child and Adult Protective Services, and similar services.

In recent years, LCJFS has encountered a growing number of families involved with drug abuse, increasing the number of referrals to children services. As the number of cases grows, the number of children in agency custody has grown proportionally. To ensure the medical protection of children in care, Licking is interested in partnering with a medical professional for services outlined above.

SCOPE OF WORK AND REQUIRED CREDENTIALS
Services are being requested from an individual(s) credentialed as at least a Registered Nurse who will work with designated agency staff in order to manage children services
medical information in a manner that sufficiently meets LCJFS standards, complies with federal and state rule/law and guidance, and is in the best interest of the children served by the agency. It is estimated that the selected nurse will spend 30+ hours per week working with staff, contacting families and medical providers, reviewing medical records, compiling medical summaries for children awaiting adoption, and related services.

The provider will be required to become familiar with and understand Federal and State laws and Ohio Department of Job & Family Services rules and regulations as they pertain to protective services and other applicable agency functions.

Provider must be able to research health records, contact appropriate parties (child’s parent/caregiver/guardian/other relative or responsible adult, the child if age appropriate, medical providers, mental health providers, medical records, school personnel and records, Children and Family First Councils, early intervention coordinators, child welfare case records, and other social service agency personnel and records, as appropriate), and manage, compile, and aggregate data in a manner consistent with LCJFS expectations.

At the sole discretion of LCJFS, based on performance, availability of funds, and LCJFS needs, LCJFS may expand the services provided by the selected nurse to include: additional services related to the medical and medical information management of children and families working with LCJFS.

SUBMISSION CRITERIA
Proposals must be submitted in strict accordance with proposal submission instructions provided in this section. Any proposal failing to follow the entire proposal acceptance criteria listed below shall be disqualified from consideration. Proposal contents to be described later in this RFP document.

Four hard copies of the proposal must be received at the address below in a sealed envelope no later than 10:30 AM on Tuesday November 28th, 2017.

Envelopes must be addressed to:
Children Services Medical Info and Related Services
Licking County Commissioners’ Office
c/o Commissioners Clerk, Bev Adzic
20 South Second Street, 4th Floor
Newark, Ohio 43055

Bidders Conference
A bidders’ conference will take place at OhioMeansJobs|Licking County, 998 East Main Street, Newark, at 2:30 PM November 20, 2017. Attendance is recommended, but not required.

Proposals received after the deadline will not be considered. Faxes and emailed proposals cannot and will not be accepted. Unsolicited materials received after the deadline will not be added to previous submission and will not be considered.
4 copies of the proposal must be submitted.

All applicable forms and attachments must be completed and included in the proposal.

**PROVIDER SELECTION**
Prospective Providers are advised that an offer for a contract may be initiated after a review of the proposal received by Licking County Job and Family Services and members of a proposal review team. Proposals will be reviewed for acceptability with emphasis on various factors according to the type of service to be provided.

All Proposals will be evaluated on the criteria as listed on the Proposal Score Sheet (Attachment 1), and any other pertinent areas as selected by Licking County Job and Family Services.

**CONTRACTUAL ADVISEMENT**
Any contract resulting from the issuance of this solicitation is subject to the terms and conditions as provided in the model contract, which is provided as Attachment 4. Potential vendors are strongly encouraged to read a copy of the model contract to be fully aware of LCJFS contractual requirements. The proposal must state if any of the elements will be subcontracted to other parties. If so, the proposal must state the name of the subcontractor, the services/activities to be provided by the subcontractor, and planned costs.

**CONTRACTUAL REQUIREMENTS**
This Request for Proposals does not commit Licking County or Licking County Job and Family Services to award a contract or to pay any cost incurred in the preparation of a proposal. Licking County/Licking Job and Family Services reserves the right to accept or reject any or all proposals received, to negotiate services and costs with proposers, and to cancel in part or in entirety this RFP.

Contracts are expected to be awarded no earlier than January 1, 2018, through December 31, 2018.

The amount of any award is dependent upon funding available to LCJFS. Multiple vendors may be selected to provide the described services. A contract may be for all or part of the amount stated in the RFP. Contracts awarded shall not be effective beyond December 31, 2018. However, Licking County Job and Family Services, reserves the right to renew contracts annually for up to a maximum of two (2) years (through December 31, 2020) based on performance, availability of funds, and needs as determined solely by LCJFS.

If a contract is awarded, this RFP and its guidelines shall become a part of the contractual agreement.
PROPOSAL CONTENTS

Providers interested in being considered for Child Medical Summary Project must include the following information: Please number your responses accordingly

1. Provider name, program name, contact person, address, phone number, fax number and email address
2. Briefly describe your organization. Include if you are private for profit, non-profit (private or public) or government/school entity. Describe the nature of your business, the number of years you have been providing services, and any previous experience researching and compiling medical records in preparation for adoption finalizations (previous experience preferred, but not required).
3. Identify partnerships with other entities for the provision of this service, if any. Include letters of support that identify established partnerships and define partnership roles and responsibilities with the program.
4. Describe credentials of individual(s) who will be providing the service. How do they meet the minimum qualification of possessing at least an RN. Verification of qualification may be monitored if a contract is awarded.
5. Identify staff positions and include job descriptions. List pre-employment screenings you will require of staff including drug screens, criminal background checks, etc. These documents may be monitored if a contract is awarded. Describe staff roles and responsibilities.
6. Provide a narrative of how LCJFS will be billed for the provision of summary. Define how a unit is measured (hourly, per client, etc.) and the price of each unit. Include how many hours it will take to complete the average child medical summary.
7. Include proof of general and professional liability coverage.

CONTACT INFORMATION

Questions concerning this RFP may be directed to:

Nathan Keirns, Program Planner
Licking County Job and Family Services
Nathan.Keirns@jfs.ohio.gov
(740) 670-8726
ATTACHMENT 1
PROPOSAL SCORING
Proposal Scoring

Prospective Providers are advised that an offer for a contract may be initiated after a review of the proposals. Proposals will be reviewed for acceptability with emphasis on various factors and according to the type of service to be provided. Proposals will be evaluated on the following criteria:

Provider Name_____________________

**Children Services Medical Information Project RFP**

<table>
<thead>
<tr>
<th>Y/N</th>
<th>Criteria</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td></td>
<td>Provider or provider’s staff is at a minimum a Registered Nurse</td>
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<td>Provider is able to provide 20-30 hours of services per week</td>
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<td>Costs are reasonable to the level of services provided</td>
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<td>Provider or provider’s staff has previous experience working with children services cases and/or knowledge and experience with pediatric medical records</td>
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<td>Provider is able to provide documentation of liability coverage</td>
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Should funds become limited, priority will be given to programs with the highest total score

| Proposal includes the provision for children services medical information management services as needed by LCJFS | 0 - not addressed  
1 - limited services available  
2 - moderate services available  
3 - provider will ensure services are provided as requested by LCJFS |
| --- | --- |
| Provider or provider’s staff has a minimum competency level of a Registered Nurse (RN) | 0 - not addressed  
1 - minimally qualified  
2 - qualified  
3 - very qualified |
| Provider RN has experience in pediatric medicine | 0 - not addressed  
1 - minimally experienced  
2 - experienced  
3 - very experienced |
| Provider has experience working on children services cases and/or pediatric medical services | 0 - not addressed/no experience  
2 - provider has moderate experience with children services cases  
3 - provider has substantial experience with children services cases |
| Provider has experience compiling medical summaries and/or child summaries related to children services | 0 - not addressed  
1 - minimally experienced  
2 - experienced  
3 - very experienced |
| Provider staff is knowledgeable, and experienced with requesting, reviewing, interpreting, and compiling medical data/information | 0 - not addressed  
1 - minimally qualified  
2 - qualified  
3 - very qualified |
| Total out of 18 possible points |  |
ATTACHMENT 2
PROCEDURE #410
#410 Monitoring Psychotropic Medication for Children in Substitute Care
I. Procedure Summary
Licking County Job & Family Services (LCJFS) recognizes that children in substitute care frequently demonstrate symptoms of behavioral health conditions for which psychotropic medications are commonly prescribed. When used appropriately, psychotropic medications often are an essential treatment component to effectively address the multiple needs for children in care. Given the complexity of pharmacological interventions, consistent oversight and monitoring of medication use are critical.

The purpose of this procedure is to ensure that Children Services Social Workers, Supervisors and the Administrator are monitoring the appropriate use of psychotropic medications for children in substitute care in accordance with OAC 5101:2-5-13 (29).

II. Procedure Steps
A. Definitions
1. Pharmacotherapy - the medical treatment of a particular disorder or disease by means of medication.
2. Psychotropic Medication - medications used to treat mental health conditions; medications that affect the mind, emotions and behavior.
3. Antipsychotic Medications - a class of psychotropic medications used to treat serious mental disorders, such as psychosis, schizophrenia and other disorders that may lead to psychosis.
4. Monotherapy - the use of a single medication to treat a particular disorder or disease.
5. Polypharmacy - the use of multiple medications concurrently to treat a particular disorder or disease.
6. Prescribing clinician - Board certified physician, psychiatrist or pediatrician licensed to prescribe medication.

B. Policy Statement
1. LCJFS Director or his designee (after consulting Agency’s Registered Nurse) shall authorize the use of all psychotropic medications for all children in the agency’s custody.
2. LCJFS will only approve a child in agency custody to be placed on psychotropic medication when there is a psychological/psychiatric evaluation or a diagnostic assessment performed by the prescribing clinician indicating the diagnosis and specific need for the medication.
3. Any child, who enters the agency’s custody and is currently prescribed a psychotropic medication, will continue on the medication without interruption while arrangements are made to obtain documentation, reassessment (if required based on Psychotropic Medication Monitoring Guide) from the prescribing clinician and obtain approval from the Director or his designee (after consulting Agency’s Registered Nurse).
4. No child in the custody of LCJFS shall be prescribed or given psychotropic medication for the sole purpose of behavioral control.
5. No psychotropic medication shall be administered to a child who is considered capable of consenting but refuses, unless administration is specifically authorized by the Director or his designee. Authorization may be ongoing if, for example, the child objects each time he/she is to receive a dosage.

C. Practice Guidance
1. A DSM-5 psychiatric diagnosis should be made before the prescribing of psychotropic medications.
2. Clearly defined target symptoms and treatment goals for the use of psychotropic medications should be identified and documented in the medical record at the time of or before beginning treatment with a psychotropic medication.
3. Target symptoms and treatment goals should be assessed at each monthly visit with the child and caregiver and documented in the child’s case record.
4. In making the decision to prescribe psychotropic medications, the prescribing clinician should carefully consider potential side effects, including those that are uncommon but potentially severe, and evaluate the overall benefit to risk ratio of pharmacotherapy.
5. Medication doses should typically be prescribed at minimum levels and adjusted carefully as needed.
6. Monotherapy regimens for a given disorder or specific target symptoms should usually be tried before polypharmacy regimens.
7. Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the child’s medical record.
8. The frequency of follow-up with the child’s prescribing clinician should be appropriate for the severity of the child’s condition and adequate to monitor response to treatment, symptoms, behavior, function, and potential medication side effects, based on the Psychotropic Medication Monitoring Guide.
9. In depressed children, the potential for emergent suicidality should be carefully evaluated and monitored.
10. Before adding additional psychotropic medications to a regimen, the child should be assessed by the prescribing clinician for adequate medication adherence, accuracy of the diagnosis, the occurrence of comorbid disorders, and the influence of psychosocial stressors.
11. During the use of psychotropic medications, the presence or absence of medication side effects should be documented in the child’s medical record.
12. Appropriate monitoring of indices such as height, weight, blood pressure, and/or other laboratory findings should be documented in the child’s medical record.
13. If a psychotropic medication is being used in a child for the primary target symptom of aggression associated with a DSM-5 nonpsychotic diagnosis (such as conduct disorder, oppositional defiant disorder, intermittent explosive disorder) and the behavior disturbance has been in remission for six months, then serious consideration should be given to slow tapering and discontinuation of the medication. If the psychotropic medication is continued in this situation, the necessity for continued treatment should be evaluated at a minimum of every six months.
14. The prescribing clinician should clearly document care provided in the child’s medical record, including history, mental status assessment, physical findings,
impressions, adequate laboratory monitoring specific to the psychotropic medication prescribed at intervals required specific to the medication and potential known risks, medication response, presence or absence of side effects, treatment plan, and intended use of prescribed psychotropic medication.

15. If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist, or general psychiatrist with significant experience in treating children, will occur if the child’s clinical status has not experienced meaningful improvement within a timeframe that is appropriate for the child’s clinical response and the medication regimen being used.

D. Social Worker Responsibilities
1. The assigned social worker will make a referral to the agency’s contracted nurse when a child enters the agency’s custody and is taking psychotropic medication or a prescribing clinician is considering placing a child already in the agency’s custody on psychotropic medication.
2. The assigned social worker will provide the agency’s contracted nurse with the physician’s name, address and telephone number.
3. The assigned social worker will inform the child’s parent(s) of the recommendation for the child to be placed on psychotropic medications, explain the situation, disclose known risk factors/side effects and attempt to obtain parental agreement.
4. The assigned social worker will schedule a diagnostic, psychological, or psychiatric assessment if, based on the Psychotropic Medication Monitoring Guide, a recent assessment and report is not completed or not available.
5. The assigned social worker will accompany the child, if possible, to the initial appointment and follow-up appointments when indicated.
6. The assigned social worker will notify the substitute caregiver when the agency Director or his designee has approved administration of psychotropic medication.
7. The assigned social worker will maintain contact with the substitute caregiver and contracted agency nurse to ensure that information concerning the child is current and accurate, appropriate authorizations have been obtained, the child is receiving medications as prescribed, and the substitute caregiver is aware of their responsibilities.
8. The assigned social worker will notify the contracted agency nurse if a child refuses to take the prescribed psychotropic medication. The assigned social worker will instruct the caregiver to contact the prescribing clinician immediately or seek medical treatment, if the child is refusing to take the prescribed psychotropic medication.

E. Contracted Agency Nurse Responsibilities
1. The contracted agency nurse will obtain the diagnostic assessment, psychological/psychiatric report and the psychotropic medication authorization completed by the prescribing clinician for each child in the agency’s custody that is prescribed a psychotropic medication.
2. The contracted agency nurse will consult with the prescribing clinician or clinician’s staff if there are questions or concerns regarding the psychotropic medication prescribed.
3. After all information is obtained and reviewed, the contracted agency nurse will obtain authorization from the agency’s Director or his designee to begin
psychotropic medication administration. The agency nurse will notify the assigned social worker that the authorization has been obtained.

4. The contracted agency nurse will create and maintain a medical case file for each child prescribed psychotropic medication. This medical case file will contain, at a minimum, verification of all medical appointments with the prescribing clinician, all written reports from the prescribing clinician and any refusals by the child to take the prescribed psychotropic medication.

5. On a quarterly basis, the contracted agency nurse will review the utilization of psychotropic medications for those children in the agency's custody. These reviews will address the child's need for psychotropic medication, the child's response to psychotropic medication and change in the child's behavior. The contracted agency nurse will provide a summary to the Children Services Administrator which includes conclusions and recommendations for each child prescribed psychotropic medication in the agency's custody.

F. Substitute Caregiver Responsibilities
   1. The substitute caregiver will inform the assigned social worker of date, time and place of appointment, if known prior to the child's appointment that psychotropic medication may be prescribed.
   2. The substitute caregiver will notify the assigned social worker within one business day when the child's prescribing clinician prescribes a psychotropic medication.
   3. The substitute caregiver will obtain and administer psychotropic medication in accordance with the prescription only after the agency's Director or his designee has authorized use.
   4. The substitute caregiver will immediately inform the prescribing clinician and follow given instructions if a child refuses to take the prescribed psychotropic medication. The substitute caregiver will notify the assigned social worker within one business day of the child's refusal.
   5. The substitute caregiver will accompany the child to all medical appointments with the prescribing clinician.
   6. The substitute caregiver will notify the assigned social worker within one business day of all medication or clinician changes.

G. Agency Director or Designee Responsibilities
   1. The agency's Director or his designee will review all requests for psychotropic medications for children in the agency's custody submitted by the contracted agency nurse.
   2. If determined that the medication is appropriate, the agency's Director or his designee will return all information to the contracted agency nurse with a signed psychotropic medication form.
III. Responsibilities
Children Services Social Workers, Contracted Agency Nurse, Supervisors, Administrator, Agency Director and Substitute Caregivers.

IV. Date of Implementation of this Procedure
Upon signature.

V. Associated Forms
Psychotropic Medication Monitoring Guide

COA Standards Reference: PA-FKC 10.03, PA-FKC 10.04
Date Approved: 4/15
Revision Dates: 4/17
Next Review Date: 4/19

John D. Fisher, Director
ATTACHMENT 3
PROCEDURES #505 & #506
#505 Comprehensive Medical Care for Children in Substitute Care
#506 Comprehensive Screenings for Children in Care
I. **Procedure Summary**

Licking County Job and Family Services (LCJFS) will coordinate comprehensive health care for each child in its custody who is placed into substitute care. LCJFS will attempt 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. All children entering substitute care will receive a health screening within five (5) working days of entering care. This screening will be provided by designated providers subject to their contract with LCJFS. It is the responsibility of the Children Services Intake/Ongoing worker and the substitute care provider to ensure that the child receives any additional services recommended as a result of this screening.

Ongoing medical care will be provided in compliance with OAC 5101:2-42-66.1 "Comprehensive Health Care for Children in Placement."

II. **Procedure Steps**

No later than sixty (60) days after the child's placement into substitute care, the agency will coordinate the child's comprehensive health care. If the child is moved from one placement setting to another, medical care shall be provided within the time frames established by the first placement in the placement episode, unless medical care is needed sooner. LCJFS will be responsible for the following:

1. Securing an annual physical examination no later than thirty (30) days from the anniversary date of the child's last comprehensive physical examination.
2. Ensuring that a child age two or under receives required pediatric care as prescribed by a licensed physician according to the schedule recommended by the American Academy of Pediatrics (http://www.cispimmunize.org/).
3. Referring a child age three or under to the county early intervention program when a screening or assessment indicates the child has or is at risk for a developmental disability or delay.
4. Assuring that a psychological examination for a child adjudicated delinquent is conducted, unless a psychological examination was conducted within twelve (12) months prior to the date the child was placed in substitute care and a copy is filed in the child's case record. If no psychological examination of the child is available, the substantial and material conclusions and recommendations of an examination to detect mental and emotional disorders shall be performed by a licensed independent social worker, licensed social worker, licensed professional clinical counselor, or licensed professional counselor.
5. Arranging for and securing appropriate immunizations. 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. Acquiring a signed Medical Authorization Form from the parent(s) indicating their agreement/non-agreement with their child receiving the influenza vaccine. This Form will be signed at the time of placement and no later than the first visit.
7. Assuring that treatment for any diagnosed medical or psychological need is initiated within sixty (60) days of the diagnosis, unless treatment is required sooner.

9. An initial vision assessment. The agency shall secure re-examinations whenever a condition of visual impairment indicates a need for treatment. All treatment shall be performed by a licensed optometrist or ophthalmologist.

10. An initial hearing assessment. The agency shall secure re-examinations whenever a condition of hearing impairment indicates a need for treatment. All treatment shall be performed by a licensed physician or licensed audiologist.

11. An initial dental assessment for a child over three years of age no later than one hundred eighty (180) days after the child's placement into substitute care. The agency shall secure annual dental re-examinations no later than thirty (30) days from the anniversary date of the child's last dental examination. Treatment shall be provided whenever a dental condition indicates a need for treatment. All dental treatment shall be performed by a licensed dentist.

A comprehensive health care screening or exam is not required when:

1. The child has received a comprehensive health care screening or exam within three (3) months prior to placement in substitute care, and the results of the comprehensive health care examination are obtained by the agency and filed in the case record.

2. The newborn is placed directly from the hospital.

Comprehensive health care is not required if the child's placement episode is less than sixty (60) days; however the agency will coordinate health care whenever the child has a condition which indicates a need for treatment during the placement episode.

All activities completed will be documented in the case record and in SACWIS as required.

III. Responsibilities
All Children Services protective services staff are to be familiar with this procedure. Adoption/foster care staff are to assure that foster parents are aware of their responsibilities.

IV. Date Of Implementation Of This Procedure
Upon approval.

V. Associated Forms
Medical exam form, vision exam form, dental exam form, JFS 01443
I. Procedure Summary
Licking County Job and Family Services (LCJFS) recognizes the importance of developmental, mental health, substance abuse, and health screenings for children whom the agency may encounter, especially for those children who come into the custody of LCJFS. Efforts will be made to provide all children entering substitute care with the appropriate developmental, mental health, physical, and substance abuse screenings so that needed services can be identified and provided to the child.

II. Procedure Steps
LCJFS will secure the appropriate screening for children in substitute care. The screenings will include, but are not limited to, developmental, mental health, substance abuse, and medical.

Developmental:
For children three and under, an automatic referral will be made by the intake worker to Help Me Grow (HMG). HMG will provide a developmental screening and make recommendations to the agency about needed intervention. For children over three, the agency will complete an assessment that will be administered to each child in substitute care within the first thirty (30) days of placement. The screening will be completed by the ongoing worker, contracted RN, physician, or other service provider. If the assigned social worker, substitute care provider, physician, or other service provider determines that the child is demonstrating developmental concerns, the child will be referred to the appropriate agency for developmental services. This may include but not be limited to Early Intervention programming, the school, PT/OT/ST services, DD services, etc., depending on the needs of the child and the services needed.

Mental Health:
The agency will complete an assessment that will be administered to each child in substitute care within the first thirty (30) days of placement. The screening will be completed by the ongoing worker, contracted RN, physician, or other service provider. If the assigned worker, substitute care provider, physician, or other service provider determines that the child is demonstrating mental health concerns, the child will be referred to the appropriate agency for mental health services. Providers selected will depend upon the child’s needs, location of placement and accessibility of services.

Medical:
All children entering substitute care will receive a health screening within four (4) days of entering care. This screening will be provided by designated providers subject to their contract with LCJFS. It is the responsibility of the intake/ongoing worker and the substitute care provider to ensure that the child receives any additional services recommended as a result of this screening. Ongoing medical care will be provided in compliance with OAC 5101:2-42-66.1 “Comprehensive Health Care for Children in Placement.”

Substance Abuse:
For children over seven (7), the agency will complete an assessment that will be administered to each child in substitute care to evaluate the need for substance abuse counseling. As needed,
the child will be referred to community service providers to address any substance abuse issues that are identified. Results of all screenings will also be shared with the birth family so that they remain informed of their child’s needs.

III. Responsibilities
All Children Services staff are to be familiar with this procedure. Adoption/foster care staff are to assure that foster parents are aware of their responsibilities.

IV. Date for Implementation
Upon approval.

V. Associated Forms
Substitute Care Screening Tool
ATTACHMENT 4
Model/Sample Contract
LICKING COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
CONTRACT AGREEMENT

This Agreement is made and entered into on the _____ day of _______ 2018 by and between Licking County Department of Job and Family Services (hereinafter referred to as the “Department”) and ___(provider name)_______ (hereinafter referred to as the “Provider”) to provide ______________.

This Agreement will be effective from ___________, 2018 through ____________, 2018.

(PROVIDER NAME) WILL PROVIDE THE FOLLOWING:

1. Child medical information management by registered nurses in a manner that sufficiently meets LCJFS standards, complies with federal and state rule/law and guidance, and is in the best interest of the child.

2. All registered nurses will have at least one year’s recent experience and be closely reference-checked and screened. Full insurance protection will be provided, including professional and general liability, bonding and Worker’s Compensation by (PROVIDER). (See attached insurance certificates.)

3. (PROVIDER) will provide services within timeframes consistent with the Department’s needs.

4. The registered nurse will research health records, contact appropriate parties (child’s parent/caregiver/guardian/other relative or responsible adult, the child if age appropriate, medical providers, mental health providers, medical records, school personnel and records, Children and Family First Councils, early intervention coordinators, child welfare case records, and other social service agency personnel and records, as appropriate/necessary), and manage/compile/aggregate data in a manner consistent with LCJFS expectations.
5. (PROVIDER) will provide orientation to Department policies and procedures for all registered nurses who will be compiling child medical summaries.

6. Client confidentiality will be maintained by (PROVIDER) and all (PROVIDER) employees.

The Provider agrees that as a condition of this agreement, the provider will comply with any and all federal, state, and local laws, statues, ordinances, resolutions, rule and/or regulations which may apply to this agreement, including but not limited to (any of the following that do not apply are excluded):

5. “Rights to Inventions” clause as stated in 37 C.F.R. 401, and as it pertains to patent rights with respect to any discovery or invention which arises or is developed in the course of this Agreement.
6. “Clean Air Act”, 42 U.S.C. 7401 et seq., including all applicable standards, orders, or requirements issued pursuant to the “Clean Air Act”, if this Agreement is in excess of one hundred and fifty thousand dollars ($150,000.00).
7. Federal Water Pollution Control Act, 33 U.S.C. 1251 et seq., including all applicable standards, orders, or requirements issued pursuant to the Federal Water Pollution Control Act, if this Agreement is in excess of one hundred and fifty thousand dollars ($150,000.00).
8. “Byrd Anti-Lobbying Amendment”, 31 U.S.C. 1352, requiring certification that PROVIDER will not use federal fund to pay for any lobbying activities, if this Agreement is in excess of one hundred and fifty thousand dollars ($150,000.00).
9. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 701 et seq., and all requirements imposed by the applicable Department of Health and Human Services regulations (45 C.F.R. 84), and all guidelines and interpretations issued pursuant thereof.
10. Provider agrees to cooperate with ODJFS and any child support enforcement agency in ensuring Provider or employees of Provider meet child support obligations established under state or federal law. By executing this contract, Provider certifies present and future compliance with any court or administrative order for the withholding of support which is issued pursuant to Chapter 3113, Ohio Revised Code.
Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.); Title II of the Americans with Disabilities Act of 1990 (42 U.S.C § 12131 et seq.); all provisions required by the implementing regulations of the Department of Agriculture and Department of Health and Human Services; Department of Justice Enforcement Guidelines, 28 CFR Part 50.3 and 42; and Department of Agriculture, Food and Nutrition Services (FNS) directives and guidelines to the effect that, no person shall on the grounds of race, color, national origin, sex, age, disability or political beliefs or association, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the program applicant receives Federal financial assistance from FNS.

**LICKING COUNTY DEPT. OF JOB AND FAMILY SERVICES AGREES TO THE FOLLOWING:**

1. Provide (PROVIDER) with as much notice and information as possible for services to be rendered.

2. Assist (PROVIDER) with developing time lines and setting priorities for child medical summary completion.

**The amount of service under this Agreement will not exceed $________**

This Agreement is subject to the availability of funding to the Department. Either party may terminate this Agreement with thirty (30) days written notice.

__________________       ________________________________
Date          John D. Fisher
              Director

__________________       ________________________________
Date          NAME
              PROVIDER NAME
              Tax ID#

__________________       ________________________________
Date          Licking County Commissioners

Approved as to Form:

__________________       ________________________________
Date          Licking County Prosecutor