

**FAMILY MEMBER AUTHORIZATION FOR UNLICENSED WORKER
TO GIVE OR APPLY PRESCRIBED MEDICATION AND/OR
PERFORM OTHER HEALTH CARE TASKS**

The following is a synopsis of the law and a sample modified form that can be used for family delegation.

Please feel free to contact the COG with any questions or concerns you may have.

Current law allows guardians of individuals with MR/DD, or parents of individuals with MR/DD when such individuals are 21 or younger, to authorize unlicensed workers to give or apply prescribed medications (or perform other health care tasks) to individuals with MR/DD as part of county board of MR/DD funded “in-home” care. The parent or guardian must be the primary supervisor of the care of the individual with MR/DD, the parent or guardian is responsible for selecting and training the unlicensed worker, and the parent or guardian is responsible for the health and safety of the individual with MR/DD. The medications can then be administered in the home of the consumer or in places “incidental” to such “in-home” care. (See ORC 5126.357)

This law was criticized by some in that it was not broad enough – that parents of adult consumers should also be permitted to authorize medication delivery. Also, under current law, it is not clear whether the individual with MR/DD must actually be living with the parent or guardian authorizing the medication delivery by the unlicensed worker.

The law allows any “family member” to authorize an unlicensed worker to give medication to another family member with MR/DD so long as the rest of the conditions in the law are met:

1. The family member must be the primary supervisor for the care of the consumer;
2. The medication must be administered in the home of the consumer or in places incidental to such “in-home” care such as while traveling to places incidental to the home; and
3. The funding for the “in-home” care must be as a “county board client,” this includes funding through a home and community based waiver, family support services, or supported living services.

The law also makes clear that the family member, including a guardian, must live with the consumer to authorize an unlicensed worker to give or apply prescribed medication or perform other health care tasks.

Under the law, those “family members” who may authorize the administration of medication to family member consumers as part of “in-home” care are: “a parent, sibling, spouse, son, daughter, grandparent, aunt, uncle, cousin, or guardian of the individual with mental retardation or developmental disabilities” if the individual with MR/DD “lives with the person and is dependent on the person to the extent that, if the supports were withdrawn, another living arrangement would have to be made”.

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1. My name is _____ (Please print name of family member. Family member means a parent, sibling, spouse, son, daughter, grandparent, aunt, uncle, cousin or guardian of the individual with mental retardation or a developmental disability. Individual must live with the family member and be dependent upon the family member for support such that if the family member were not present, another living arrangement would have to be made for the individual.)

2. I am the _____ (indicate family relationship to individual) of _____ (name of individual with MR/DD). This individual receives funding for in-home care from the _____ (name of County Board of Mental Retardation and Developmental Disabilities). This individual lives in my home and I am the primary supervisor for the care of this individual.

3. I hereby authorize _____ (please print name of unlicensed in-home care worker. Worker may be an employee or contract worker for a county board of MR/DD) to give or apply the below described prescribed medication or perform the below described health care task with regard to the individual named in paragraph two and in accordance with the instructions in paragraph four. Such tasks will be performed in my home or in places incidental to providing care in my home (such as a store, restaurant or place of recreation) including transportation in connection with such care. In-home care does not include care given in a school or a county board of MR/DD.

4. I understand that I am responsible for the direct supervision of the worker identified in paragraph three, that I am responsible for training the worker, and that I am responsible for giving written instructions to the worker and that such instructions must be in accordance with any instructions from any relevant health care professional. These written instructions are:

(Attach additional instruction sheets as necessary. Please sign any additional sheets.)

5. I understand that I am fully responsible for the health and safety of the individual identified in paragraph two and for ensuring that the worker I have selected in paragraph three acts appropriately and safely. I understand that no other entity that funds or monitors the provision of in-home care (including the county board of MR/DD, the Ohio Department of MR/DD and any other entity employing the worker) may be held liable for the results of the care provided by the worker. I also understand that the worker is not liable for injury to the individual named in paragraph two unless the worker provides the care in a manner that is not in accordance with the training and instructions I have given to the worker or the worker engages in wanton or reckless misconduct.

6. Upon completion of this form I will send a copy of the county board of MR/DD named in paragraph two which board has the responsibility to evaluate the authority given by this form and the authority to revoke such authority and similar future grants of authority subject to my right to file a complaint under Revised Code 5126.06.

(Signature of Worker acknowledging receipt of this form
and that she/he has received training from the Family Member
and understands the written instructions in paragraph four.)

Date

(Signature of Family Member responsible for completing this form.)

Date