

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

May 5, 2010

**What's Inside:**  
Revision of  
Foster/Adoptive  
Medical Report,  
CW-215

M E M O R A N D U M

TO: REGIONAL EXECUTIVE STAFF, CIRCUIT MANAGERS, AND CHILDREN'S DIVISION STAFF  
FROM: PAULA NEESE, DIRECTOR  
SUBJECT: REVISION OF FOSTER/ADOPTIVE MEDICAL REPORT, CW-215

DISCUSSION:

In response to the Continuous Quality Improvement, CQI, process, the Foster/Adoptive Medical Report, CW-215, has been revised.

The word "comprehensive" has been removed from field 3 which requests the date of the last physical exam.

In addition, clarification has been made regarding a "no" response from the physician in field 15 as to whether the patient is free from a communicable disease, as required per rule 13 CSR 35-60.030 (4), and supported by statute, 210.506.

If the patient identified on the CW-215 has a communicable disease, the physician must further respond to whether the disease poses a threat to household members. Due to confidentiality, the actual disease is not to be identified on the form or in the home assessment. If the physician's statement is that they are not free from communicable diseases but do not pose a medical risk to household members, document that the physician reported that the disease does not pose a threat to household members. Identification of the communicable disease is protected health information.

If the physician's response indicates that the communicable disease creates a medical risk to household members, then we cannot license the home. There may be individual situations when a relative or kinship provider who is infected with a communicable disease can be licensed as a child specific placement with parental consent.

Staff are to begin using the revised CW-215 beginning with the date of this memorandum.

<b>NECESSARY ACTION</b>	
<ol style="list-style-type: none"> <li>1. Review this memorandum with all Children’s Division staff.</li> <li>2. Review revised Child Division forms as indicated below.</li> <li>3. All questions should be cleared through normal supervisory channels and directed to:</li> </ol>	
<b>PDS CONTACT</b> Elizabeth Tattershall 573-522-1191 <a href="mailto:Elizabeth.Tatteshall@dss.mo.gov">Elizabeth.Tatteshall@dss.mo.gov</a>	<b>PROGRAM MANAGER</b> Dena Driver 573-751-3171 <a href="mailto:Dena.D.Driver@dss.mo.gov">Dena.D.Driver@dss.mo.gov</a>
<b>CHILD WELFARE MANUAL REVISIONS</b>	
N/A	
<b><u>FORMS AND INSTRUCTIONS</u></b>	
Foster/Adoptive Family Medical Report, CW-215	
<b>REFERENCE DOCUMENTS AND RESOURCES</b>	
N/A	
<b>RELATED STATUTE</b>	
<a href="#">210.506</a>	
<b>ADMINISTRATIVE RULE</b>	
<a href="#">13 CSR 35-60.030 Minimum Qualifications of Foster Parent(s) (4)</a>	
<b>COUNCIL ON ACCREDITATION (COA) STANDARDS</b>	
N/A	
<b>CHILD AND FAMILY SERVICES REVIEW (CFSR)</b>	
N/A	
<b>PROTECTIVE FACTORS</b> N/A	
Parental Resilience Social Connections Knowledge of Parenting and Child Development Concrete Support in Times of Need Social and Emotional Competence of Children	
<b>FACES REQUIREMENTS</b>	
N/A	