CD10-96

What's Inside: Medical Foster

Care Policy Revision

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

August 11, 2010

MEMORANDUM

TO: REGIONAL EXECUTIVE STAFF, CIRCUIT MANAGERS, AND

CHILDREN'S DIVISION STAFF

FROM: PAULA NEESE, DIRECTOR

SUBJECT: MEDICAL FOSTER CARE POLICY REVISION

DISCUSSION:

The purpose of this memo is to introduce the revision of Children's Division policy and forms for eligibility and placement of foster youth in a resource home for elevated medical needs. The revision of the medical foster care policy was completed with participation and contribution from pediatricians.

A youth in foster care who:

- is medically diagnosed with extraordinary medical condition(s) and or mental or physical disabilities, and
- requires twenty-four (24) hour availability of a resource provider specifically trained to meet the elevated medical needs, and
- has a diagnosed condition significantly and substantially impairs the youth's ability to function on a daily basis,

is eligible for placement in a resource provider home contracted to provide Medical Foster Care services.

The Medical Foster Care Assessment Tool, CS-10, has been revised to provide clarification of what diagnoses deem a foster youth with elevated medical conditions eligible for a medical resource home. Two sections on the form provide for a comprehensive assessment of eligible need:

Section II:

Any one condition identified in Section II qualifies the foster youth for placement in a medical resource home. If the eligibility was determined by a selection in subsection A of Section II, there is no requirement of reassessment, unless the medical condition has changed. Youth determined to be eligible under subsection B through E will require annual reassessment. Documentation regarding the eligible condition is required.

Submission of the Physician's Certification Letter, CD-144, is not required for this section.

Section III:

This section is completed by the treating physician as the certification that a medical resource home placement is required. A new form, the Physician's Certification Letter, CD-144, is the cover letter to attach to the CS-10. The CD-144 and CS-10 are provided to the treating physician **only** if the foster youth does not meet any eligible criteria in Section II, yet the Family Support Team recommends that a medical resource home placement is the best interest for the foster youth. The status of each condition identified in this section is to be reviewed annually to determine continued eligibility for a medical resource home.

Implementation of revised policy and utilization of the updated forms begins immediately upon publication of this memo. Any foster youth currently identified at the medical level of foster care prior to publication date of this memo will remain eligible for medical foster care and do not require annual reassessment **unless** a re-evaluation is requested by the Family Support Team.

NECESSARY ACTION

- 1. Review this memorandum with all Children's Division staff.
- 2. Review revised Child Welfare Manual chapters and forms as indicated below.
- 3. All questions should be cleared through normal supervisory channels and directed to:

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PROGRAM MANAGER

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CHILD WELFARE MANUAL REVISIONS

Medical Foster Care, Section 4 Chapter 15

FORMS AND INSTRUCTIONS

Medical Foster Care Assessment Tool, CS-10

Medical Foster Care Assessment Tool Instructions

Physician Referral Letter, CD-144

Physician Referral Letter Instructions

REFERENCE DOCUMENTS AND RESOURCES

N/A

RELATED STATUTE

N/A

ADMINISTRATIVE RULE

N/A

COUNCIL ON ACCREDITATION (COA) STANDARDS

N/A

CHILD AND FAMILY SERVICES REVIEW (CFSR)

N/A

PROTECTIVE FACTORS

Parental Resilience

Social Connections

Knowledge of Parenting and Child Development

Concrete Support in Times of Need

Social and Emotional Competence of Children

FACES REQUIREMENTS

N/A