

## Medical Foster Care Assessment Tool, CS-10, Instructions

### **PURPOSE:**

To provide an assessment and referral tool for the Children's Service Worker to present the necessity of a foster youth to be placed in a medical resource home due to a diagnosed medical or mental health condition that significantly and substantially impairs the youth's ability to function on a daily basis and requires twenty-four (24) hour availability of a resource provider specifically trained to meet the elevated medical needs, and to obtain supervisory approval. Additional documentation verifying the medical/developmental needs of the child must accompany this referral tool.

### **INSTRUCTIONS FOR COMPLETION:**

The form is developed with form fields so that all the information can be entered using a computer.

### **SECTION I: Identifying information**

Check the correct box indicating if the assessment is for a foster or adopted youth

- Field 1: Enter name of the foster youth
- Field 2: Enter date of birth of the foster youth
- Field 3: Enter Departmental Client Number (DCN)
- Field 4: Enter date that the referral is being filled out and submitted to supervisor
- Field 5: Enter case manager's name
- Field 6: Enter name of the county of jurisdiction
- Field 7: Enter name of the county where the child is placed
- Field 8: Enter the name(s) of the resource provider(s)
- Field 9: Enter the Departmental Vendor Number (DVN) of the resource provider(s)
- Field 10: Enter the address of the resource provider(s)
- Field 11: Enter the telephone number of the resource provider(s)
- Field 12: Enter the name of the foster youth's primary physician and specialty
- Field 13: Enter the telephone number of the foster youth's physician
- Field 14: Enter the mailing address of the foster youth's physician
- Field 15: Enter the name and specialty of the physician who is specifically providing care for the foster youth's eligible condition/diagnosis if different from the physician named in field 12.
- Field 16: Enter the telephone number for the physician listed in field 15.
- Field 17: Enter the address for the physician listed in field 15.

### **SECTION II: Qualifying Diagnosed Medical/developmental Conditions**

Section II consists of subsections A through E. If the foster youth has any one (1) condition identified in Section II, the foster youth is eligible for a placement in a medical

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resource home. Additional documentation to support the statement must be attached. Documentation will include but is not limited to the following:

- Medical documentation of existing problems including a written statement by the foster youth's physician or designee of the foster youth's special needs.
- Written documentation from other professionals (i.e., physical therapist, speech therapist, nurse) which outlines the tasks and responsibilities of the resource parents and the needs of the foster youth.
- List of required medical equipment and/or medication to meet the foster youth's needs.
- The Physician Referral Letter, CD-144, is not required if eligibility is identified in this section.

### **SECTION III:**

Completion of this section indicating a  for certification from the treating physician is sufficient for eligibility for placement in a medical resource home.

If the Family Support Team believes medical foster care is needed, but the foster youth did not meet any of the standards listed in Sections II and III, the CS-10 must be submitted to the treating physician for referral. The CS-10 is attached to the Physician's Certification Letter, CD-144. The treating physician will complete section III by checking either the  or the  box indicating the eligibility of the foster youth for elevated care in a medical home.

### **SECTION IV: Signatures/Approval**

The case manager completing the assessment form signs the form and submits to their immediate supervisor for review and approval.

If the form was submitted for a physician's certification, the physician's signature and date of completion is required.

The case manager's supervisor reviews the information provided on the form, the attached medical documents, staffs the case with the case manager, and may approve the medical resource home placement if all information has been submitted as required.

### **RE-EVALUATION**

The CS-10 is to be reviewed yearly to determine the status of the foster youth's qualifying conditions.

The CS-10 does not need to be reviewed if the eligibility for medical foster care was determined using **only** Section II Subsection A, unless the medical condition has changed.

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Memo History:

CS85-59, CD10-96, CD15-54