



MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
PHYSICIAN CERTIFICATION LETTER

1. DATE:
2. TO:
3. REGARDING:

Dear Dr.

The Children's Division is exploring the necessity for a medical level foster home for your patient referenced above. A youth with elevated medical needs must have a diagnosed medical or mental health condition which significantly and substantially impairs the youth's ability to function on a daily basis and that requires twenty-four (24) hour availability of a resource provider specifically trained to meet the elevated medical needs. The Children's Division's referral process for medical foster care requires completion of the Medical Foster Care Assessment Tool CS-10, used for assessing the medical condition(s) of a foster youth to determine eligibility for placement in a foster home for youth with elevated medical needs.

The patient listed above did not meet the standard criteria from our review for a medical level of foster care as listed in section II of the CS-10. However, if you as the treating physician believe elevated supervision and care are required to meet the medical needs of the patient, the Children's Division wants to work in partnership with you to serve the best needs of children and youth in foster care. At this point we need documentation from you that the patient requires this level of care.

Expectations for elevated supervision and care for medical conditions include the following:

- Adult supervision at all times;
- Daily medical needs that only an adult can attend to;
- Necessity of daily use of medical equipment and supplies to maintain placement outside of a medical facility and/or continuous nursing care;
- Recent hospitalizations;
- A diagnosed medical or mental health condition which significantly and substantially impairs the youth's ability to function on a daily basis.

At this point we are asking for your help. Please complete section III PHYSICIAN'S CERTIFICATION LETTER on the attached CS-10 form. If your professional opinion is that the patient requires elevated supervision and care to provide adequate treatment for their medical condition and to function on a daily basis, please check Yes and provide supporting comments.

If your professional opinion is that the patient referenced does not require elevated supervision and care to provide adequate treatment for their physical condition and to function on a daily basis, please check No and provide supporting comments.

Thank you for your assistance with this referral. Please feel free to contact me at _____, if you have further questions.

Sincerely,

Children's Division Worker
County Children's Division