

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

September 1, 2015

What's Inside:
Requests from the Continuous Quality Improvement process for form revisions

M E M O R A N D U M

TO: REGIONAL EXECUTIVE, CIRCUIT MANAGERS, PROGRAM MANAGERS AND SUPERVISORS
FROM: TIM DECKER, DIRECTOR
SUBJECT: REQUESTS FROM THE CONTINUOUS QUALITY IMPROVEMENT PROCESS FOR FORM REVISIONS

DISCUSSION:

The purpose of this memorandum is to introduce revisions to three (3) forms as requested through the Continuous Quality Improvement (CQI) process. The following list includes the revised forms and the purpose of the revision:

Respite Provider Evaluation/Payment Invoice, CD-111

A new field to enter the above base subsidy rate respite amount of \$10.50 and \$21.00 for subsidy has been added. A line has been added to allow for the respite provider to indicate that they have received payment from the adoptive parent for respite services.

Relative and Kinship Home Introduction Letter, CD-71

Clarification has been added to the letter indicating the relative or kinship applicant is responsible for submission of the required physician's statement and is financially responsible for the required physical examination.

Medical Foster Care Assessment Tool, CS-10

Two boxes have been added to indicate if the youth for which the assessment is being completed is for a foster youth or an adoptive/guardianship youth. Two boxes for the physician to indicate "yes" or "no" to the question of the youth's condition is a lifelong condition have been added as well. It is imperative that the resource worker communicates with the medical practitioner or their office staff to be certain the physician understands that the completion of the form is to identify the medical needs level of the foster or adopted youth.

Payment Rate for Adoption and Guardianship Subsidy Agreements

A chart indicating the payment rates for adoption and guardianship subsidy agreements has been added as attachment G to Section 4 Chapter 30.

NECESSARY ACTION	
<ol style="list-style-type: none"> 1. Review this memorandum with all Children’s Division staff. 2. Review revised Child Division Forms as indicated below. 3. All questions should be cleared through normal supervisory channels and directed to: 	
PDS CONTACT Elizabeth Tattershall 573-522-1191 Elizabeth.Tattershall@dss.mo.gov	PROGRAM MANAGER Amy Martin 573-751-3171 Amy.L.Martin@dss.mo.gov
CHILD WELFARE MANUAL REVISIONS Section 4 Chapter 30 Attachment A Section 4 Chapter 30 Attachment G	
<u>FORMS AND INSTRUCTIONS</u> Respite Provider Evaluation/Payment Invoice, CD-111 Relative and Kinship Home Introduction Letter, CD-71 Medical Foster Care Assessment Tool, CS-10	
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 N/A 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