



CDSS

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DEPARTMENT OF SOCIAL SERVICES

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EDMUND G. BROWN JR.
GOVERNOR

January 30, 2018

ALL COUNTY LETTER (ACL) NO. 18-06

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL LOCAL MENTAL HEALTH DIRECTORS
ALL COUNTY ADOPTION AGENCIES
ALL ADOPTION DISTRICT OFFICES
ALL GROUP HOME PROVIDERS
ALL FOSTER FAMILY AGENCIES
ALL TITLE IV-E AGREEMENT TRIBES
ALL OUT-OF-STATE GROUP HOMES

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: IMPLEMENTATION DATE CHANGE FOR THE HOME-BASED FAMILY CARE (HBFC) - LEVEL OF CARE (LOC) RATE DETERMINATION PROTOCOL (PROTOCOL) AND INSTRUCTONS

REFERENCE: [ASSEMBLY BILL \(AB\) 403, CHAPTER 773, STATUTES OF 2015;](#)
[AB 1997, CHAPTER 612, STATUTES OF 2016;](#) WELFARE AND
INSTITUTIONS CODE (WIC) SECTIONS [11364](#), [11387](#), [11453](#), [11460](#),
[11461](#), [11462](#), [11462.01](#), [11462.04](#), [11462.015](#), [11462.02](#), [11463](#), [16000](#),
[16121](#), [16519.5](#), [16519.52](#), [16519.53](#), [16519.54](#), [16519.55](#), [18358.30](#),
[18987.72](#), ALL COUNTY LETTER (ACL) [11-51](#); [ACL 16-52](#); [ACL 16.54](#);
[ACL 16-55](#); [ACL 16-57](#); [ACL 16-65](#); [ACL 16-79](#); [ACL 16-79E](#); [ACL 16-84](#);
[ACL 17-11](#); [ACL 17-75](#); [ACL 17-111](#)

The purpose of this ACL is to update counties about the LOC Protocol implementation date to disseminate the documents, and provide instructions, that will be used by the case carrying Social Workers (SWs) and Probation Officers (POs) to make a rate determination. This information is to assist counties with establishing procedures regarding the appropriate use of the LOC Protocol. The LOC Protocol operationalizes the HBFC rate structure's expectations of Resource Families (RFs) when providing care and supervision for a child/youth in out-of-home care.

Implementation will occur in two stages, a change from the February 1, 2018 statewide implementation date announced in [ACL 17-111](#). The first stage will apply the LOC Protocol to all new Foster Family Agency (FFA) entries into foster care made beginning March 1, 2018. The Basic Level Rate will continue to be paid for FFA placements that were made from December 1, 2017 through February 28, 2018, as displayed on Table F in [ACL 17-75](#). There will be no retroactive payment at an LOC rate for placements from December 1, 2017 through February 28, 2018, unless either of the following exceptions applies:

- 1) The FFA makes a request to a county justifying that the care and supervision needs have changed and a rate change is needed to prevent a placement disruption; or
- 2) A regularly scheduled Child and Family Team (CFT) recommends to the county that the care and supervision needs have changed and a rate change is needed to prevent a placement disruption. This does not invoke a requirement for a new CFT to be convened.

The second stage applies the LOC Protocol beginning May 1, 2018 to all other new HBFC placements as outlined in [ACL 17-11](#), and for any existing placements that trigger a LOC rate determination based on placement changes, increased needs, ISFC and STRTP/ Group Home (GH) transitions as outlined in [ACL 17-11](#). Under these circumstances the LOC is prospective and there will be no retroactive payment.

Counties are reminded that the Intensive Services Foster Care (ISFC) rate which was effective December 1, 2017 for existing ITFC FFAs should already be receiving the ISFC rate and submitting their amended program statements.

Overview and Background

The basic LOC rate was premised on historical claiming data for the age-based rates in effect prior to the implementation of Continuum of Care Reform (CCR). The methodology for the age-based rate structure, the implementation of which was ordered by the Federal court in *Cal. State Foster Parent Association v. Wagner*, considers the cost factors required by federal law to fund placements for all children in out-of-home care.

Although the LOC Protocol is focused on the rate determination, it is consistent with the Core Practice Model by recognizing the value and importance of the role of the Resource Family (RF) when caring for a child/youth. The LOC Protocol was created by a workgroup of representatives from counties, advocates, probation and providers while considering stakeholder input, other state models, and other county specialized rate increments. The LOC Protocol is designed to support consistent, state-wide application of a rate structure using five (5) Core Domains. All RFs providing HBFC and supervision will be paid based on the LOC Protocol. By design, the LOC Protocol draws information from case carrying SWs/POs resources typically utilized in core practice to determine the care needs

of the child/youth. This could include, but not be limited to, information from the CFT, the Child and Adolescent Needs and Strength (CANS), case records, Specialized Care Increment (SCI) assessments, and any other screening or assessment information.

For additional overview information, the California Department of Social Services (CDSS) developed a state-wide training webinar. Please see [Webinar: CCR Overview of the Level of Care Protocol](#).

LOC Protocol

The LOC Protocol uses a strength-based rate setting methodology to identify the individual care and supervision expectations that are paired to the daily needs of a child/youth based on the 5 Core Domains. Previously, rates were based solely on the age of the child/youth. The LOC Protocol's primary focus is on the role of the RF in meeting the care and supervision needs of the child/youth based on 5 Core Domains. Within each domain, there are increasing levels of expectations that correlate with a point system. The LOC Protocol allows the SWs/POs to score each domain based on the child/youth care and supervision need, which then translates into an appropriate LOC rate including, if applicable, the ISFC LOC.

The LOC Protocol is consistent with the Resource Family Approval (RFA) process and the [Quality Parenting Initiative](#) standards. The LOC Protocol consists of two components: [LOC Rate Determination Matrix](#) (LOC Matrix) (containing the 5 Core Domains); and either a [Manual Scoring Form](#) (for use in the field in the absence of a digital option) or [Digital Scoring Form](#) (an electronic version), are attached.

The LOC rate, once determined, will be documented by the SW/POs and the results will be provided to Foster Care Eligibility staff or other staff as appropriate.

When to use the LOC Protocol

The LOC Protocol applies to HBFC placements. HBFC placements include RFs, Foster Family Homes, Foster Homes certified by a FFA that are in the process of becoming RF approved homes, Relatives (including Relatives who receive benefits through the Approved Relative Caregiver (ARC) program), Non-Relative Extended Family Members (NREFM), and Non-Minor Dependents not residing in a Supervised Independent Living Placement. The LOC Protocol will not be used for Kinship-Guardianship Assistance Payment Programs, Non-Related Legal Guardian and Probate Non-Related Legal Guardian cases established prior to December 31, 2016, per [ACL 17-11](#).

The SWs/POs should complete the LOC Protocol as soon as possible but no later than 60 days following the triggering event. However, since the LOC Protocol is a rate setting tool, it should be completed timely in the best interest of the child/youth and to enable RFs

to be supported in meeting the needs of the child/youth. For new placements, where a child/youth may be experiencing multiple placements within the first 60 days, only one LOC Protocol should be completed and that rate will apply until the child stabilizes or a CFT recommends that the placement is not appropriate. At the county's discretion and based on information received from the CFT, the county may decide if there is a need for another LOC rate determination at any time during the initial 60 days based on the policy articulated in this ACL.

The Basic Level Rate shall be paid upon initial foster care placement, including those new placements, into a HBFC setting pending the completion of the LOC Protocol unless the child meets an exception for an ISFC rate. Once the LOC Protocol has been applied and if a new rate level is determined, the new rate is effective back to the date of initial placement.

Based on the two stages of implementation, the use of the LOC Protocol will be as follows:

Beginning March 1, 2018:

FFAs: The LOC Protocol will be used by SWs/POs for all new placements in an FFA that entered into care beginning March 1, 2018, and for any placements that are stepping down to a FFA from a GH or STRTP. The effective date of the rate is the date of the latest placement.

Beginning May 1, 2018:

- **Other RF Placement Changes:** The LOC Protocol will be used by SWs/POs for all new HBFC placements that enter foster care; the effective date of the rate is the initial date of the placement.
- When a change of placement occurs for any child/youth to or from any other RF home and a child/youth needs have changed, the effective date of the rate is the date of placement. If the LOC rate determination was not completed prior to the placement move, the Basic Level Rate shall be paid until the LOC Protocol is completed.
- **Other FFA Changes in Placement:** The LOC Protocol will be used when there is a change in placement for a foster child/youth moving from an FFA home receiving a rate under the age-based rate structure to a different FFA home within a different FFA agency; or when a foster child/youth is moving within the same FFA agency but to another FFA home; or when a foster child/youth is moving from an FFA to a relative/county home. If the LOC rate determination was not completed prior to the placement move, the Basic Level Rate shall be paid until the LOC Protocol is completed. All the same rules apply as stated above regarding the how to use the LOC Protocol such as completing the tool in timely a manner and completing only one LOC determination within the first 60 days of placement. The effective date of the rate is the date of the initial placement.

- **Requested Changes from Caregivers/RF:** When a caregiver/RF, child/youth or SWs/POs, in consultation with the CFT (when possible), indicates a child/youth needs have changed, the new rate is effective the date of the completion of the LOC Protocol as indicated on the Rates Scoring Form provided by the SWs/POs. This request can also be made if a caregiver/RF is not currently receiving a LOC rate.
- **Transition from GH/STRTP:** The LOC Protocol will be used for a change in placement for any child/youth transitioning from a GH/STRTP to a HBFC setting. The LOC Protocol may be completed prior to and in anticipation of a child/youth transitioning from a GH/STRTP. If the LOC rate determination was not completed prior to the placement move, the Basic Level Rate shall be paid until the LOC Protocol is completed.
- **Transitions with ISFC:** The LOC will be completed when a change in placement occurs from an ISFC home to another HBFC setting which is not an ISFC home or when a child is with the same RF and the needs have changed which results in a lower rate. The effective date of the rate decrease will be in the first month following the determination in which adequate and timely notice is provided.

LOC Rate Determination Decreases Between LOC

In order for CDSS to collect LOC Protocol data to inform any adjustments to the HBFC LOC rate methodology, there will be no decreases in the LOC rate during the first year of the LOC Protocol implementation between the Basic Level Rate up to LOC 4, with one exception when it comes to how this policy applies to the ISFC rate. The exception will allow the rate to be decreased to a lower LOC rate in the instance when the LOC rate determination for ISFC results in a lower LOC rate and the child remains with the same RF. The circumstances where this policy will apply also in the instance when a RF is providing TFC and those services are ending in that home.

An example where there would be no decreases in the LOC rate would be if a LOC rate determination resulted in a LOC 3 and later a triggering event resulted in a lower rate determination in the same home for that child/youth, the RF will continue to receive the LOC 3 rate and is expected to use the foster care payment to maintain the stability of the placement.

The CFT and the LOC Protocol

Effective January 1, 2017, all child/youth in foster care are required to have a CFT as outlined in [ACL 16-84](#). The CFT process allows CFT members to have the opportunity to consider how to best meet the needs of the child/youth in ways that increase consensus and prevent disruptions in placement or access to services and supports. The initial CFT meeting shall be convened by the placing agency as soon as possible and must be within the first 60 days of the child/youth coming into foster care. The frequency of CFT meetings shall

occur at minimum once every six months, and should occur more frequently based upon individual needs of the child/youth and family or requests by CFT members.

The CFT process also provides an opportunity to gather information from a variety of perspectives and sources to inform the LOC rate determination. The LOC Protocol should not be completed during a CFT meeting; however, a review of the LOC Protocol and the 5 Core Domains may be discussed to attain a better understanding of the needs of the child/youth. The focus of CFT meetings needs to remain child/youth and family focused to develop a comprehensive and integrated case plan that meets the child/youth and family's individual needs.

Assessment and Screening Information and the LOC Protocol

The CDSS has selected the CANS as the statewide child welfare assessment tool. CANS is a multi-purpose tool developed for children's services to inform ongoing case planning, placement decision-making, facilitating quality improvement and the monitoring of outcomes of services.

It is important to distinguish the LOC Protocol, is intended to be used as a rate setting tool based on the expectations of the caregiver. The CANS tool is an ongoing assessment and engagement process intended to be used in conjunction with the CFT to inform placement decisions and ongoing case planning.

The LOC Protocol does not determine the needed placement type or the appropriateness of a placement. It is not to be used to determine if a child/youth should be placed in a HBFC setting or in residential care.

In order to rate each domain thoroughly and accurately, the SWs/POs should consider all available information at the time the LOC Protocol is being completed including, but not limited to, the CFT, existing case assessment content, and the Resource Parents Report Tool (optional). When information from either the CANS or other screening tools are available, that information can be used by a county to inform the completion of the LOC Protocol. The rate determination should not be delayed if assessment or screening information is not available.

Static Criteria

The Static Criteria recognizes that there are chronic indicators where a child/youth has recent behaviors, experiences or events that present challenges for the SWs/POs to place into a RF home. The Static Criteria permits the SW/POs to make an immediate placement at the ISFC level to ensure the safety of a child/youth pending a LOC rate determination until a more comprehensive assessment is made of the child/youth needs. The placing agency will pay an ISFC rate for child/youth who meet one or more of the Static Criteria. The behaviors or situations must have occurred within the preceding 12 months. When the

Static Criteria are applied, it means the initial LOC rate determination is the ISFC rate and may be paid up to 60 days pending completion of an initial/updated LOC rate determination. The initial 60-day placement may be extended an additional 60 days upon manager approval. This option should only be exercised when no other appropriate and safe HBFC placements can be found for the immediate placement of the child/youth in a HBFC setting with a RF who is able to care for the child/youth with supports and services.

The ISFC level is part of the LOC Matrix and takes into account the challenges for a child/youth whose trauma and/or needs for care and supervision require intensive supervision and services. The use of Static Criteria is short term and does not assume the child/youth will remain at the ISFC level once the LOC rate determination is completed. The ISFC program was created for a child/youth with complex needs, including child/youth with special health care or medical needs. Guidance regarding the ISFC program will be issued in a separate ACL.

Core Domains and the LOC Matrix

As previously mentioned, the LOC Matrix is one of the two components of the LOC Protocol. The LOC Matrix will assist the SWs/POs in determining the LOC rate based on the care and supervision expectations identified in the 5 Core Domains. Within the Matrix, the domain definitions are located at the top of each of the 5 Core Domains. The level of intensity within each Domain moves from basic expectations of the RF and increases in intensity, moving from left to right. Above each point value, the corresponding expectations are found within that Domain.

The 5 Core Domains in the LOC Protocol are:

1. **Physical:** Actions in which the RF must engage in or model daily living needs, such as eating, clothing, hygiene, community/social functioning, and extracurricular activities including teaching age appropriate life skills even when developmental delays are present. This does not include specific medical activities (see Health Domain).
2. **Behavioral/Emotional:** Actions in which the RF must engage to promote resilience and emotional well-being for the child/youth, as well as encourages the child/youth to engage in pro-social behavior and activities developing healthy relationships. This does not include medication management for psychotropic medications (see Health Domain).
3. **Educational:** Actions in which the RF must engage to promote student achievement, foster educational excellence and equal access to services, and when required, responds to suspensions and/or expulsions. School-aged child/youth is defined as any child/youth that is attending and participating in early childhood through adult educational programs.

4. **Health:** Actions in which the RF must engage to promote the child's health and healthy sexual development by arranging and facilitating health care (i.e., Child Health and Disability Prevention (CHDP) Program, medical, dental, vision, transgender needs), medication administration including psychotropic medications and/or monitoring, and ensuring access to services that address special health care needs. The RF addresses medically necessary or prescribed dietary/exercise/nutritional needs.
5. **Permanency/Family Services:** Actions in which the RF must engage to promote and facilitate visitation, communication, and the identification, development, and maintenance of lifelong, supportive connections with members of their biological and non-biological families and natural support systems. Permanency/Family Services also include efforts to connect the youth with their community of origin including connections with resources, cultural organizations, faith communities, identity-based communities such as the Lesbian, Gay, Bisexual, Transgender, Queer community and any other group or organization which promotes a sense of belonging, identity, and connection to culture.

LOC Scoring Forms (Manual and Digital)

The LOC Scoring Forms must be completed after determining the intensity of the child/youth's needs using the LOC Matrix that list the care and supervision expectations of the RF. Counties are encouraged to use the Digital Scoring Form to avoid any errors in totaling the scores and identifying the appropriate LOC. The Digital Scoring Form automatically performs the calculations to arrive at the total score and identify the appropriate LOC, including the leveling up override discussed below. Below is a list of general instructions and guidelines:

- Complete the scoring form after reviewing and determining the level of intensity/expectation in each domain in the LOC Protocol.
- Print clearly or type all information requested.
- Child ID: Preferred is the CWS/CMS ID number for tracking purposes or as defined by your county.
- Age: Child age in years only.
- Case Carrying Worker: This is either the SWs/POs or as defined by your county. You may change the title as needed.
- Sections A-E: Please follow the instruction guide in the grey box.
- Leveling Up Guide: Scores less than 21 means 20 or less; and scores less than 23 means 22 or less. The child has to score five or more in Behavioral/Emotional or Health in order to move up a level.
- Verify that the form is complete and correct. Once printed no corrections may be made. If any error has been made, complete a new form.

- Sign the form in the designated signature area based on your role (SWs/POs, other as decided by your county).
- Effective date: This is the date that the RF will start the new rate.
- Keep a copy of this form and all other supporting documents in the child case file or as directed by your county.

Leveling Up Instructions when Using the Manual Scoring Form

The purpose of Leveling Up is to create an override option to increase the rate by one level when scores are higher in specific domains. If the child scores a five or six in either the Behavioral/Emotional or Health Domain, then the “raw-score” total in Section B (when the Manual Scoring Form is used) can level up to the next LOC Rate. For example, if a child scores 18 points total (raw-score), but has a score of five in the Behavioral/Emotional or Health Domain, the LOC written in Section D will be the LOC 2 Rate, and then check “Yes” based on the leveling up criteria. When using the Digital Scoring Form for this same scenario, the leveling up one level will be done automatically.

Optional Resource Parent Report Tool

The Resource Parent Report Tool was created as an engagement tool and to potentially identify and stimulate a comprehensive dialogue to fully and better understand the needs of both the child/youth and the RF caring for the child/youth placed in a RF home. This tool is optional yet strongly recommended, since the information the parent provides about the child’s needs is an important factor in the correct rate determination. If there are two Resource Parents caring for the child/youth, the activities of both parents should be included in support of the child. The Resource Parent Report Tool reflects any activities consistent with parental expectations and skills and may account for efforts applied to meet any needs beyond what is appropriate for the child’s age. Counties are not precluded from using other methods to engage the RF and gather information.

Specialized Care Increment (SCI) Programs

As described in [ACL 17-11](#), counties continue to have the discretion to apply an SCI in conjunction with an LOC. In accordance with the adopted State Fiscal Year 2017-18 budget, the total funding for the SCI and LOC rate structure is based on funding in the Local Revenue Fund and the CCR premise related to the implementation of the new LOC rate structure.

In order for claims for SCI to be eligible for federal financial participation, the SCI must be paid only to address the behavioral, emotional and physical requirements of children in care above and beyond those already covered in the LOC rate structure. Health is included in the physical requirements.

For purposes of implementation of the LOC and SCI or to determine what modifications need to occur within a SCI program, CDSS recommends that all counties with existing SCIs consult with CDSS. In order to inform the technical assistance support, counties should be able to provide details that may include but are not limited to caseload, any outcome evaluations, average costs, demographics about the SCI population, and types of services, etc. Counties are requested to consult with CDSS before finalizing any proposed modifications to their SCI plan, including decisions to end their SCI programs.

Notice of Actions (NOAs)

Consistent with existing rate change and determination processes, NOAs and any informal hearing provided by the County or formal State hearings, rights will continue to be afforded to families. Counties will notify families via a NOA explaining that their rate changed because of AB 403, the law that authorizes rate changes (per WIC 11460, 11463, 11464, 11364, 11387 and 18358), and which made RFs subject to an LOC rate determination. CDSS has developed a NOA for county use and substitutions of the form are permitted.

The NOAs will provide an explanation to RFs of how and why rates are changing under the CCR rate restructuring in the event of:

- a rate increase,
- a rate decrease,
- a rate discontinuance.

For any rate determination that results in no rate change at all, the RF will be provided with adequate and timely notice given by the SW, PO or others designated by the county. The county shall inform the caregiver of the determination in writing.

Child Welfare Services (CWS)/Case Management System (CMS)

Instructions for CWS/CMS will be in a separate ACL before May 1, 2018.

Inquiries

If you have any questions regarding the information in this ACL or any concerns regarding FFAs and the LOC Protocol implementation, please send questions to loc@dss.ca.gov or contact the Foster Care Audits and Rates Branch at (916) 651-9152. Claiming questions should be directed to Fiscal.Systems@dss.ca.gov.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

c: CWDA

Attachments

Level of Care (LOC) Digital Scoring Form

Child/Youth Info				Last LOC (if applicable)		Case Carrying Worker		Today's Date	
Name		Age		Score		Name			
ID				Date		Email			

Instructions: (Section A-E)

- Section A:** If the child/youth requires a 60-day intensive rate based on the Static Criteria, complete Section A (Click on "Choose One" and select "Yes," then check at least one criteria). **If not**, select "No" then complete all other sections.
- Section B:** Enter score from each domain, then click enter to total the score.
- Section C:** The level of care rate will populate in Section C.
- Section D:** Check which resources were used to inform the decision.
- Section E:** Instructions for SW/PO and Foster Care Eligibility staff.

A. Does the child require immediate placement based on Static Criteria?



Choose One

Check which criteria apply then skip Section B.

- ☐ Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators

☐ Aggressive and Assaultive

☐ Animal Cruelty

☐ Commercial Sexual Exploitation of Children (CSEC)

☐ Eating Disorder

☐ Fire Setting

☐ Gang Activity

☐ Habitual Truancy

☐ Psychiatric Hospitalization(s)

☐ Runaway

☐ Severe Mental Health Issues - including Suicidal Ideation and/or Self Harm

☐ Substance Use/Abuse

☐ Three or more placements due to the child's behavior

B.

Core Domain	Score
Physical	
Behavioral/Emotional	
Educational	
Health	
Permanency/Family Services	
TOTAL SCORE	0

C.

Level of Care Rate
Basic

D. Resources Used to Inform the Decision:

- ☐ Child and Adolescent Needs and Strengths (CANS)

☐ Specialized Care Increment (SCI)

☐ Child and Family Team (CFT)

☐ Education Records

☐ Treatment Outcome Package (TOP)

☐ Case Plan

☐ Medical Records

☐ Mental Health Records

☐ Other
- (i.e., Court Orders, Resource Family Tool, etc.)

E. SW/PO Instructions: Provide original score sheet to Foster Care Eligibility Staff. Retain a copy of this form and all supporting documents in the child's case file.

Foster Care Eligibility Staff Instructions: Provide copy of Notice of Action (NOA) to the Resource Parent.

SW/PO Signature: _____

Rate Effective Date: _____

General Instructions

1. Complete this form after reviewing and determining the level of intensity/expectation in each domain of the Level of Care Rate Determination Matrix.
2. Complete all information requested.
3. **Child ID:** This would be either the CWS/CMS ID number or as defined by your county.
4. **Age:** Child age in years only.
5. **Case Carrying Worker:** This would be either the social worker, probation officer or a county designee. You may change the title as needed.
6. **Sections A-E:** Please follow the instruction guide in the grey box.
7. Verify that the form is complete and correct; once printed no corrections may be made. If any error has been made, complete a new form.
8. Sign the form in the designated signature area based on your role. You may change the title as needed.
9. **Effective date:** The date that the Resource Family will start the new rate.
10. Keep a copy of this form and all other supporting documents in the child case file or as directed by your county.

Level of Care (LOC) Manual Scoring Form

Child/Youth Info				Last LOC (if applicable)		Case Carrying Worker		Today's Date	
Name		Age		Score		Name			
ID				Date		Email			

Instructions: (Section A-F)

- Section A:** If the child/youth requires a 60-day intensive rate based on Static Criteria, complete Section A (Check "Yes" then check at least one criteria). If not, check "No" then complete all other sections.
- Section B:** Enter score from each domain then total the score.
- Section C:** Check if either of the leveling up was applied.
- Section D:** Type/print the level of care rate and check Yes or No for the leveling up.
- Section E:** Check which resources were used to inform the decision.
- Section F:** Instructions for SW/PO and Foster Care Eligibility staff.

A. Does the child require immediate placement based on Static Criteria? ☐ Yes ☐ No

Check which criteria apply then skip Section B to Section C and enter "Intensive (ISFC)/60 Days"

- | | | |
|---|--|---|
| <input type="checkbox"/> Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators | <input type="checkbox"/> Aggressive and Assaultive | <input type="checkbox"/> Animal Cruelty |
| <input type="checkbox"/> Commercial Sexual Exploitation of Children (CSEC) | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Fire Setting |
| <input type="checkbox"/> Gang Activity | <input type="checkbox"/> Habitual Truancy | <input type="checkbox"/> Psychiatric Hospitalization(s) |
| <input type="checkbox"/> Runaway | <input type="checkbox"/> Severe Mental Health Issues - including Suicidal Ideation | <input type="checkbox"/> Substance Use/Abuse |
| <input type="checkbox"/> Three or more placements due to the child's behavior | | |

B.

Core Domain	Score
Physical	
Behavioral/Emotional	
Educational	
Health	
Permanency/Family Services	
Total Score	

LOC Legend	
5 to 18	Basic
19 to 20	LOC 2
21 to 22	LOC 3
23 to 24	LOC 4
25 or more	Intensive (ISFC)

C. Leveling Up Guide:

- ☐ If child total score is less than 21, but scores 5 or more in behavioral or health domains, child will be moved up a level.
- ☐ If child total score is less than 23, but scores 6 or more in behavioral or health domains, child will be moved up a level.

D.

Level of Care Rate	Leveling Up Applied
	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. Resources Used to Inform the Decision:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Child and Adolescent Needs and Strengths (CANS) | <input type="checkbox"/> Specialized Care Increment (SCI) | <input type="checkbox"/> Child and Family Team (CFT) | <input type="checkbox"/> Education |
| <input type="checkbox"/> Treatment Outcome Package (TOP) | <input type="checkbox"/> Case Plan | <input type="checkbox"/> Medical Records | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Other | | | (i.e., Court Orders, Resource Family Tool, etc.) |

F. SW/PO Instructions: Provide original score sheet to Foster Care Eligibility staff. Retain a copy of this form and all supporting documents in the child's case file.
Foster Care Eligibility Staff Instructions: Provide copy of Notice of Action (NOA) to the Resource Parent.

SW/PO Signature: _____

Rate Effective Date: _____

General Instructions

1. Complete this form after reviewing and determining the level of intensity/expectation in each domain of the Level of Care Rate Determination Matrix.
2. Print clearly or type all information requested.
3. **Child ID:** This would be either the CWS/CMS ID number or as defined by your county.
4. **Age:** Child age in years only.
5. **Case Carrying Worker:** This would be either the social worker, probation officer or a county designee. You may change the title as needed.
6. **Sections A-F:** Please follow the instruction guide in the grey box.
7. **Leveling up Guide:** Scores less than 21 means 20 or less and Scores less than 23 means 22 or less. Child has to score 5 or more in Behavioral or Health in order to move up a level.
8. Verify that the form is complete and correct; once printed no corrections may be made. If any error has been made, complete a new form.
9. Sign the form in the designated signature area based on your role. You may change the title as needed.
10. **Effective date:** The date that the Resource Family will start the new rate.
11. Keep a copy of this form and all other supporting documents in the child case file or as directed by your county.

Levels of Care (LOC) Rate Determination Matrix

Core Domain	Definition				
Physical	Physical Domain is defined as actions in which the Resource Family must engage in or model daily living needs, such as eating, clothing, hygiene, community/social functioning, and extracurricular activities, including teaching age-appropriate life skills even when developmental delays are present. This does not include specific medical activities (see Health Domain).				
	Expectations				
	Resource Family provides healthy meals, opportunities for daily activity, predictable sleep routine, and developmentally appropriate support for physical hygiene. And/or Resource Family provides support to assist the youth in developing life skills that are age/developmentally appropriate.	Resource Family provides supervision, verbal cueing and/or physical assistance for at least 1 ADL/IADL beyond what is age/developmentally appropriate on a daily basis. And/or Resource Family arranges and/or facilitates participation in developmental needs, i.e., physical and/or occupational therapy no more than once per month.	Resource Family provides supervision, verbal cueing and/or direct physical assistance in at least 2 different ADLs /IADLs beyond what is age/developmentally appropriate on a daily basis. And/or Resource Family arranges and/or facilitates participation in developmental, physical and/or occupational therapy on average up to 3 times per month. And/or Resource Family must do check-in with community/extracurricular activities to ensure continuity of ADL/IADL routines.	Resource Family implements and monitors a plan of supervision, verbal cueing and/or direct physical assistance in at least 3 different ADLs/IADLs beyond what is age/developmentally appropriate on a daily basis. And/or Resource Family arranges and/or facilitates participation in developmental, physical and/or occupational therapy on average at least 4 or more times monthly. And/or Resource Family accompanies the child and/or provides direct support to enable the child to participate in community/extracurricular activities.	Resource Family provides supervision, verbal cueing, and/or direct physical assistance in at least 6 ADLs/IADLs beyond what is age/developmentally appropriate on a daily basis. And/or Resource Family arranges and/or facilitates participation in developmental, physical and/or occupational therapy on average at least 6 or more times monthly. And/or Resource Family provides the child constant supervision to enable the child to participate in community/extracurricular activities.
Points	1	2	3	4	5
Additional Information	<ul style="list-style-type: none">Activities of Daily Living (ADLs) include: Transferring (i.e., walking and/or moving from place to place), use of upper extremities (hand, arms, fingers), bathing, grooming, menstrual care, dressing, feeding and/or toileting including enuresis/encopresis. Instrumental Activities of Daily Living (IADLs) include: managing finances, accessing transportation, shopping, preparing meals, using communication devices, managing medications and/or completing basic housework. IADLs apply to youth 14 years of age and older for purposes of the Level of Care.If the minor/nonminor dependent (NMD) is pregnant or parenting, consider the Infant Supplement. The Resource Family may need to provide supports to the minor/NMD in preparing for parenthood and/or in parenting their child.				

Levels of Care (LOC) Rate Determination Matrix

Core Domain	Definition				
Behavioral/ Emotional	Behavioral/Emotional domain is defined as actions in which the Resource Family must engage to promote resilience and emotional well-being for the child/youth, as well as encourage the child/youth to engage in prosocial behavior and activities developing healthy relationships. This does not include medication management for psychotropic medications (see Health Domain).				
	Resource Family provides direct supervision and support to address behaviors that are age/developmentally appropriate. And/or Resource Family arranges, facilitates, provides and/or consults with therapist and/or other professionals at least 1 time a month. And/or Resource Family supports the child through expected life stressors.	Resource Family redirects, prompts, and/or diffuses beyond what is age/developmentally appropriate at least two days a week. And/or Resource Family arranges, facilitates, provides and/or consults with therapist and/or other professionals at least 2 times a month and participates in services/activities as recommended. And/or Resource Family may provide enhanced observation.	Resource Family implements a therapeutic intervention plan as outlined by the child/youth's therapist and/or CFT Plan at least three days a week. And/or Resource Family arranges, facilitates, provides and/or consults with therapist and/or other professionals at least 3 times a month and participates in services/activities as recommended. And/or Resource Family provides structured support for expected/unexpected life stressors with moderate symptoms and behaviors; including monitoring, observing, redirecting, prompting, and/or documenting. And/or Resource Family provides observation during waking hours.	Resource Family implements a therapeutic intervention plan as outlined by the child/youth's therapist and/or the CFT Plan at least four days a week. And/or Resource Family arranges, facilitates, provides and/or participates in therapeutic supports at least 4 times a month, including, but not limited to outpatient and/or in-home therapeutic services. And/or Resource Family provides structured support for expected/unexpected life stressors with severe symptoms and behaviors; including monitoring/observing, redirecting, prompting, and/or documenting. And/or Resource Family provides line-of-sight during waking hours and limited night supervision such as episodic checks as needed, and may require assistance in providing this supervision.	Resource Family helps develop and implement a daily therapeutic intervention plan to address their identified therapeutic and well-being needs as outlined by the child/youth's therapist and/or the CFT plan for a child which is necessary to maintain them safely in a family-based setting. And/or Resource Family is engaged in and supports the child receiving WRAP, TBS, or other family-based therapeutic interventions, in addition to monitoring/observing, redirecting, prompting, and/or documenting. And/or Resource Family arranges, facilitates and/or provides up to 24 hr. observation/line-of-sight. Resource Family may require assistance in providing this supervision.
Points	1	4	5	6	7
<ul style="list-style-type: none">• Training: Resource Families are expected to participate in child-specific training/coaching/mentoring based on the needs of the child/youth placed in their home.• If the minor/NMD is pregnant or parenting, consider the Infant Supplement. The Resource Family may need to provide support to the minor/NMD in managing emotional health.					

Levels of Care (LOC) Rate Determination Matrix

Core Domain	Definition				
Educational	Educational domain is defined as actions in which the Resource Family must engage to promote student achievement, foster educational excellence and equal access to services, and when required, respond to suspensions and/or expulsions. School-aged child/youth is defined as any child/youth who is attending and participating in early childhood through adult educational programs.				
	Resource Family provides age and developmentally appropriate support for the child's educational activities as defined below. Or For a Non-School Age child, the Resource Family obtains, provides and/or coordinates additional support to the child to assist in participating in or benefiting from childcare/preschool programs and/or to ensure the child's continued attendance.	Resource Family provides assistance beyond the basic activities (on average) up to 2 additional hours per week for school-aged child/youth. Or For a Non-School Age child, the Resource Family obtains, provides and/or coordinates up to 2 additional hours per week to support the child's participation in or benefiting from childcare/preschool programs and/or to ensure the child's continued attendance.	Resource Family provides assistance beyond the basic activities (on average) up to 4 additional hours per week for school-aged child/youth. Or For a Non-School Age child, the Resource Family obtains, provides and/or coordinates up to 4 additional hours per week to support the child's participation in or benefiting from childcare/preschool programs and/or to ensure the child's continued attendance.	Resource Family provides assistance beyond the basic activities (on average) up to 6 additional hours per week for school-aged child/youth. Or For a Non-School Aged Child, the Resource Family is encouraged to enroll the child in childcare or a preschool program, which may be accessed through programs such as Head Start, the California Department of Education subsidized child care system, or through local school districts for Transitional Kindergarten programs. The Resource Family is also expected to provide up to 6 additional hours per week of age appropriate activities that promote healthy development.	Resource Family provides assistance beyond the basic activities (on average) up to 8 additional hours per week for school-aged child/youth. Or For a Non-School Aged Child, the Resource Family is encouraged to enroll the child in childcare or a preschool program, which may be accessed through programs such as Head Start, the California Department of Education subsidized child care system, or through local school districts for Transitional Kindergarten programs. The Resource Family is also expected to provide up to 8 additional hours per week of age appropriate activities that promote healthy development. Or Resource Family is required to provide or arrange for educational needs and/or support for the chronic or terminally ill child/youth who is unable to participate in school settings outside of the home as identified in the Case or Care Plan.
Points	1	2	3	4	5
	<ul style="list-style-type: none"> ● Basic Level: The Resource Family will provide ongoing educational support to include assistance with arriving to school on time, completing homework, and special projects. The Resource Family is also expected, as part of regular parenting duties, to participate in parent-teacher conferences, attend Back-to-School Night and Open Houses, and communicate with the social worker and/or court prior to each court hearing on the J15 educational progress. The Resource Family should also encourage the child to read on his/her own (or read with them), and should ensure access to the Internet and other online technology to promote learning. ● Educational activities beyond the Basic Rate include: volunteering or otherwise being present in the classroom; assisting with and monitoring homework/school projects beyond what is age/developmentally appropriate; activities to support IEP, SST, RST, behavioral support, 504 Plans; supporting participation in school-based extracurricular activities (i.e. sports, music, theatre, etc.); assistance in transitioning to college or vocational education/training (i.e., college tours, completing applications, testing); assisting the youth to participate in community-based volunteer activities for extra credits; identifying/acquiring and putting into action any remediation plans or activities when needed; assisting in school enrollment, partial credits restoration; providing home-based education. Educational activities also include obtaining, arranging, coordinating and/or maintaining special equipment, tools or devices required for the child to access his/her education and educational environment. These activities may vary depending on the child's case plan and whether the caregiver is designated as the Educational Rights Holder. In the event that a child needs tutoring, instructions or educational therapy beyond what the Resource Family can provide, the time arranging, coordinating, scheduling, and/or transporting the child to services will be credited to the Resource Family. ● The Resource Family's willingness to seek assistance to provide extra support for the LGBTQ youth's educational needs. ● The Resource Family's willingness to provide school readiness to ensure social/emotional support. ● If the minor/NMD is pregnant or parenting, consider the Infant Supplement and intervention supports the Resource Family may need to enable school success of pregnant and parenting foster youth. 				

Levels of Care (LOC) Rate Determination Matrix

Core Domain	Definition				
Health	Health domain is defined as actions in which the Resource Family must engage to promote the child's health and healthy sexual development by arranging and facilitating health care (i.e., Child Health and Disability Prevention (CHDP) Program**, medical, dental, vision, transgender needs), medication administration including psychotropic medications and/or monitoring, and ensuring access to services that address special health care needs. Resource Family addresses medically necessary or prescribed dietary/exercise/nutritional needs.				
	Resource Family arranges routine well child-care based on CHDP and dental schedule. And/or Occasional or short-term medication intended to treat typical childhood illness or injury which may require either over the counter or prescription medication. This also includes arranging for medication to be administered at school.	Resource Family arranges as needed an appointment with a healthcare specialists 2 times a year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry and/or medical/psychological care that support gender identity. And/or Resource Family must observe, record and report medication effects to a doctor and administers at least one medication as needed (PRN).	Resource Family arranges appointments with healthcare specialists at least 3 but not more than 11 times per year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry, and/or medical/psychological care that support gender identity. And/or Resource Family must observe, record and report medication effects to a doctor and administers at least one medication on a daily basis. And/or Resource Family monitors youth's self-administered medication, testing equipment, or the use of medical devices.	Resource Family arranges appointments with a healthcare specialist 12 times a year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry and/or medical/psychological care that support gender identity. And/or Resource Family must observe/record/report medication effects to a doctor and administers multiple medications on daily basis. And/or Resource Family operates and monitors medically prescribed equipment and medical devices.	Resource Family provides care to a child who has been diagnosed with a severe medical and/or developmental problem*, which requires in-home monitoring by medical professionals, direct medical treatments and/or specialized care by the Resource Family and/or use of medical equipment multiple times per week.
Points	1	4	5	6	7
*This may include but is not limited to: An aspiration, suctioning, mist tent, ventilator, tube feeding, tracheotomy, symptomatic AIDS with complication, hepatitis, chemotherapy, indwelling lines, colostomy/ileostomy, or burns covering more than 10% of the body. ** The Child Health and Disability Prevention (CHDP) Program helps to prevent or find health problems through regular, no cost, health check-ups. A check-up includes: - Health and developmental history - Physical exam - Needed immunizations - Oral health screening and routine referral to a dentist starting by age 1 - Nutrition screening - Behavioral screening - Vision screening - Hearing screening - Health information - Lab tests, which may include: anemia, lead, tuberculosis, and other problems, as needed - Referral to Women, Infants, and child (WIC) program for a child up to age 5. ● If the minor/NMD is pregnant or parenting, the Resource Family should provide the needed support for attending prenatal care appointments, prenatal classes, breastfeeding classes, post-partum follow-ups, other medical appointment, etc. and consider Infant Supplement.					

Levels of Care (LOC) Rate Determination Matrix

Core Domain	Definition				
Permanency/ Family Services	Permanency/Family Services is defined as actions in which the Resource Family must engage to promote and facilitate visitation, communication, and the identification, development, and maintenance of lifelong, supportive connections with members of their biological and non-biological families and natural support systems. Permanency/Family Services also include efforts to connect the youth with their community of origin, including connections with resources, cultural organizations, faith communities, identity-based communities such as the LGBTQ community and any other group or organization which promotes a sense of belonging, identity, and connection to culture.				
	Permanency Activity is defined as: 1. An in-person visit with a parent, family member, sibling or siblings, or other permanent connection. 2. Child-focused/Family Focused community and cultural engagement: includes efforts to arrange, schedule and facilitate connecting the youth with their community of origin, including connections with resources, cultural organizations, faith communities, and any other group or organization which promotes a sense of belonging, identity, and connection to culture.				
	Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least three (3) times per month and at least once (1) per week child-focused and/or family-focused community and/or cultural engagement activities. And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for two (2) hours per week (to include transportation and travel time).	Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least four (4) times per month and at least two (2) times per week child-focused and/or family-focused community and/or cultural engagement activities. And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for four (4) hours per week (to include transportation and travel time).	Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least five (5) times per month and at least three (3) times per week child-focused and/or family-focused community and/or cultural engagement activities. And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for at least six (6) hours per week (to include transportation and travel time).	Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least six (6) times per month and at least four (4) times per week child-focused and/or family-focused community and/or cultural engagement activities. And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for at least eight (8) hours per week (to include transportation and travel time).	Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least seven (7) times per month and at least five (5) times per week child-focused and/or family-focused community and/or cultural engagement activities. And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for at least ten (10) hours per week (to include transportation and travel time). And/or For child/youth who are chronic/terminally ill and will have no family visit plan (e.g., terminated parental rights, no family, etc.), the Resource Family is required to provide and/or arrange for alternative cultural engagement and/or prosocial activities as determined by the Child and Family Team.
Points	1	2	3	4	5
<ul style="list-style-type: none">• The Resource Family assists the parent/guardian in improving their ability to support, care for and protect their child, including any LGBTQ child/youth, as well as actively promotes and facilitates other contact (e.g., telephone, written communication) between the in-person visits.• Family-focused engagement acknowledges that the relationship between the youth and biological family, natural supports, and/or Resource Family is vital to the success of the of the youth’s well-being. Resource Families may require additional assistance to change the way family members interact to improve the functioning of the family as a unit.• If the minor/NMD is pregnant or parenting, consider the Infant Supplement. Also consider the additional support the Resource Family may need to provide to the parenting minor/NMD to ensure the minor’s/NMD’s child maintains visitation with the non-custodial parent and extended family members.					

Levels of Care (LOC) Rate Determination Matrix

Core Domain	Definition
Static Criteria	<p>Chronic indicators that warrant the granting of the Intensive Services Foster Care (ISFC) to ensure safe placement of a child, pending a full assessment. The county may apply these if the child meets any of the following:</p> <ul style="list-style-type: none">- Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators- Aggressive and Assaultive- Animal Cruelty- CSEC- Eating Disorder- Fire Setting- Gang Activity- Habitual Truancy- Psychiatric Hospitalization(s)- Runaway- Severe mental health issues-including suicidal ideation and/or Self Harm- Substance Use/Abuse- Three or more placements due to the child's behavior
Indicator	<p>If the County Placing Agency is seeking placement for a youth with a history of any of the above within the past year and the County Placing Agency has not been able to identify a Home-Based Family Care setting, the child/youth may qualify at the Intensive Services Foster Care (ISFC) level for a period of 60 days pending completion of an initial/updated assessment. After 60 days, the rate will be determined using the Level of Care Protocol Tool.</p> <p>*Due to the Static Criteria, some behaviors/symptoms may result in an automatic leveling up to the Intensive Services level of care.</p>