

## 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.

- |   |   |   |
|---|---|---|
| <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"/> Runaway  | <input type="checkbox"/> Severe Mental Health Issues - including Suicidal Ideation and/or Self Harm | <input type="checkbox"/> Substance Use/Abuse            |
| <input type="checkbox"/> Gang Activity  | <input type="checkbox"/> Habitual Truancy   | <input type="checkbox"/> Psychiatric Hospitalization(s) |
| <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	
<b>TOTAL SCORE</b>	<b>0</b>

### C.

Level of Care Rate
<b>Basic</b>

### D. 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 Records     |
| <input type="checkbox"/> Treatment Outcome Package (TOP)                 | <input type="checkbox"/> Case Plan                        | <input type="checkbox"/> Medical Records             | <input type="checkbox"/> Mental Health Records |
| <input type="checkbox"/> 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.