

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"/> Runaway | <input type="checkbox"/> Gang Activity | <input type="checkbox"/> Habitual Truancy |
| <input type="checkbox"/> Severe Mental Health Issues - including Suicidal Ideation | <input type="checkbox"/> Psychiatric Hospitalization(s) | <input type="checkbox"/> Substance Use/Abuse |
| <input type="checkbox"/> Three or more placements due to the child's behavior | | |

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.

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.