

DSS Policy and Procedure Guide

Division 03: Child Welfare

Chapter 05: Placement

Item 036: Levels of Care Protocol

Suggested changes send to: [DSS PSOA](#) Mailbox

Issued: August 4, 2021

References: ACL [21-17](#), [ACL 21-17E](#), [ACL 16-84](#),
[ACL 16-79](#), [Assembly Bill \(AB\) 403](#)

Revisions in red

Replaces Issue: May 14, 2021

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Preamble

Child Welfare Policy and Procedure Guides (PPG) are meant to be used as tools to relay best practice and staff expectations. It is understood that specific case scenarios may not always align themselves with the stated practices and that at all times what is of paramount importance is the Safety and Well-being of the children we are charged to protect.

Policy

The Levels of Care (LOC) Rate Determination Protocol is a strength-based rate methodology designed to identify the individual care and supervision needs of a foster child or youth, which is translated to an appropriate LOC rate to support their placement.

Purpose

To provide Child Welfare staff with the protocol to determine the appropriate LOC rate based upon the foster child's individual care and supervision needs using the five core domains including, Physical, Behavioral/Emotional, Permanency/Family Services, Educational, Health, and the level of support required by the resource parent.

Full Implementation of the LOC Protocol

The implementation of the LOC protocol began March 1, 2018 and was limited to children/youth newly entering the foster care system and placed in a Foster Family Agency (FFA) home as of December 1, 2017. According to All County Letter (ACL) 21-17, beginning April 1, 2021, all Home Based Family Care (HBFC) placements are eligible for the LOC protocol regardless of their date of entry into foster care. The HBFC LOC rate structure applies to all children/youth placed in approved Resource Family homes. In addition, it applies to those homes that are in the process of converting to a Resource Family Approval (RFA). This would include relative caregivers, licensed foster family homes, **Tribally Approved Homes**, **Non-related** legal guardians and **Kinship Guardian Assistance Payment Program (Kin-GAP)** **established through Juvenile Court on or after January 1, 2017**, and non-minor dependents

(NMDs) residing in a HBFC setting. According to ACL 21-17E, the LOC protocol rate structure may apply to Dual Agency placements. A child/NMD who is eligible for regional center services may receive the HBFC LOC rate in some cases. An eligible child/NMD should receive at minimum the Dual Agency Rate. If the LOC rate plus any applicable Specialized Care Increment (SCI) results in a rate that is higher than the Dual Agency Rate, the LOC rate plus the SCI rate applies.

The LOC protocol **does not** apply to NMDs in a Supervised Independent Living Placement (SILP), Short-Term Residential therapeutic Treatment Program (STRTP), or Non-Related Legal Guardians established in probate court.

Completion of the LOC Protocol

Upon a child entering an initial foster care placement and/or subsequent qualifying events, a LOC assessment is completed to determine the level of care that is required to meet the child's needs and support the placement. The LOC protocol is a strength-based method designed to identify the individual care and supervision needs of children/youth that can be translated to an appropriate LOC rate to support their placement in a family setting. Care and supervision needs will be identified based on five core domains. The Core Domains in the protocol tool are:

- Physical
- Behavioral/Emotional
- Educational
- Health
- Permanency/Family Services

The LOC protocol is comprised of the [Resource Family Reporting Tool](#) which is to be completed by the caregiver, the [LOC Rate Determination Matrix](#) (SOC 501) and the [LOC Digital Scoring Form](#) (SOC 500) which are to be completed by a Social Worker (SW). The LOC, once determined, will be documented by the SW and forward to [CWS LOCP](#) mailbox for processing of the SOC 158 and inputting the payment in Child Welfare Services/Case Management System (CWS/CMS). Resource Family Services (RFS) staff will then forward the LOC packet to the [ETA Foster Care Placement](#) mailbox.

The LOC protocol should be completed within 60 days of a child/youth entering foster care. Multiple sources of information may be used to make a LOC rate determination. These include, but are not limited to, court reports, screening assessments, the Child and Adolescent Needs and Strengths (CANS) assessment, and a Child and Family Team (CFT) plan. If a child/youth experiences multiple placements within the first 60 days of entering foster care, the basic rate is paid until the LOC protocol is completed and the rate is effective retroactive to the date of the latest placement. If a child/youth exits foster care within 30 days of entering care, a LOC determination is not required for short-term placements and the basic rate will be paid. The LOC protocol will not be completed in Emergency Response (ER) due to the brevity of the case remaining in ER. The ER Program Manager (PM) can approve the Static Criteria rate but does not approve LOC protocol rates.

In the case of a placement change, the SW can determine, after consultation with the resource family, the FFA SW, and/or the child's CFT when to conduct a new LOC assessment. All FFA rate changes

should be reflected in the SOC 154A FFA Placement Agreement or the SOC 156 Foster Parents Agreement and become effective when the LOC protocol is completed.

The Role of the CFT Meeting

All children/youth in foster care are required to have a CFT meeting within 60 days from entering foster care and then every 90 days thereafter according to the CFT meetings policy ([PPG 03-12-006](#)). A CFT meeting may also be convened, as needed, to address emerging issues in an effort to prevent placement disruptions, address safety concerns, and/or implement supportive services. Information gathered at the CFT should be considered in completing the LOC protocol. The LOC protocol however should not be completed or discussed during the CFT meeting.

Static Criteria

Static Criteria is used to secure a placement for a child/youth who requires a higher level of care and/or supervision and requires the caregiver to be compensated at a higher rate on a temporary basis until the LOC protocol can be completed. Static Criteria is comprised of a list of certain behaviors and/or conditions that warrant granting the Intensive Static rate to ensure safe placement of a child/youth, pending a full assessment. If there is confirmed information regarding a behavior(s), i.e. the chronic indicators as listed below, that have been presenting for 12 months, the Static rate can be paid to secure a placement. The chronic indicators that warrant granting the Intensive Static rate include:

- Adjudicated violent offenders, significant property damage, and/or sex offenders/perpetrators
- Aggressive and assaultive
- Animal cruelty
- Commercial Sexual Exploitation of Children (CSEC)
- Contraction of pandemic viruses, such as COVID-19
- Eating disorder
- Fire setting
- Gang activity
- Habitual runaway
- Habitual truancy
- Medically fragile
- Special Health Care Needs (SHCN)
- Psychiatric hospitalization(s)
- Severe mental health issues-including suicidal ideation and/or self-harm
- Substance use/abuse

Only a PM can approve the Static Criteria rate. If it is determined that the child/youth meets Static Criteria, a 60 day timeframe begins to allow for further assessment of what is needed to achieve stability with a resource parent. If necessary, an additional 60 days, not to exceed 120 days, may be authorized by a PM to complete the LOC protocol. The use of Static Criteria is not required if there is an available placement located and there is sufficient information to conduct the LOC protocol.

A child/youth with SHCN must meet certain condition to sustain a Static rate beyond 120 days from the time of placement. When a child/youth's health conditions are severe or unlikely to change, the Static

rate may become a permanent Intensive Services Foster Care (ISFC) rate. Documentation must be provided by a health care professional that the medical condition is not likely to change, is considered to be permanent and requires specialized in-home health care pursuant to Welfare & Institutions Code (W&IC) 17710. In addition, there must be an Individualized Health Care Plan (IHCP), and an IHCP Team in place, refer to Placement of Children with SHCN policy ([PPG 03-05-037](#)). The documentation should be attached to the LOC scoring sheet and maintained in both the eligibility and child welfare case file.

ISFC

DSS and FFA Responsibility when Resource Family/FFA/HBFC are not ISFC Programs

Fresno County actively recruits and trains ISFC Resource Families in order to ensure there are HBFC homes to support children/youth with intensive needs, refer to ISFC policy ([PPG 03-05-033](#)). There may be situations in which a child/youth is already in placement and certain behaviors or needs trigger the need for a new LOC assessment, which results in an ISFC level rate. The SW must consult with the ISFC team ([CWS ISFC](#) mailbox) to ensure that the resource family is able to provide the intensive care and supervision needs of the child/youth for the higher ISFC rate. The payment of the ISFC rate does not mean the home is automatically categorized as an ISFC home. The CWS ISFC team or FFA is responsible for ensuring that the resource family develops the required competencies to support the child/youth and is responsible for providing supportive services needed for that rate level. A temporary ISFC rate level may be paid up to 120 days to a resource family or FFA while they complete the training and ISFC program requirements. If the resource family chooses not to become an ISFC provider, then the LOC 4 rate would be issued to the resource family instead of the ISFC rate.

If the resource family is approved through an FFA that has an ISFC program and provides the services and supports to the resource family on behalf of the child/youth, the FFA would then be able to retain their portion of the FFA ISFC administrative rate. The county would enter a “non-standard rate” into the CWS/CMS in which the county would pay the FFA the Administrative rate plus the LOC 4 rate.

If the neither FFA or the resource family is able to provide the intensive care and supervision services for the child/youth, the SW shall schedule a CFT meeting to discuss if the child/youth is able to receive appropriate services in the home or if a placement change is warranted.

Pathways to the ISFC Program and Rate

LOC Score/Leveling Up

After completing the LOC protocol, if the results of a rating score is seven in the Behavioral/Emotional or Health Domains, the rate will be leveled up to the ISFC rate. Section B of the [LOC Digital Scoring Form](#) must be completed to show the score and indicate the domain(s) where the resource family met the higher level of supervision expectations that caused the leveling-up to the ISFC rate.

SHCN

A SHCN eligible child/youth receiving temporary Static Criteria rate may become a permanent ISFC rate when the child/Youth's health conditions are severe or unlikely to change.

Training Requirements for ISFC Resource Families

The ISFC team tracks training for ISFC resource families however, the child's CFT may also make recommendations as to training in order to meet the needs of the child. ISFC homes through FFAs will ensure that training requirements are met for their resource parents.

Rate Effective Dates and Scoring the LOC

Payment of HBFC rates require the LOC protocol to be used by the SW for all out of home placements (except Static Criteria and ISFC placements). **The rate is effective the date the SW completes LOC protocol or retroactive to the date a resource family has requested a redetermination based on a change in circumstances of the child.**

New Entries into Foster Care (including re-entry)

A basic level rate will be paid pending the completion of the LOC protocol or if approved by the Interagency Resources and Placement Committee (IRPC), unless the Static Criteria rate is applied. The determined LOC rate will be effective retroactive to the date of placement as a new entry (or re-entry) into foster care provided all other eligibility conditions are met.

Requests from a Provider

A resource family may request, in writing through their FFA or the assigned SW, a LOC redetermination based on the changing needs of the child/youth and/or the extra care the resource family is providing. The written request should include the child/youth's name, date of request, supporting information, and the reasons for requesting the LOC redetermination and be sent to the assigned SW. A subsequent LOC redetermination may not result in a change to the LOC rate. The rate redetermination is effective the date the SW completes the LOC protocol.

Placement Changes

When a child/youth moves placement, the LOC protocol should be completed within 60 days of the new placement date. The SW should consult with the resource family, the FFA SW, and/or the child's CFT to determine whether additional services or supports are required. A new rate may be required even if the child/youth's needs remain the same, as each resource family's parenting abilities may be different. The rate is effective upon the date of the change in placement.

If a child/youth was receiving an age-based rate and a subsequent placement change occurs, the LOC protocol should be completed. The rate the child/youth is currently receiving will continue to be paid until the completion of a new LOC protocol, unless the child/youth qualifies for static criteria.

There may be instances in which the LOC protocol results in a lower rate than the child/youth is currently receiving. Conducting a LOC protocol when there is no need for additional supports, or no

placement change may result in a lower rate. In such instances, a LOC protocol is not required. The LOC protocol need only be used when events prompt the need for a revised rate.

LOC Protocol Scoring Sheet (SOC 500)

The LOC Protocol Scoring Legend is as follows:

- Level 1: (Basic): 5 – 16
- Level 2: 17 – 18
- Level 3: 19 – 21
- Level 4: 22 – 27

Lowering of the ISFC Rate

If a child/youth moves to a new placement, the ISFC rate may need to be lowered and the Static Criteria rate may need to end, regardless of how the ISFC or Static rate was initially determined. The SW or the FFA may receive information indicating that the intensive supervision needs of the child/youth provided by the resource family have decreased. The CFT may provide information indicating that the child/youth requires less intervention based on changed in the treatment or intervention tasks, a new LOC protocol should be completed to reflect the lower level of support needed to be provided by the resource family. In these cases, the ISFC or Static rate must be lowered. The effective date of the rate decrease will be on the first day of the month following the completion of the LOC protocol. A LOC level 2-4 cannot be lowered when the child/youth remains in the same placement.

When the result of the LOC protocol lowers the ISFC or Static rate, the SW must notify both the resource family and/or the FFA that the LOC scores have resulted in a lowering of the rate. Eligibility staff will send a Notice of Action (NOA) to the resource family.

Adoptions Assistance Program (AAP) and the LOC Protocol

Children/youth in the AAP Program are not eligible for the ISFC or Static Rate.

Specialized Care Increment (SCI)

A SCI may apply to any child/youth in HBC, including Non-Related Legal Guardianship (NRLG) cases established in Juvenile Dependency Court and Kinship Guardians. Guardianship established in Probate Court is not eligible for a SCI. There are two SCI levels:

- LOC Supplemental 1: $LOC\ 4 + SCI =$ to the ISFC rate
- LOC Supplemental 2: $LOC\ 4 + SCI =$ to the STRTP rate

The LOC Supplemental 1 SCI applies only to children/youth in NRLG and Kinship Guardianship Assistance Program (Kin-GAP) established in Juvenile Dependency Court. In order to qualify for the LOC Supplemental 1 SCI, a child/youth must qualify for ISFC when assessing the LOC. This would be used when the child/youth is not in an ISFC placement but their needs qualify them for the ISFC rate.

The LOC Supplemental 1 must be approved and signed by a PM. Refer to the [LOC Supplemental 1 SCI Matrix](#).

The LOC Supplemental 2 SCI, a child/youth must be approved for or is at-risk of placement in a STRTP or they are eligible for ISFC and they have been impacted by COVID-19 and there are increased care and supervision needs as a result. The LOC Supplemental 2 must be approved by the Child Welfare Deputy Director (DD) and signed by the Placement Division PM. Refer to the [LOC Supplemental 2 SCI Matrix](#).

In addition to completing the LOC Supplemental form (1 or 2) when requesting an SCI, the SW must also complete the [Specialized Care, Infant Supplement, and Clothing Supplement Request and Authorization form](#) (6247) and submit to Specialized Care Assessment Team (SCAT).

CWS/CMS

The SW must upload the completed [LOC Digital Scoring Form](#) into the CWS/CMS system. The county is mandated to keep a copy of the form reflecting documentation of the child/youth's LOC rate determination.