

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 Static Rate based on the Static Criteria, complete Section A (Click on "Choose One" and select "Yes," then check at least one criteria).
- **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/QI 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 | ☐ Special Health Care Needs |
| ☐ Commercial Sexual Exploitation of Children (CSEC) | ☐ Eating Disorder | ☐ Fire Setting | ☐ Gang Activity |
| ☐ Habitual Runaway | ☐ Severe Mental Health Issues - including Suicidal Ideation and/or Self Harm | ☐ Habitual Truancy | ☐ COVID-19 |
| | ☐ Substance Use/Abuse | ☐ Psychiatric Hospitalization(s) | ☐ Medically Fragile |

B.

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

C.

Level of Care Rate
Basic
Leveling-Up Guide
If child total score is 21 or less, but scores 5 or more in any of the core domains, child will be moved up a level not to exceed LOC 4.
If child scores a 7 in Behavioral/Emotional or Health Domains, child will be moved to ISFC.

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 |
| ☐ Interagency Placement Committee (IPC) | ☐ 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: _____

Supervisor Signature: _____

Date: _____

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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: Follow the instruction guide in the pink 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. Signatures: 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.