	<b>CHILD AND FAMILY SERVICES MANUAL</b>	<b>Effective Date</b> January 27, 2010		
	<b>Services to Children in Substitute Care</b>	Section 3	Subsection 6	Page 1

## **3.6 LEVELS OF CARE**

### **Overview**


The Department of Health and Human Services, Office of Child and Family Services (OCFS) has a commitment to the well being of Maine's children and families. We believe that generally, children are best served by their families. Therefore, services are provided to support the preservation of the family unit. However, the safety of children is paramount, and as such, at times it is necessary for them to be removed from the home. In these cases, placements are selected which promote the highest level of independent functioning the child is able to achieve. Therefore, the Department offers a continuum of care that optimally offers each child the most appropriate, least restrictive alternative place to live. Preferably, this placement will be in close proximity to the child's home community and with relative caregivers, when appropriate. Our goal is to meet the child's needs, while minimizing the disruption and trauma experienced by the child.

The Maine Levels of Care System was designed as a process for assessing the service needs of all children currently in resource home care as well as those children entering care. The goal of the assessment process is to ensure that all children are regularly assessed in a standardized way, so that they are receiving the appropriate level of care and service in the least restrictive placement alternative and that care and services being delivered support the goal of achieving permanency for every child.

All children placed in OCFS resource homes or contracted agency homes will be assigned a Level of Care (LOC) ranging from A-E based on their individualized assessments. Regularly scheduled re-assessments of all children will occur as determined by their Authorized LOC. The LOC System includes service provider requirements (for both resource parents and child placing agencies) based on each child's level of need and standardized remuneration for resource parents, directly relating reimbursement to the needs of individual children.

### **Purpose**

The purpose of this policy is to explain the process for determining which level of care is appropriate for children in OCFS foster homes.

	<b>CHILD AND FAMILY SERVICES MANUAL</b>	<b>Effective Date</b> January 27, 2010		
	<b>Services to Children in Substitute Care</b>	Section 3	Subsection 6	Page 2

**Definitions, Level of Care Terms**

**Authorized LOC:** The LOC authorization is based on information regarding the child’s needs when placing a child in OCFS resource homes or Treatment Foster Care. The Authorized LOC also determines the reimbursement rate to a resource parent(s).

**Treatment Foster Care** refers to licensed child-placing agencies (CPAs) that have a contract with OCFS. These agencies maintain a core of resource families that possess verifiable experience working with moderately to severely handicapped children.

**Exceptional Medical Care:** care provided to children with a high level of physical medical need that does or could lead to care in an "intermediate care nursing facility". It is likely that these issues will not moderate and may become more severe over time and require specialized care to support activities of daily living.

**Special Review:** A non-scheduled review that may be conducted in response to a claim that a child’s needs have substantially changed or that pertinent information was not available at the time of the previous review. Such reviews may be requested by the:

- Caseworker or LOC Reviewer w/ Supervisory approval
- Resource Parent
- Child Placing Agency Staff


**Level of Care Review Unit:** The Unit within OCFS charged with the responsibility to review and authorize LOC for all children in OCFS resource homes.

**APS Healthcare:** The currently contracted entity charged with the responsibility to review and authorize LOC for all children in Treatment Foster Care (except Maine Caring Families and Casey Family Services homes).

**Two Types of OCFS Resource Homes**

A. OCFS resource homes (non-treatment foster care). OCFS resource homes are licensed and supervised solely by OCFS staff and are not considered Treatment Foster Care.

In addition to Basic Care (LOC A), OCFS resource homes may provide care for children with special mental health/medical/rehabilitative needs up to LOC B with

	<b>CHILD AND FAMILY SERVICES MANUAL</b>	<b>Effective Date</b> January 27, 2010		
	<b>Services to Children in Substitute Care</b>	Section 3	Subsection 6	Page 3

additional training and documentation requirements beyond the regular license requirements.

OCFS resource homes may provide specialized medical care for medically fragile children (LOC M) when the child requires an exceptional level of medical care, the resource parent is providing that level of care, and the resource parent is qualified to provide that level of care.

OCFS resource homes provide a family-oriented setting that meets the basic needs of the child (food, clothing, and shelter) and provides consistency, reassurance, and parenting to ensure the child's emotional and physical well-being. Other services for children in regular family resource care, such as counseling, are provided through referrals to providers of those types of services.


B. Child Placing Agency (Treatment Foster Care) affiliated resource homes are licensed by OCFS and supervised by contracted agency staff in addition to DHHS staff. Treatment homes are subject to following all OCFS licensing standards, as well as the *Program Standards for Treatment Foster Care in Maine*.

Treatment homes provide a family-oriented setting, which is structured, and in which most activities are therapeutically designed to meet the social, emotional, behavioral, and education needs of each child, in addition to providing food, clothing, shelter, and transportation.

The DHHS Maine Caring Families Program also provides treatment-level care through its treatment homes with specialized licenses. Maine Caring Families is the internal DHHS treatment-level program. These homes are eligible to receive Level C-E rates based on the child's needs. Services are contracted through Spurwink for MCF homes in the southern part of the state and Community Care for MCF homes in the northern part of the state.

### **Unlicensed Resource Homes**

Children are sometimes placed in homes where licensing has not yet occurred or has lapsed. These caregivers are submitted to a background check for any past criminal or child protective involvement. Often unlicensed providers are relatives of the child in foster care. In all situations where a child is placed in an unlicensed home, the Level U rate of \$10.00 per diem is made payable to the provider, regardless of the child's assessed level of care, for the first 30 days of placement. During this time, the placement must make good-faith efforts to pursue resource home approval in order for payment to continue.

	<b>CHILD AND FAMILY SERVICES MANUAL</b>	<b>Effective Date</b> January 27, 2010		
	<b>Services to Children in Substitute Care</b>	Section 3	Subsection 6	Page 4

**Secondary Resource Home Placements**

Many children in resource home placements receive respite care from another resource home provider. These are entered as secondary placements in MACWIS. Both OCFS and treatment resource families continue to receive their daily board rate and will arrange to pay the room and board portion of their reimbursement to the respite caregiver during periods of respite. In some situations, resource families may prefer to enter into informal agreements with other resource families and exchange provision of respite services, rather than exchange payment for respite.

**Initial Child Placement Procedures, Level of Care**

It is the goal of all placement decisions that a child initially be placed in the most appropriate placement, therefore, minimizing the need for possible future placements. If a child must be moved due to his/her service needs, it is the goal of OCFS to make this transition as soon as possible and with as much preparation and transition supports as necessary, to reduce the impact on the child. All placement decisions must include consideration of OCFS placement policies (i.e., sibling, relative).

A child's DHHS caseworker is expected to make a basic assessment of the child's service needs. The child's DHHS caseworker talks to the child's caregivers, parents, teachers, and other people who know the child, in order to make this determination. A child, for whom it is appropriate to request a LOC Level A or B (Basic Care), is expected to function largely at an age-appropriate level educationally, socially, physically, medically, developmentally, and emotionally. The entry-level rate for children who are placed in OCFS resource homes is Level A until the child assessment process determines the child's level of need and the appropriate level of care is selected for the child.

For children whose needs are identified by their caseworker as beyond LOC Level A & B (Basic Care), referrals will be made to child placing agencies or Maine Caring Families to search for a treatment-level resource home. If the child meets the criteria for a treatment-level resource home, the reimbursement rate will be Level C as an entry-level payment rate until the child assessment process determines the child's level of need and the appropriate level of care is selected for that child.

For children who have had a previous LOC assessment, the assigned LOC determines the type of resource home that should be located for the child. For instance, if the child had an assessment that assigned Level A, an OCFS

**CHILD AND FAMILY SERVICES MANUAL****Effective Date**  
January 27, 2010**Services to Children in Substitute Care**Section  
3Subsection  
6Page  
5

resource home should be located; if a child had an assessed Level C-E, then a treatment-level home should be located. For children with a Level B assigned rate, an OCFS resource home should be located. CPA's have been instructed not to take referrals on Level B children unless their situation has changed and there is existing information (psychological, clinical report, medical report) that would assist a CPA in determining whether that child has treatment-level needs. If the CPA accepts the child, then the entry rate of Level C would be paid to the treatment home. An LOC assessment would be done within 90 days of that placement to determine the child's new level. If the new assessment still reveals Level B, then that placement will need to be transitioned to a regular placement as is explained in the section, "Rate changes after initial LOC is established".

The DHHS caseworker will enter the resource home placement information into the computer system so that payment can begin on the date the child is placed. Per diems are automatically assigned for children that first enter a resource home placement. These are based on the type of resource home the child has been placed in, as stated above.

**The Child Assessment Process**

The first critical step in the process is to gather information about the child from a variety of different sources. The family is the first important source, and this information is documented in the case file. The assigned LOC reviewer will make a concerted effort to locate the resource parent to schedule a phone interview. This will consist of three phone calls to the resource parent and one to the caseworker over a period of ten business days. If contact is not made within that timeframe, the worker may conduct the assessment with the records that are available.

Records on children in Basic Care are gathered from the DHHS case files as listed below.

The Review Packet should include the following records:

- Most recent educational records- IEP, PET report, report cards, and Psycho educational testing, if applicable.
- Most recent reports outlining significant medical conditions and medical treatments required.
- For children with significant medical needs, a Certification of Exceptional Medical Care form must be included and accompanied by supporting documentation from the child's primary physician and any specialists that may be providing care.

**CHILD AND FAMILY SERVICES MANUAL****Effective Date**  
January 27, 2010**Services to Children in Substitute Care**Section  
3Subsection  
6Page  
6

- Most recent developmental reports or neurological history reports.
- Pediatric Symptom Checklist.
- Most recent speech, occupational, or physical therapy or related specialized evaluations/updates, if applicable.
- Most recent psychiatric, psychological or neuropsychological evaluations, if available.
- Agency Documentation (For Children in Treatment Foster Care): including Initial/30 Day Treatment/Service Plan, most recent copy of the child's service plan, psychosocial history, serious/critical incident reports, case manager contact notes, the last 90 days of daily progress/behavioral notes by the resource parent and the last 90 days of team meeting summaries if available.
- Any relevant records/history as it relates to juvenile offenses if applicable.
- (For Children in Basic Care): The Reviewer will also view the DHHS Case Plan and Narrative Log from MACWIS, but the caseworker does not need to print this off.

The DHHS LOC Program Manager or designated staff will request records in writing, at least 30 days in advance, specifying the above outlined records to be sent by the DHHS caseworker by the date requested.

The child assessment process consists of a variety of tested assessment tools to define the child's needs in foster care. The child assessment process uses two caregiver questionnaires that are defined for two age groups; children 0-5 and children 6 and older. The caregiver questionnaire is scored using the instructions, and the scoring rubric is used to convert that score into a level of care. Other evaluations that would indicate what the child's special needs are:

The CAFAS (Child and Adolescent Assessment Scale) is used for children ages 5 and older.

The CAFAS is done after the caregiver questionnaire is conducted by phone with the foster parent, and gathered records are fully reviewed. The CAFAS is scored as instructed for the assessment tool, and then the score is converted into a level of care using the scoring rubric.

The caregiver questionnaire and the CAFAS are scored on separate assessments and serve as the basis for the assigned level. If these scores are different, a determination of the assigned level will be made, combining all the information and selecting a level that best describes the needs and safety of the child.



**CHILD AND FAMILY SERVICES MANUAL**

**Effective Date**  
January 27, 2010

**Services to Children in Substitute Care**

Section  
3

Subsection  
6

Page  
7

For children ages four and older who are cognitively challenged (MR) or have Autism, Asberger's or severe developmental delays, the CHAT is used instead of the CAFAS. The CHAT is the Children's Habilitation Assessment Tool and it assesses the child's functioning in behavior, social skills and life skills. This tool helps determine the level of assistance and supervision the child requires from the caregiver.


(For Children placed in Basic Care, MCF and Casey Family Services Homes) Once all the scores have been determined, the LOC Review Face Sheet must be filled out. Scoring is listed on the back. In the Comments/Rationale for Assigned Level section, the assessor will state the basis for his/her decision on the level. This is important because this information will be documented in the letter to the resource parent, giving them the results of the child assessment. Rationale should indicate the scores obtained on each assessment tool and the basis for the score. \*An example might be a child with a caregiver questionnaire score of 52 (LOC C) and a CAFAS score of 110 (LOC D) The assessor might select (LOC D) as the child's level of care because the child is depressed, has a recent history of self-abusive behaviors, and can be prone to assault others in the home.

In the event the child is identified as meeting preliminary criteria for Exceptional Medical Care and is placed in an OCFS resource home, the completed Certification of Exceptional Medical Care and supporting documentation will be forwarded to the Director of Child Welfare Policy & Practice for review and approval of Level M, prior to entry of this rate.

The assessor will then enter the information in MACWIS in the Levels of Care windows. The narrative section in MACWIS will be used to enter the Comments/Rationale that is documented in the letter to the resource parent as the basis for the decision on the LOC for the child.

For children in Basic Care, (to include Maine Caring Families and Casey Family Services), the assessment information and the level is "locked" when the LOC Program Manager reviews the file and approves the decision. A letter will be sent to the resource parent and the child-placing agency, if one is involved to inform them of the LOC decision. Once the assessment is "locked", a tickler will be sent to the caseworker alerting them of the new level of care rate and date that it will be in effect for the child.

For children in Treatment Foster Care, the LOC Program Manager receives notification from APS Healthcare of the results of the level of care assessment. The level is "locked" once the information is received. However, the level will be

	<b>CHILD AND FAMILY SERVICES MANUAL</b>	<b>Effective Date</b> January 27, 2010		
	<b>Services to Children in Substitute Care</b>	Section 3	Subsection 6	Page 8

effective on the date that it was determined by the APS Healthcare. APS Healthcare will also notify the child-placing agency of the determination. The child-placing agency will notify the treatment resource parents of the decision. Once the assessment is "locked", a tickler will be sent to the caseworker alerting them of the new level of care rate and date that it will be in effect for the child.

Initial assessments are conducted on children that are new in care and placed in a resource home. Initial assessments will also be conducted on children that have been previously assessed but have transitioned out of residential care and have been placed in a resource home. These should be conducted within the first 90 days of placement. In circumstances where the assessment is not done within the first 90 days of placement, the increased reimbursement rate will be backdated to the date 90 days after placement.

For children that have been previously assessed and have either moved to a new resource home or have transitioned out of residential care and placed in a resource home, they may return or be placed at their most recent LOC level if that assessment was conducted within twelve months of the date of their new placement.

Case files containing the case information, child assessment, copies of letters, and face sheet will be stored in OCFS Central Office. In the event a review is requested, the information will be readily available to the Assigned LOC Reviewer. These files will be purged (after one year or at the time of the next review) to only maintain essential information on the cases.

### **Levels of Care – Defined**

**Levels of Care (LOC).** The following levels of care designations are used to determine the reimbursement rate to be paid to the resource parent.

**A. LOC A - Basic Care - Minimal Needs.** This level is for children who have minimal needs and require the type of care offered in a family resource home for children. "Children with minimal needs" may have occasional episodes of behavioral and/or emotional problems which do not significantly impair the child's interpersonal relationships and ability to function at home or at school. "Children with minimal needs" are expected to function largely at an age appropriate level educationally, socially, physically, medically, developmentally, and emotionally.

**B. LOC B - Basic Care - Mild Needs.** This level is for children who have mild needs that require a higher than LOC A-Basic Care level of services in a family resource home. "Children with mild needs" may display the following:






minor developmental delays, episodic problems relating with others, infrequent concerns/problems regarding performance in school, limited or short-term mental health treatment needs, and stable/routine medical needs.

**C. LOC C -Treatment Care - Moderate Needs.** This level is for children who have moderate needs and require the type of care offered in a specialized children’s resource home. "Children with moderate needs" may display the following: moderate developmental delays, ongoing problems with interpersonal relationships including a history of self-abusive behaviors, and minor episodes of aggression toward others. They may also have ongoing needs for mental health treatment, monitoring of school problems and/or special education needs and/or medical supports.

**D. LOC D - Treatment Care - High Needs.** This level is for children who have high needs that require a higher than LOC C – Treatment Care level of services in a specialized resource home. "Children with high needs" may display the following: significant developmental delays, impulsivity requiring external control, ongoing conflict with others, unresponsiveness to social prompts, need for special education services to address performance and/or behavior issues, slow or no progress in mental health treatment, and may require in-home supports for medical conditions. They may have a history of self-abusive behaviors, including assaults to others.

**E. LOC E - Treatment Care - Severe Needs.** This level is for children who have severe needs that require a higher than LOC D – Treatment Care level of services in a specialized resource home. "Children with severe needs" may display the following: severe developmental delays, a risk to self or others including deliberate aggression toward others, inability to maintain control in spite of close supervision, chronic/serious medical condition, and poor/no response to mental health treatment.

**F. LOC M - Basic Care - Exceptional Medical Care.** This level is for medically fragile children in Basic Care with a high level of physical medical need that does or could lead to care in an "intermediate care nursing facility". It is likely that these issues will not moderate and may become more severe over time and require specialized care to support activities of daily living. It must be shown that the resource parent has obtained the training necessary to meet the medical care needs of the child and is directly providing that level of care. Examples of children who meet this criteria include, but are not limited to, children that: require a feeding tube, congenital heart disease/abnormalities requiring surgery and monitoring, weekly to monthly hospital/specialist monitoring, kidney dialysis, severe forms of cancer, and/or severe failure to thrive with long range effects.

	<b>CHILD AND FAMILY SERVICES MANUAL</b>	<b>Effective Date</b> January 27, 2010		
	<b>Services to Children in Substitute Care</b>	Section 3	Subsection 6	Page 10

**Priority Child Assessment Process**

For those children whose needs indicate their assigned LOC may be a D or E, a priority ranking may be requested by the provider so that an assessment may be completed prior to the 90 days designated to conduct an initial assessment. These might include children coming out of a psychiatric hospital, locked residential treatment facility or correctional facility provided, sufficient documentation is submitted to conduct a child assessment. The OCFS Case Worker and/or Agency Case Manager will collect records or make collateral contacts to obtain necessary reports for a priority review. This information, along with a request for a priority review, is then sent to the LOC Program Manager for children in Basic Care or to APS Healthcare for children in Treatment Care.

**Placing a Child in an OCFS Resource Home**

Children with an assigned LOC A-B may be placed in an OCFS Resource Home. If a child’s assigned LOC is a B, the assessor must document in the LOC narrative the additional support services that are required to meet the child’s needs.

**Note:** If the child’s assigned LOC is a C or higher, in order to receive the Level C rate he/she must be placed in a resource home setting which holds a specialized license and meets Program Standards for Treatment Foster Care, with the exception of those children identified as medically fragile and placement at Level M has been approved by the Director of Child Welfare Policy & Practice. For established family resource homes that have a child that is assessed an Assigned LOC of C or higher, each case will be looked at individually. The resource family will receive Level B until a specialized license can be obtained. The resource family will be offered an opportunity to get a specialized license, if they qualify.

For more specific information on exemptions, please refer to box below.

**Exemptions** may also apply for unique situations that are expected to change within 3 months. For example: A child who will be reunified within 3 months, an adoption that will be finalized, or an adolescent who is within 3 months of high school graduation and will be living independently soon.

**Exemptions** may be granted for children whose situation is outside of the norm. For instance a child with high needs that would under normal circumstances



receive treatment level services but because the child can't tolerate people coming into the home the family is not affiliated with a CPA.

**Exemptions** may be granted for children with high medical need as defined in the LOC M-Exceptional Medical Care. These children might be placed in OCFS resource homes with caregivers who are trained to meet their medical needs.

**All of these exemptions must be documented and approved by the Levels of Care Program Manager and OCFS Director.**

**Placing a Child in Treatment Foster Care**

**Note: OCFS staff cannot guarantee a caregiver a certain LOC rate when placing a child.**


For initial placements without an assigned LOC, the caregiver will receive the Assessment Rate of Level C (for treatment foster care) for up to 90 days until the LOC Review Unit assigns the LOC for the child.

Treatment Foster Care agencies, Maine Caring Families and Casey Family Services can provide care for children with an assigned LOC C-E within the Maine Care Guidelines. For children with an assigned LOC of C, D or E, the resource home setting must hold a specialized license and meet Program Standards for Treatment Foster Care, except for medically fragile children. (For exemptions, see above box).

In some circumstances, a Treatment Foster Care agency caregiver may be authorized to care for a child who's assigned LOC is an E. The agency and caregiver must have available, if needed, 24-hour awake 1:1 supervision of the child, 24-hour on-call access to psychiatrist, clinician, and case manager. A specific safety plan will be in place to address all high-risk behaviors and needs.

**Requesting a Change in Level of Care Prior to Scheduled Review**

If the child's needs increase, the caseworker or agency case manager may request a priority assessment. Examples of increased needs include, but are not limited to, a child who develops significant and sustained changes such as a serious medical condition or long-term emotional/behavioral disturbances.

	<b>CHILD AND FAMILY SERVICES MANUAL</b>	<b>Effective Date</b> January 27, 2010		
	<b>Services to Children in Substitute Care</b>	Section 3	Subsection 6	Page 12

**Timeframes for Determining Level of Care**

**Level of Care A** - Remains in effect until a higher LOC is assigned. Yearly reassessments will not be done unless the child’s situation deteriorates and a reassessment is requested as a result.

**Levels of Care B** - Initial authorizations are effective on the date of the assigned LOC determination and are due for reassessment after 12 months. New children in care are to be assessed within the first 90 days in placement.

**Levels of Care C, D and E (except for Casey and Maine Caring Families)** - Initial authorizations are effective on the date of the assigned LOC determination and are due for reassessment after 6 months. New children in care are to be assessed within the first 90 days in placement.

**Levels of Care B, C, D and E (for Casey and Maine Caring Families)** - Initial authorizations are effective on the date of the assigned LOC determination and are due for reassessment after 12 months. New children in care are to be assessed within the first 90 days in placement.


**Circumstances Under Which Assigned LOC Timeframes Are Waived**

All children must receive an initial assigned LOC, but in certain circumstances, the above timeframes for reassessment can be waived. When a child has been formally evaluated/assessed by a qualified professional and diagnosed with a condition that is unlikely to significantly change or improve, the report or information documenting this condition will be provided by a qualified professional and submitted to the LOC Program Manager, who may seek additional consultation in order for the regularly scheduled LOC assessment to be waived. Qualifying conditions could include but are not limited to: serious chronic medical condition, physical impairment requiring intensive daily living support, or severe to profound mental retardation.

**Changes after initial LOC is established**

LOC assignments and rates will be “locked” at the assessed level. This may result in level drops of more than one level per reassessment review.

Children placed in a treatment resource home whose LOC assignment is Level B will be allowed 60 days to develop a "step down" plan for the child. Following this 60-day transition period, it is expected that the child’s placement will become regular foster care. Any ongoing need the child has for services will be assessed

	<b>CHILD AND FAMILY SERVICES MANUAL</b>	<b>Effective Date</b> January 27, 2010		
	<b>Services to Children in Substitute Care</b>	Section 3	Subsection 6	Page 13

by the OCFS caseworker that will arrange for services to continue to be provided to the child.

Treatment homes are allowed by licensing to have two treatment-level placements and a third bed that can be used for respite or a "step down" placement. The "step down" placement is defined as a placement for a child who had previous treatment needs but has made progress and no longer has those needs. This child would have an LOC assessed Level of A or B.

**Effective Dates for Rate Changes based on LOC changes**

A letter stating the LOC assigned and effective date will be mailed to the resource parent and CPA within a week of the review. The new LOC rate goes into effect on the date on the letter, unless otherwise specified.

For Basic Care cases that are appealed, the newly assessed level stays into effect until a decision by the assigned LOC Case Reviewer either determines that the rate is correct or if the reviewer assigns a Level higher or lower. If the Reviewer changes the LOC rate following their review, that rate will be backdated to the date the new LOC rate was made effective.

For Treatment Foster Care cases that are appealed, the newly assessed level stays into effect until a decision by an APS Healthcare independent reviewer either determines that the rate is correct or if the reviewer assigns a Level higher or lower. If the reviewer changes the LOC rate following their review, that rate will be backdated to the date the new LOC rate was made effective.

**Disagreements with Authorized Levels of Care**

If an OCFS caseworker, resource parent, or treatment foster care agency disagrees with the Assigned LOC, they may ask for review of the case.

Requests for a review for children in Basic Care must be made in writing to the LOC Program Manager within 10 business days of the Assigned LOC letter being issued. The request must come from the resource parent and include reasons why the assigned level of care will not meet the child's needs, an explanation of the disagreement and justification for why the Assigned LOC should be different. Written documentation should be submitted with the review request letter to support the reason the dispute has been filed. Once the 10 business days have passed, a review request cannot be made.

**CHILD AND FAMILY SERVICES MANUAL****Effective Date**  
January 27, 2010**Services to Children in Substitute Care**Section  
3Subsection  
6Page  
14


Requests for reconsideration for children in Treatment Foster Care must be made in writing to APS Healthcare within 10 business days of the LOC determination. The request must be initiated by the resource parent and submitted through the treatment foster care agency to APS Healthcare. The request must include reasons why the assigned level of care will not meet the child's needs, an explanation of the disagreement and justification for why the Assigned LOC should be different. Written documentation should be submitted with the review request letter to support the reason the dispute has been filed. Once the 10 business days have passed, a reconsideration request cannot be made.

The letter requesting a review of the LOC for a child in Basic Care is to be made in writing, within 10 business days of the date on the LOC result letter to the resource parent. The reviews will be done monthly by an assigned LOC Reviewer. The LOC Reviewer is an OCFS staff person that is assigned to complete an independent review of the original assessment. The LOC Reviewer will assess the case and make a final and binding determination. The LOC Reviewer will possess sound knowledge, experience, and expertise in the field. They will also be trained in the use of the LOC assessment tools. LOC Reviewers will be selected on a rotating basis.

The letter requesting a reconsideration of the LOC for a child in Treatment Foster Care is to be made in writing, within 10 days of the date on the LOC result letter to the resource parent. The reviews will be done on a regular basis by an independent clinician contracted by APS Healthcare. The clinician will complete an independent review of the original assessment. The clinician will assess the case and make a final and binding determination. The clinician will possess sound knowledge, experience, and expertise in the field. The clinician will also be trained in the use of the LOC assessment tools.

If the LOC Reviewer or clinician upholds the original assigned LOC, the dates on the original Assigned LOC letter will apply. If it is determined that the Assigned LOC will increase, the effective date will be retroactive to the original review date.

The second level of appeal is done by the resource parent requesting an administrative hearing, within 10 days of receiving the notification of the outcome of the LOC review/reconsideration decision. The LOC Program Manager will forward the complaint and request for hearing to the Administrative Hearings Unit contained within the Department of Health & Human Services. The Office of Administrative Hearings is then responsible for setting the hearing date at a location that is most convenient for the resource parent.

	<b>CHILD AND FAMILY SERVICES MANUAL</b>	<b>Effective Date</b> January 27, 2010		
	<b>Services to Children in Substitute Care</b>	Section 3	Subsection 6	Page 15

**Services for children as related to LOC System**

During the authorized review period, OCFS caseworkers, caregivers, and service providers may determine that a child has progressed and his/her level of functioning have improved such that selected services should be discontinued. The purpose of discontinuing services would be to determine whether the child's progress has been internalized versus his/her behavior being a result of supports in place. If services have been reduced or discontinued and the child's behavior and progress continue to progress, this will most likely be reflected in a lower assigned LOC at the next scheduled review. If the child's condition deteriorates or escalates, this will also be factored into the assessment during the next scheduled review.

**Adoption Assistance**

In accordance with Adoption Assistance Policy and federal regulations, Adoption subsidy may not be paid at a higher level than what is provided in Basic Care. Adoption Assistance may not exceed Level B. Adoption Assistance will be negotiated with the prospective adoptive family through the application process for Adoption Assistance and will be based on the needs of the child and resources of the adoptive parent.

In extreme cases where a child has been identified as medically fragile and has been approved for Level M, medical rate, this rate can be provided under Adoption Assistance, after approval by the Director of Child Welfare Policy & Practice.

Note: Third Party Benefits Requirements - All other resources, including insurance, Social Security, Supplemental Security Income, Veterans' benefits, other benefit payments and available medical programs must be considered in negotiating Adoption Assistance.