

April 7, 2021

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 21-17E

The purpose of this Errata is to clarify policies and address errors disseminated in [ACL 21-17](#).



KIM JOHNSON
DIRECTOR

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DEPARTMENT OF SOCIAL SERVICES
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GOVERNOR

April 7, 2021

ALL COUNTY LETTER (ACL) NO. 21-17E

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL LOCAL MENTAL HEALTH DIRECTORS
ALL COUNTY ADOPTION AGENCIES
ALL ADOPTION DISTRICT OFFICES
ALL GROUP HOME PROVIDERS
ALL FOSTER FAMILY AGENCIES
ALL TITLE IV-E AGREEMENT TRIBES
ALL OUT-OF-STATE GROUP HOMES
ALL FOSTER CARE ELIGIBILITY WORKERS
CONSORTIUM PROJECT MANAGERS

SUBJECT: **LEVEL OF CARE RATE DETERMINATION PROTOCOL (LOCP)
IMPLEMENTATION UPDATES FOR FOSTER FAMILY AGENCIES
(FFAS), HOME-BASED FAMILY CARE (HBFC) PLACEMENTS AND
THE INTENSIVE SERVICES FOSTER CARE (ISFC) RATE**

REFERENCE: [ASSEMBLY BILL \(AB\) 403, CHAPTER 773, STATUTES OF 2015;
AB 1997, CHAPTER 612, STATUTES OF 2016; WELFARE AND
INSTITUTIONS CODE \(WIC\) SECTIONS 11462, WIC 17710; ALL
COUNTY LETTERS \(ACL\) 16-84; ACL 17-11; ACL 18-25, ACL 18-32;
ACL 18-48; ACL 20-44; ACL 20-78; ACL 21-17](#)

The purpose of this Errata is to clarify policies, provide additional information and address errors disseminated in [ACL 21-17](#). Policies in this Errata supersede any prior conflicting directives regarding use of the LOCP.

Placement Types

[ACL 21-17](#) mistakenly stated that the LOCP rates structure does not apply to Dual Agency placements. However, a child/Non-Minor Dependent (NMD) who is eligible for the regional center services may receive the HBFC LOC rate in some instances. An eligible child/NMD should receive at minimum the Dual Agency Rate. If the LOC Rate plus any applicable county Specialized Care Increment (SCI) results in a rate that is higher than the Dual Agency Rate, the LOC rate plus the SCI rate applies.

[ACL 21-17](#) also mistakenly excluded children/NMDs with guardianships established through the Juvenile Court and those children/NMDs living in Tribally Approved Homes. The HBFC LOC rate structure applies to Kinship Guardian Assistance Payment Program and Non-Related Legal Guardianships established through the Juvenile Court on or after January 1, 2017, and all placements in approved Resource Family (RF) homes and licensed foster family homes or approved relative/non-related extended family member caregivers homes who are in the process of converting to Resource Family Approval (RFA).

As a reminder, the LOC rates structure does not apply to Supervised Independent Living Placements, placements in Short-Term Residential Therapeutic Program (STRTP) or placements with NRLGs established in probate court.

Instructions for Completion of the LOCP

Conversations with and engagement of RFs must occur to inform completion of the LOCP. Other information that can be used to inform the LOCP rate determination includes but is not limited to court reports, screening assessments, the CANS assessment, information that is taken from a Child and Family Team plan or notes about the child/NMD needs which may indicate the necessity for an LOCP determination.

LOCP Matrix (SOC 501)

The LOCP Matrix (SOC 501) attached at the end of [ACL 21-17](#) stated that a score of '7' in the Physical Domain levels up to the ISFC Rate. However, the highest score a child/NMD can receive in the Physical Domain is a '5', not a '7'. In addition, receiving a score of '5' in the Physical Domain results in the child/NMD being leveled up one level. Only the highest scores in the Behavioral/Emotional and Health Domains result in a level up to the ISFC rate automatically. The LOCP Matrix (SOC 501) has been updated to correct these errors.

The Education Domain has been modified to clarify language surrounding distance or virtual learning during COVID-19 or other emergencies.

Early Intervention Services are described in each Domain of the LOCP Matrix (SOC 501). Early Intervention services may include, but are not limited to Part C, Regional Center Services, Early Head Start or evidence-based practices such as Incredible Years. Activities may be provided directly by the RF, by other service providers who engage the RF, or services can be arranged by the RF, social worker (SW) or probation officer (PO).

LOC Scoring Sheet (SOC 500)

The initial LOC Scoring Sheet (SOC 500) linked in [ACL 21-17](#), contained a scoring error. A score of 22 or above was incorrectly calculating the ISFC Rate, when it should have been calculating LOC 4. The LOC Scoring Sheet (SOC 500) has been updated to reflect this correction. Additionally, the LOCP Scoring Legend is as follows:

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

Since the LOCP has already been implemented for FFAs, counties are reminded to make sure they are using the new LOC Scoring Sheet (SOC 500) linked in this ACL which reflects the policy changes of scoring for the full implementation of the LOCP.

Effective Date of the LOCP

[ACL 21-17](#) stated that the rate is effective the date the SW/PO completes the LOCP. However, if the RF has requested a redetermination of a child/NMDs LOCP based on the changing circumstances of the child/NMD, any new LOC rate is effective retroactive to the date that the LOCP redetermination was requested. Counties should document all RFs LOCP redetermination requests in the eligibility services file, be it verbal, written or otherwise.

LOC 2-4 may only be paid retroactively to April 1, 2021, in non-FFA RFAs, where appropriate.

County Specialized Care Rates (SCR) and the LOCP

Counties with a SCR Program pay a SCI to RFs or in some counties to Foster Family Agencies (FFAs) based on what is described in their SCI plan. The county SCI plans are posted on the website only if they meet the American with Disabilities Act accessibility requirements. The Department retains copies of all the current county SCI plans and may be made available upon request. Counties are encouraged to pay a SCI in addition to the LOCP rate in accordance with their current SCI plans and county practices.

Emergency Caregiving (EC) Funding for Families

As a reminder, counties are required to pay the Basic Level Rate for RF applicants who received a placement prior to approval and are receiving EC funding while undergoing the RFA process. Once the applicants are approved, the RF will become eligible for LOC 2-4 and ISFC Rates. Please refer to ACLs 18-75 and 19-84 for additional information on funding for ECs with placement of children/NMDs prior to RFA. Homes that have already initiated the RFA conversion process are eligible for the LOCP rates effective April 1, 2021.

Adoptions Assistance Program (AAP)

Children/NMDs in the AAP program are not eligible for the ISFC or Static Rate. The Adoptions Services Bureau will release a separate ACL addressing how application of the LOCP will apply when a child/NMD transfers to AAP. Please contact the Adoptions Services Bureau directly at AAP@dss.ca.gov if you have LOCP questions related to children/NMDs that have been transferred to Adoptions.

Due Process

Due process rights will be afforded to families who have their initial rate set by the LOCP, whose rate is changed in any way based on the LOCP, or whose request for a rate change based on the LOCP is denied.

In addition to the due process requirements in [ACL 17-11](#), [ACL 18-48](#), and Manual of Policies and Procedures, Division 22, it is required that SWs/PO or other county designee share a completed copy of the LOCP Matrix (SOC 501) and LOC Scoring Sheet (SOC 500) with RFs.

If a child/NMD is receiving a LOC 2-4 rate, in no case shall that child/NMD receive a lower rate. The lowering of the rate policy described in [ACL 21-17](#) for the Static Rate and ISFC Rate still applies. Counties will notify families via a Notice of Action (NOA) explaining that their rate has been established.

The Department has developed a NOA ([NA 403](#)), for county use and substitutions of the form are not permitted. The NOAs will provide an explanation to RFs of how and why rates are set, changing, or a request for an increase denied under the Continuum of Care rate restructure. Adequate notice must be provided whenever a rate is: granted, increased, denied, decreased, suspended, cancelled, discontinued or terminated.

Even if a rate determination results in no rate change at all, including when a request for an increase is denied, a NOA must be sent as indicated above. Counties shall provide caregivers with a completed copy of the LOCP Matrix (SOC 501) including boxes checked next to the description which applies to the resource parent and/or child/NMD, the LOC Scoring Sheet (SOC 500) and completed Resource Parent Tool.

The LOCP and Child and Adolescent Needs and Strengths (CANS) Assessment

The Department is continuing to assess the best options about how the CANS assessment will be used to inform and assist with modifying the current rates determination process. The LOCP in its current form was designed to support the implementation of the interim rates structures which is comprised of HBFC and the STRTPs. Current work with the PRAED's Foundation's CANS consultants is expected to produce a methodology using CANS to inform a rates determination process. In the interim, the LOCP will continue to be utilized in its current form subject to modifications addressed in the released in [ACL 21-17](#) and herein. The Department needs the additional time to test, refine and validate any proposed algorithms or methodology before finalizing or making recommended changes to the rates determination process or interim structure.

Inquiries

Should you have any questions regarding the information in this ACL, please contact the Systems of Care Branch at (916) 651-9152 or email questions to the dedicated LOC mailbox at loc@dss.ca.gov. Claiming questions should be directed to Fiscal.Systems@dss.ca.gov.

Additional information on the LOCP including the LOCP Matrix (SOC 501) and LOC Scoring Sheet (SOC 500) can be obtained from the [University of California Davis Resource Barn](#).

Sincerely,

Original Document Signed By:

ANGIE SCHWARTZ
Deputy Director
Children and Family Services Division

c: CWDA

Attachment

Level of Care Rate Determination Protocol Matrix

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This Matrix is to be completed by the Social Worker (SW) or Probation Officer (PO) assigned to a child/NMDs case. Boxes should be checked next to the description which applies to the resource parent and/or child/NMD. Resource parents do not need to provide documentation of hours spent on activities.

Physical

Definition

Physical Domain is defined as age/developmentally appropriate actions that are provided by the Resource Family (RF) or by other service providers who engage the RF, or services arranged by the RF, SW/PO to meet the daily activities of living needs, such as eating, clothing, hygiene, community/social functioning and extracurricular activities, including teaching age/developmentally appropriate life and physical skills even when developmental delays are present. This does not include specific medical or physical health activities (see Health Domain).

1 Point

- ☐ RF provides healthy meals, opportunities for daily activity, predictable sleep routine, and age/developmentally appropriate activities to promote healthy physical growth such as motor, language, and cognitive skills that are considered typical for their chronological age; and/or
- ☐ RF provides support to assist child/NMD with independence activities and/or life skills that are age/developmentally appropriate; and/or
- ☐ RF provides Young Children (Birth-age 4) activities of daily living such as feeding, diapering, guiding toilet training, bathing and provides mobility assistance according to the individual needs of a young child.

2 Points

- ☐ RF provides age/developmentally appropriate supervision for at least one independence activity and/or life skill with verbal cueing and/or physical assistance, and/or one early intervention activity on a daily basis as recommended by an early intervention provider such as pediatrician, therapist, school, daycare, Head Start, regional center, etc.; and/or
- ☐ Attends meetings or trainings to improve the quality of parental care, specific to a child/NMDs individual needs, such as motor, language, cognitive and social/emotional skills that are delayed for most chronological age-level expectations; and/or
- ☐ RF arranges and/or facilitates participation in addressing child/NMD developmental needs, e.g., physical, speech, and/or occupational therapy no more than once per month; and/or
- ☐ RF Provides engages child/NMD in at home exercises or physical activities, to be done at least once per month to improve child/NMDs physical and/or developmental delays.

3 Points

- ☐ RF provides age/developmentally appropriate supervision for at least two independence skills and/or life skills with verbal cueing and/or physical assistance, and/or two early intervention activities on a daily basis as recommended by an early intervention provider such as pediatrician, therapist, school, daycare, Head Start, regional center, etc.; and/or
- ☐ RF arranges and/or facilitates participation in addressing child/NMD developmental needs, e.g., physical, speech and/or occupational therapy up to three times per month; and/or
- ☐ RF Provides or engages child/NMD in at-home exercises or physical activities, to be done at least twice per month to improve child/NMDs physical and/or developmental delays; and/or
- ☐ RF must coordinate activities with community extracurricular activities to ensure continuity of independence skills and/or life skills; and/or
- ☐ RF Supports parenting by coaching them on how to parent their child and to take responsibility for their own parenting.

4 Points

- ☐ RF provides age/developmentally appropriate supervision for at least three independence and/or life skills with verbal cueing and/or physical assistance, and/or three early intervention activities on a daily basis as recommended by an early intervention provider such as pediatrician, therapist, school, daycare, Head Start, regional center, etc.; and/or
- ☐ RF arranges and/or facilitates participation in addressing developmental needs, e.g., physical, speech and/or occupational therapy at least four or more times monthly; and/or
- ☐ RF accompanies the child/NMD and/or provides direct support to enable the child/NMD to participate in community/extracurricular activities; and/or
- ☐ RF provides or engages child/NMD in at-home exercises or physical activities, to be done at least three times per month to improve child's physical and/or developmental delays.

5 Points

- ☐ RF provides age/developmentally appropriate supervision for at least four independence and/or life skills with verbal cueing and/or physical assistance, and/or four early intervention activities on a daily basis as recommended by an early intervention provider such as pediatrician, therapist, school, daycare, Head Start, regional center, etc.; and/or
- ☐ RF arranges and/or facilitates participation in addressing developmental needs, e.g., physical, speech and/or occupational therapy at least six or more times monthly; and/or
- ☐ RF provides the child/NMD constant supervision to enable the child/NMD to participate in community/extracurricular activities. RF follows the safety plan developed by the social worker and/or other service providers and provides daily intense routine to ensure safe sibling interaction among children/NMDs in the home and when they are in the community; and/or
- ☐ RF provides or engages child/NMD in at-home exercises or physical activities, to be done at least four times per month to improve child/NMDs physical and/or developmental delays.

Additional Information

- Independence skills include: Transferring, i.e., walking and/or moving from place to place, use of upper extremities (hand, arms, or fingers), bathing, grooming, menstrual care, dressing, feeding and/or toileting (including enuresis/encopresis).
- Life skills include:
 - 14 years of age and older: Care and support resource parent(s) provides youth with managing finances, accessing transportation, shopping, preparing meals, using communication devices, managing medications, and/or completing basic housework.
 - For Young Children (Birth - 4): Early Intervention services or activities are provided when a young child has a developmental delay in one or more areas of cognitive, communication, social or emotional, adaptive, or physical and motor development including vision and hearing; or having an established risk condition that may result in delayed development, or be considered at high risk of having a substantial developmental disability. Development for young children may include improving gross and fine motor skills, addressing language delays, and other physical skill developments related to low birth weight, nutritional deprivation, and drug/alcohol exposure, etc.
- For a minor or NMD who is parenting, the Infant Supplement applies. The RF provides supports to the minor or NMD in preparing for parenthood that includes coaching them on how to parent their child and to take responsibility for their own parenting.

Behavioral/Emotional

Definition

Behavioral/Emotional Domain is defined as actions in which the RF engages to promote resilience and socio-emotional well-being for the child/NMD, as well as encourage the child/NMD to engage in prosocial behavior, healthy activities and healthy relationships. This does not include medication management for psychotropic medications (see Health Domain).

1 Point

- ☐ RF provides direct supervision and supports that are age/developmentally appropriate to set limits to keep the child/NMD safe and help them learn to behave appropriately at home, with peers and in the community; and/or
- ☐ RF arranges, facilitates, and/or provides transportation for initial mental health assessment, and/or consults with or communicates with therapist or mental health professional and/or other professionals at least one time a month and/or
- ☐ RF supports the child/NMD through expected/unexpected life stressors.

4 Points

- ☐ RF redirects, prompts, and/or diffuses behavior using supervision and supports beyond what is age/developmentally appropriate at least two days a week; and/or
- ☐ RF arranges, facilitates, provides transportation for initial assessment, and/or consults with or communicates with therapist and/or other professionals at least two times a month and participates in services/activities as recommended; and/or
- ☐ RF provides enhanced supervision for the child/NMD to safely manage behavior in their home with peers or the community for expected/unexpected life stressors; and/or
- ☐ RF applies various activities and/or strategies to comfort a child, soothe a baby or toddler, and stabilize the situation.

5 Points

- ☐ RF provides structured support that address a child/NMDs difficulty in interactions with peers at home, school or in the community at least three days a week; and/or
- ☐ RF implements a therapeutic or intervention plan at least three days a week as outlined by the child/NMDs therapist and/or CFT Plan; and/or
- ☐ RF arranges, facilitates, or provides transportation for initial mental health assessment, and/or consults with or communicates with therapist or mental health professional and/or other professionals at least three times a month and participates in services/activities as recommended; and/or

- ☐ RF addresses expected/unexpected life stressors for a child/NMD with moderate symptoms and behaviors; supervision may include monitoring, observing, redirecting, prompting, consoling, soothing, talking about emotions and/or documenting behaviors; and/or
- ☐ RF may provide supervision that addresses chronic infant sleep issues or excessive and prolonged crying (more than five hours at a time); and/or
- ☐ RF provides observation during waking hours.

6 Points

- ☐ RF provides additional structured support for a child/NMDs interactions at home, school, with peers or in the community at least four days a week; and/or
- ☐ RF implements a therapeutic intervention plan at least four days a week as outlined by the child/NMDs therapist and/or the CFT Plan; and/or
- ☐ RF arranges, facilitates, and/or provides transportation and participates in therapeutic supports at least four times a month, including, but not limited to outpatient and/or in-home therapeutic services; and/or
- ☐ RF is engaged in and supports the child/NMD receiving other intensive services that are non-therapeutic supports; and/or
- ☐ RF provides supervision that addresses expected/unexpected life stressors with severe symptoms and behaviors including monitoring/observing, redirecting, prompting, consoling, soothing, talking about emotions and/or documenting behaviors; and/or
- ☐ RF provides line-of-sight observation during waking hours and limited night supervision such as episodic checks as needed. RF may require assistance in providing this supervision.

7 Points

- ☐ RF directly engages, provides supports and implements a daily therapeutic intervention plan as outlined by the child/NMDs therapist and/or by the CFT, Wraparound plan, TBS, TFC or other family-based therapeutic interventions; and/or
- ☐ Monitoring/observing, redirecting, prompting, consoling, soothing, talking about emotions and/or documenting behaviors on a daily basis; and/or
- ☐ RF arranges, facilitates and/or provides up to 24-hour line-of-sight observation/supervision of the child/NMD in the home and community. RF may require assistance in providing this observation supervision.

Additional Information

- This Domain includes short term and chronic, behavioral or emotional needs caused by the COVID-19 crisis.
- For Young Children (Birth - 4): Early Intervention services or activities are provided when a young child has a) a developmental delay in one or more areas

of cognitive, communication, social or emotional, adaptive, or physical and motor development (including vision and hearing); b) having an established risk condition that may result in delayed development, or c) be considered at high risk of having a substantial developmental disability.

- For a minor or NMD who is parenting, the Infant Supplement applies. The RF provides supports to the minor or NMD in preparing for parenthood that includes parenting youth or NMD by coaching them in learning to parent their child and taking responsibility for parenting; managing their emotional health, and providing enhanced supervision which includes structuring supervision for the minor or NMDs daily activities and considers disruptive behavior or emotional reactions.
- A rating of 7 in this Domain levels a child up to the ISFC rate.

Educational

Definition

Educational Domain is defined as actions in which the RF engages in activities, promotes student achievement, fosters educational excellence and equal access to services, and when required, responds to suspensions and/or expulsions. School-aged child/youth is defined as any child/youth who is attending and participating in early childhood through adult educational programs. The criteria in this domain apply equally to all types of online, in-person and blended learning programs.

1 Point

- ☐ School-aged children: RF provides on-going educational support as part of parenting duties to include age and developmentally appropriate support for the child's educational activities; or
- ☐ Preschool Children: the RF demonstrates their willingness to provide school readiness based on the child's social/emotional development as defined in the Additional Information below

2 Points

- ☐ School-aged children: RF provides, arranges or coordinates educational assistance up to two additional hours per week for school-aged child/youth as defined in the Additional Information below; or
- ☐ Preschool Children: the RF obtains, provides and/or coordinates up to two additional hours per week to support the child's participation in or benefit from childcare/preschool programs and/or to ensure the child's continued attendance in school.

3 Points

- ☐ School-aged children: RF provides, arranges or coordinates educational assistance up to four additional hours per week for school-aged child/youth as defined in the Additional Information below; or
- ☐ Preschool Children: the RF obtains, provides and/or coordinates up to four additional hours per week to support the child's participation in or benefiting from childcare/preschool programs and/or to ensure the child's continued attendance in school.

4 Points

- ☐ School-aged children: RF provides, arranges or coordinates educational assistance up to six additional hours per week for school-aged child/youth as defined in the Additional Information below; or
- ☐ Preschool Children: RF provides or coordinates up to 6 additional hours per week of age/developmentally appropriate activities that promotes the child's

participation in or benefit from childcare/preschool programs and/or to ensure the child's continued attendance in school.

5 Points

- School-aged children: RF provides, arranges and/or coordinates educational assistance 7 or more additional hours per week for school-aged child/youth as defined in the Additional Information below; or
- Preschool Children: RF obtains, provides and/or coordinates 7 or more additional hours per week of age/developmentally appropriate activities that promote the child's participation in or benefit from childcare/preschool programs and/or to ensure the child's continued attendance in school; or
- RF is required to provide or arrange for educational needs and/or support for the chronic or terminally ill child/NMD who is unable to participate in school settings outside of the home as identified in the Case or Care Plan.

Additional Information

- Basic Level: Educational support may include but is not limited to assistance with arriving to school on time, completion of homework, and special projects, participation in parent-teacher conferences, attendance at Back-to-School Night and Open Houses, provision of school supplies, and communication with the social worker and/or court prior to each court hearing on the J15 educational progress. Should also encourage the child to read on his/her own (or read with them) and facilitate access to online technology to promote learning.
- Educational activities above the Basic Rate Level include:
 - volunteering or otherwise being present in the classroom;
 - assisting with and monitoring homework/school projects beyond what is age/developmentally appropriate;
 - activities to support IEP/504 Plan, Student Study Team Resource Specialist Teacher, behavioral support, Early Intervention Plans;
 - supporting participation in school-based extracurricular activities, e.g., sports, music, theatre, etc.;
 - assistance in transitioning to college or vocational education/training, e.g., college tours, completing applications, testing, etc.;
 - assisting the youth to participate in community-based volunteer activities for extra credits;
 - identifying/acquiring and putting into action any remediation plans or activities when needed;
 - assisting in school enrollment, partial credits restoration; providing home-based education.
 - support, assistance, redirection and/or monitoring associated with online or blended learning programs such as during the COVID-19 pandemic or other emergencies.

- These activities may vary depending on the child's case plan and whether the caregiver is designated as the Educational Rights Holder. In the event that a child needs tutoring, instructions or educational therapy beyond what the Resource Family can provide, the time arranging, coordinating, scheduling, and/or transporting the child to services will be credited to the RF.
- Educational activities also include obtaining, arranging, coordinating and/or maintaining special equipment, tools or devices required for the child to access his/her education and educational environment.
- The RF's willingness to seek assistance to provide extra support for the LGBTQ youth's educational needs.
- For a minor or Non-Minor Dependent (NMD) who is parenting, the Infant Supplement applies. Includes intervention supports the RF may need to enable school success of pregnant and parenting foster youth.
- For Young Children (Birth - 4): Early Intervention services or activities are provided when a child has a developmental delay in one or more areas of cognitive, communication, social or emotional, adaptive, or physical and motor development including vision and hearing; or having an established risk condition that may result in delayed development, or be considered at high risk of having a substantial developmental disability.
- RF is encouraged to enroll the child in childcare or a preschool program, which may be accessed through programs such as Head Start, the California Department of Education subsidized childcare system, or through local school districts for Transitional Kindergarten programs.

Health

Definition

Health Domain is defined as actions in which the RF engages to promote the child's physical health and/or healthy sexual development by arranging and facilitating health care such as medical, dental, vision, transgender needs, medication administration including psychotropic medications and/or monitoring, and ensuring access to services that address special health care needs [based on Child Health and Disability Prevention (CHDP) Program-- See Additional Information below],. RF addresses medical needs, prescribed exercise or nutritional needs.

1 Point

- ☐ RF arranges routine wellness check-ups based on the CHDP Program and dental schedule; and/or
- ☐ RF administers occasional or short- term medication intended to treat typical childhood illness or injury which may require either over the counter or prescription medication. This also includes arranging for medication to be administered at school.

4 Points

- ☐ RF arranges as needed an appointment with a healthcare specialists two times a year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry and/or medical/psychological care that supports gender identity, and/or arranges early intervention services as defined below; and/or
- ☐ RF must observe, record and report medication effects to a doctor and administers at least one medication as needed (PRN).

5 Points

- ☐ RF arranges appointments with healthcare specialists at least three but not more than 11 times per year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry and/or medical/psychological care that support gender identity, and/or arranges early intervention activities as defined below; and/or
- ☐ RF must observe, record and report medication effects to a doctor and administers at least one medication on a daily basis; and/or
- ☐ RF monitors youth's self-administered medication, testing equipment, or the use of medical devices.

6 Points

- ☐ RF arranges appointments with a healthcare specialist 12 times a year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry and/or medical/psychological care that supports gender identity; and/or
- ☐ RF must observe, record and report medication effects to a doctor and administers multiple medications on a daily basis; and/or
- ☐ RF operates and monitors medically prescribed equipment and medical devices.

7 Points

- ☐ RF provides care to a child/NMD who has been diagnosed with a severe medical and/or developmental problem, which requires in-home monitoring by medical professionals, direct medical treatments and/or specialized care by the RF and/or the use of medical equipment multiple times per week.

Additional Information

- This may include but is not limited to: An aspiration, suctioning, mist tent, ventilator, tube feeding, tracheotomy, symptomatic AIDS with complication, hepatitis, chemotherapy, indwelling lines, colostomy/ileostomy, COVID-19 and related complications or burns covering more than 10% of the body.
- The Child Health and Disability Prevention (CHDP) Program helps to prevent or find health problems through regular, no cost, health check-ups. A check-up includes: health and developmental history, physical exam, needed immunizations, oral health screening and routine referral to a dentist starting by age one, nutrition screening, behavioral screening, vision screening, hearing screening, health information, lab tests, which may include: anemia, lead, tuberculosis, and other problems, as needed. Referral to Women, Infants, and Child (WIC) program for a child up to age 5.
- For Young Children (Birth - 4): Early Intervention services or activities are provided when: a) a child has a developmental delay in one or more areas of cognitive, communication, social or emotional, adaptive, or physical and motor development including vision and hearing; (b) having an established risk condition that may result in delayed development, or (c) be considered at high risk of having a substantial developmental disability.
- For a minor or Non-Minor Dependent (NMD) who is parenting, the Infant Supplement applies. If the minor or NMD is pregnant or parenting, the RF should provide the needed support for attending prenatal care appointments, prenatal classes, breastfeeding classes, post-partum follow-ups, and other medical appointments.
- A rating of 7 in this Domain levels a child up to the ISFC rate.

Permanency/ Family Services

Definition

Permanency/Family Services Domain is defined as actions in which the RF engages to promote and facilitate visitation, communication, and the identification, development, and maintenance of lifelong, supportive connections with members of their biological and non-biological families and natural support systems. Permanency/Family Services also include efforts to connect the youth with their community of origin, including connections with resources, cultural organizations, faith communities, identity-based communities such as the LGBTQ community and any other group or organization which promotes a sense of belonging, identity, and connection to culture.

Permanency Activity is defined as:

1. An in-person visit with a parent, family member, non-custodial parent or a foster youth/NMD's child, sibling(s) or other permanent connection.
2. Child-focused/Family Focused community and cultural engagement: includes efforts to arrange, schedule and facilitate connecting the youth with their community of origin, including connections with resources, cultural organizations, faith communities, and any other group or organization which promotes a sense of belonging, identity, and connection to culture.

NOTE: During states of emergency (such as fires) and/or global pandemics (such as COVID-19, H1N1, etc.) virtual or telephonic visits may be substituted for in person visits and/or activities.

1 Points

- ☐ RF arranges and/or facilitates in-county transportation and supervision, and/or in-person visit at least three times per month; and/or
- ☐ RF arranges and/or facilitates at least once per month a child- focused and/or family-focused community and/or cultural engagement activity; and/or
- ☐ RF participates in mentoring/coaching birth parents and/or implementing family visitation plans for two hours per week (to include transportation and travel time).

2 Points

- ☐ RF arranges and/or facilitates in-county transportation and supervision, and/or in-person visit at least four (4) times per month; and/or
- ☐ RF arranges and/or facilitates at least two (2) times per month child-focused and/or family-focused community and/or cultural engagement activities; and/or
- ☐ RF participates in mentoring/coaching birth parents and/or implementing family visitation plans for four (4) hours per week (to include transportation and travel time); and/or

3 Points

- ☐ RF arranges and/or facilitates in-county transportation and supervision, and/or in-person visit at least five (5) times per month; and/or
- ☐ RF arranges and/or facilitates at least three (3) times per month child-focused and/or family-focused community and/or cultural engagement activities; and/or
- ☐ RF participates in mentoring/coaching birth parents and/or implementing family visitation plans for at least six (6) hours per week (to include transportation and travel time).

4 Points

- ☐ RF arranges and/or facilitates in-county transportation and supervision, and/or in-person visit at least six times per month; and/or
- ☐ RF arranges and/or facilitates at least four times per month child-focused and/or family-focused community and/or cultural engagement activities; and/or
- ☐ RF participates in mentoring/coaching birth parents and/or implementing family visitation plans for at least eight hours per week (to include transportation and travel time).

5 Points

- ☐ RF arranges and/or facilitates in-county transportation and supervision, and/or in-person visit at least seven times per month; and/or
- ☐ RF arranges and/or facilitates at least five times per month child-focused and/or family-focused community and/or cultural engagement activities; and/or
- ☐ RF participates in mentoring/coaching birth parents and/or implementing family visitation plans at least ten hours per week (to include transportation and travel time); and/or
- ☐ For children/youth who are chronic/terminally ill and will have no family visit plan, e.g., terminated parental rights, no family, etc., the RF is required to provide and/or arrange for alternative cultural engagement and/or prosocial activities as determined by the CFT.

Additional Information

- The RF assists the parent/guardian (including the non-custodial parent) in improving their ability to support, care for and protect their child, including any LGBTQ child/youth, as well as actively promotes and facilitates other contact, e.g., telephone, written communication, between the in-person visits.
- Family-focused engagement acknowledges that the relationship between the youth and biological family (including the non-custodial parent of a foster youth or NMDs child), natural supports, and/or RF is vital to the success of the youth's well-being. RFs may require additional assistance to change the way family members interact to improve the functioning of the family as a unit.

- If the minor or NMD is pregnant or parenting, consider the additional support the RF may need to provide to the parenting minor or NMD to ensure the minor's or NMD's child maintains visitation with the non-custodial parent and extended family members.
- For a minor or NMD who is parenting, the Infant Supplement applies. Additional intervention supports the RF may need to enable school success of pregnant and parenting foster youth should be considered.

Static Criteria

Definition

Static Criteria is used when the circumstances indicate the need to secure a placement or to make a replacement for a child/youth who has higher supervision needs and to compensate the caregiver with a temporary rate for that higher level of supervision. If there is confirmed information regarding a behavior or behaviors, i.e., chronic indicators as listed below, that have been present within the last 12 months, the Static Rate can be paid to secure a placement. If it is determined that the child/youth meets the 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 may be authorized by the county placing agency to complete the LOCP (for a total not to exceed 120 days). Use of the Static Criteria is not required if a county has an available placement and sufficient information to conduct the LOCP. The county should complete the LOCP and apply the appropriate LOC rate instead of using the Static Criteria.

Indicators

Chronic indicators that warrant the granting of the Intensive Static Rate to ensure safe placement of a child, pending a full assessment. The county may apply these if the child meets any of the following:

- 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

How to Apply Indicators

- Use of the temporary Static Rate to fund the placement of a child/youth based on the static criteria does not presume that the resource parent has or will choose to meet the ISFC training requirements or that the placement qualifies for ISFC, or that the agency is an ISFC Program.

- Children/youth with Special Health Care Needs, suffering from a pandemic level virus such as COVID-19 or classified Medically Fragile will require medical documentation of the condition from a doctor or public health department.
- A child with Special Health Care needs is defined as a person who has a condition that can rapidly deteriorate resulting in permanent injury or death or who has a medical condition that requires specialized in-home health care or has a developmental disability and is receiving services and case management from a regional center.

Scoring

Physical Score	
Behavioral/Emotional Score	
Educational Score	
Health Score	
Permanency/Family Services Score	
Total Score	