Guidelines for Determining Levels of Care for Foster Care Services with
Licensed Child Placing Agencies (LCPA)
June 20, 2014
(Revisions – May 1, 2015)

Procedures for Determining Level of Care

I.   The determination of the appropriate service level is always based on the individual child's specific needs and strengths.

II.   The Family Assessment and Planning Team (FAPT), or approved Multi-Disciplinary Team (MDT), and the licensed child placing agency shall work collaboratively in the assessment, service delivery and decision-making process to determine the appropriate level of care for the child.

III.   Children shall be placed at the Assessment Treatment Level upon initial placement with a LCPA and when a child is moved to a new LCPA.

IV.   The maximum stay at the Assessment Treatment Level shall not exceed sixty days to complete a needs assessment and service plan, per requirements of the Virginia Department of Social Services, Division of Licensing Programs. The time frame of the assessment may vary based on the accurate and thorough assessment of the child's strengths and needs.

V.   Following the assessment, the assessment shall be provided by the LCPA to the LDSS with copies to the FAPT/MDT with recommendation of level of care.

VI.   The determination of level of care shall be made collaboratively based on all available information and documentation of the child's needs by FAPT/MDT and the LCPA.

VII.   Determination of the initial level of care and a child's movement between levels of care will be based on a combination of factors, including but not limited to: child's current and past behavior, needs and strengths, number of placements the child has experienced, ratings on the CANS, VEMAT, and any other available assessments, anticipated level of support needed for the foster home, and available documentation such as psychological evaluations and foster parent, school , case manager and provider reports, etc.

Levels of Care Criteria:

Non-treatment Foster Care: Children served at the non-treatment level of foster care may be developmentally on target, demonstrate age appropriate behaviors, able to participate in community activities without restriction, or be the sibling of a child who meets the criteria for ongoing TFC placement in the same foster home. Children shall be served at the Non-treatment Foster Care level if the assessment indicates treatment foster care services are not needed.

Assessment Level Treatment Foster Care: Children served at the assessment level of treatment foster care are those who are newly placed with a licensed child placing agency and for whom an assessment to determine the appropriate level of foster care services is being conducted.
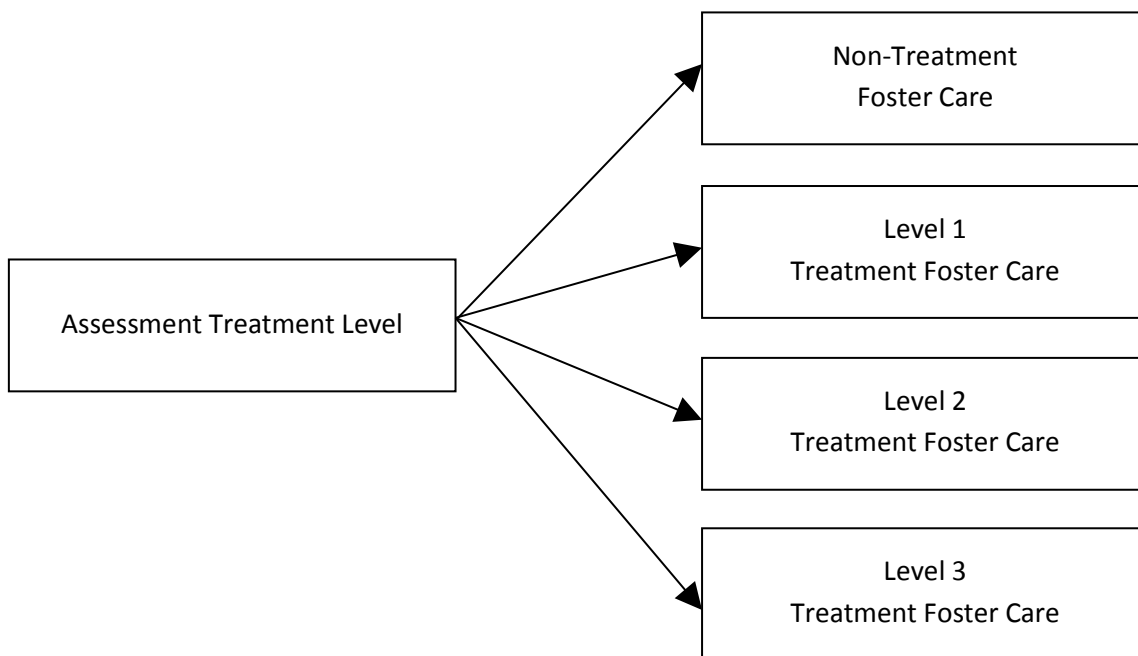
Treatment Foster Care Levels 1, 2 and 3 represent ongoing treatment placement levels, with Level 1 representing the lowest treatment needs, Level 2 moderate treatment needs and Level 3 significant treatment needs.

Level 1 Treatment Foster Care: The needs of a child served at Level 1 ongoing treatment foster care require monitoring or the LCPA may need to provide services to lessen the likelihood that identified needs will become more acute or return after being "resolved". Children served at Level 1 will typically demonstrate a relatively low level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development. *Areas of need may include but not be limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual disability.*

Level 2 Treatment Foster Care: The needs of a child served at Level 2 ongoing treatment foster care require that significant action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the identified needs. Children served at Level 2 will typically demonstrate a relatively moderate level of social/emotional/behavioral/ medical/personal care needs or impairment for normal range of age and development. *Areas of need may include but not be limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual disability.*

Level 3 Treatment Foster Care: The needs of a child served at Level 3 ongoing treatment foster care are of such acuity or severity that they require intensive action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs. Without such intervention the child may be at risk of residential placement. Children served at Level 3 will demonstrate a high level of social/emotional/ behavioral/medical/personal care needs or impairment for normal range of age and development. *Areas of need may include but not be limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual disability.*

Flow Chart

	Non-Treatment Foster Care	Treatment Foster Care			
Standard Levels of Care	Non-Treatment Foster Care	Level 1 TFC	Level 2 TFC	Level 3 TFC	Assessment Level
REQUIREMENTS					
Caseload Size	24	12	12	12	12
Monthly Visits (minimum per licensing)[3]	1	2	2	2	2
Service/Treatment Plan	service plan	service plan & treatment plan	service plan & treatment plan	service plan & treatment plan	
SERVICES (funding source):					
Foster Care Maintenance	yes *(IV-E/CSA)*	yes *(IV-E/CSA)*	yes *(IV-E/CSA)*	yes *(IV-E/CSA)*	yes *(IV-E/CSA)*
Enhanced Maintenance	per VEMAT *(IV-E/CSA)*	per VEMAT *(IV-E/CSA)*	per VEMAT *(IV-E/CSA)*	per VEMAT *(IV-E/CSA)*	per VEMAT *(IV-E/CSA)*
Private Foster Care Support & Supervision[1]	yes *(CSA)*	yes *(CSA)*	yes *(CSA)*	yes *(CSA)*	yes *(CSA)*
TFC Case Management[2]	no	yes *(Medicaid*/CSA)*	yes *(Medicaid*/CSA)*	yes *(Medicaid*/CSA)*	as eligible (Medicaid/CSA)

*LCPAs must apply for Medicaid funding for case management (if the child is Medicaid eligible). If Medicaid determines the child does not meet medical necessity criteria, CSA may pay for case management based on justification of need.

[1]Private Foster Care Support, Supervision and Administration
Services provided by a Licensed Child Placing Agency (LCPA) which include, but are not limited to, recruiting, training, assessing and retaining foster parents for the LCPA; making placement arrangements; purchasing/ensuring child has adequate clothing; providing transportation; counseling with child to prepare for visits with biological family; providing support and education for LCPA foster parents regarding management of child's behavior; providing ongoing information and counseling to child regarding permanency goals; preparing a child for adoption; 24/7 crisis intervention and support for both child and LCPA foster family; developing and writing reports for FAPT; attending and presenting at FAPT meetings; administering LCPA foster parent payments; identifying adoption placements; assessment of adoption placements; and arranging adoption placements. The provision of services will vary for each child based on that child's specific needs and the identified level of care. Services are provided at non-treatment level of foster care as well as treatment levels of foster care.

[2]Treatment Foster Care Case Management
A component of treatment foster care through which a case manager provides treatment planning, monitors the treatment plan, and links the child to other community resources as necessary to address the special identified needs of the child. TFC-CM focuses on a continuity of services that is goal-directed and results-oriented.   The provision of services will vary for each child based on that child's specific needs and the identified level of care.

[3]DSS regulations (22VAC40-131) requires a minimum of two visits per month for treatment foster care and also adds that "the frequency of additional contacts with the child shall be based on his treatment and service plan and occur as often as necessary to ensure the child is receiving safe and effective services."