

Illinois Department of Children and Family Services

**LEVELS OF CARE ASSESSMENT FORM  
COMPLETED BY THE LEVEL OF CARE REVIEWER**

|                       |                                                                |  |
|-----------------------|----------------------------------------------------------------|--|
| Child's Name          | Current Living Arrangement (HMR, traditional, specialized etc) |  |
| Child's Date of Birth | Last LOC Score                                                 |  |
| Child's ID#           | Current Caseworker Name and Phone Number                       |  |
| Today's Date          | Agency or Region/Site/Field                                    |  |

**1. Mental Health/Behavioral Special Needs**

**\*Refer to manual for scoring children 5 and younger who have mental health/behavioral needs**

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| <b>Minor Needs:</b> The child has <b>minor</b> or occasional episodes of behavioral or emotional problems which do not significantly impair child's interpersonal relationships and ability to function at home or at school.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> <b>0</b>  |
| <b>Mild to Moderate Needs:</b> Child has <b>mild</b> to moderate behavior and/or emotional problems which mildly interfere with interpersonal relationships and functioning in one or more setting- i.e. school and/or home. Problems are exhibited at least weekly in a moderately severe form or are exhibited continually in a mild form. Each week, problems interfering with interpersonal relationships and functioning at school and/or in the home occur. These may include one or more of the following: temper tantrums, hyperactivity, inability to concentrate, oppositional defiance, stealing, truancy, impulsive behavior, persistent difficulty in getting along with others, aggression toward others (not inflicting serious harm), depression, obsessive compulsive behavior, anxiety, persistent excessive demands for attention, enuresis, and encopresis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> <b>10</b> |
| <b>Moderate Needs:</b> Child has <b>moderate</b> behavioral and/or emotional problems which significantly interfere with interpersonal relationships and functioning at school and/or home. Problems are exhibited <b>daily</b> in at least a <b>moderately</b> severe form <u>or</u> are exhibited <b>weekly</b> in a <b>severe</b> form. Problems significantly interfering with interpersonal relationships and functioning in the community, school and/or home may include one or more of the following: hyperactivity, oppositional defiance, temper tantrums, stealing, truancy, impulsive behavior, persistent difficulty in getting along with others, aggression toward others, staying out past curfew, illicit substance use, destruction of property, suicidal ideation, self-injurious behavior, inability of an adolescent to regularly take psychotropic medications due to pregnancy or other reasons, depression to include moderate depression as a result of being pregnant and moderate post-partum depression, inappropriate non-aggressive sexual behavior, obsessive compulsive behavior, enuresis, encopresis, continual excessive demands for attention, and thought disorders characterized by intermittent and brief hallucinations or delusions. Children who are currently at moderate risk for suicide attempts, violent behavior, sexual aggression/reactivity because of a history of such behavior and continued presence of risk factors, and/or a pregnant adolescent who periodically exhibits behaviors that puts herself and her unborn child at risk including, but not limited to drug use, running away and aggressive acts, should be included in this category. | <input type="checkbox"/> <b>17</b> |
| <b>Severe Needs:</b> Child has <b>severe</b> behavioral or emotional problems profoundly interfering with interpersonal relationships, functioning in 2 or more settings- i.e. the community, school and/or in the home. These problems are exhibited continually through out the day in a severe form or occur at least weekly in a severe form posing serious risk of harm to others or self. Problems profoundly interfering with interpersonal relationships and functioning across multiple settings may include one or more of the following: extreme oppositional defiance, aggression toward others posing risk of harm, destruction of property, persistent suicidal ideation, suicide attempts, persistent self-injurious or self-abusive behavior, inability of an adolescent to take psychotropic medications due to pregnancy resulting in the adolescent having severe limitations to attending to the well-being of herself and her unborn child, severe depression to include severe depression as a result of pregnancy and severe post-partum depression or anxiety, inappropriate sexual behavior, fire setting, and severe thought disorders characterized by active, on-going hallucinations or delusions. Children currently at high risk for suicide attempts, extremely violent behavior, sexual aggression/reactivity requiring constant monitoring, and/or a pregnant adolescent who continually exhibits behaviors that puts herself and her unborn child at high risk including, but not limited to frequent drug use, frequent running away, and frequent aggressive acts, should be included in this category.                                                                | <input type="checkbox"/> <b>25</b> |

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| <b>2. Developmental Special Needs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |  |
| <b>Refer to manual for scoring children 5 and younger who have developmental needs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |  |
| <b>Minor Needs:</b> Child has an IQ level <b>76 or higher</b> and has minor social adaptive delays. Children who fall in this IQ range should not be included in this category <u>unless</u> they have minor difficulties with adaptive functioning in two or more skill areas. Children diagnosed as having learning disabilities also should be included in this category.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> 0  |  |
| <b>Mild to Moderate Needs:</b> Child has an IQ level between 55-75 and <b>mild to moderate</b> delays in social adaptive functioning. Children must have <b>mild</b> deficits in two or more life skill areas (communication, self-care, functioning in the home, interpersonal skills, academic skills, self direction, and safety).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> 10 |  |
| <b>Moderate Needs:</b> Child has an IQ level between 40-54 with <b>moderate</b> delays in two or more life skill areas (communication, self-care, functioning in the home, interpersonal skills, academic skills, self direction, and safety).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> 17 |  |
| <b>Severe Needs:</b> Child has an IQ level 39 or below with <b>significant</b> delays in two or more life skill areas (communication, self-care, functioning in the home, interpersonal skills, academic skills, self direction, and safety).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> 25 |  |
| <b>3. In-Home Interventions Necessary To Manage Special Mental Health/Behavioral and/or Developmental Needs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |  |
| <b>A. Need for Direct Supervision Due to Mental Health/Behavioral and/or Developmental Needs:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |  |
| <b>Minor Needs:</b> No increased direct supervision and structuring of activities due to child's emotional, behavioral or developmental needs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> 0  |  |
| <b>Mild to Moderate Needs:</b> Increased need for direct supervision and structuring of daily activities due to child's emotional, behavioral, developmental, and/or special education needs. Child often needs more direction and supervision in activities than average children of the same age.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> 1  |  |
| <b>Moderate Needs:</b> Significantly increased direct supervision and structuring of daily activities due to child's emotional, behavioral, developmental, and/or special education needs and/or at least weekly crisis management. Child cannot tolerate unstructured time throughout the day.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> 2  |  |
| <b>Severe Needs:</b> Continual 24 hour direct supervision and structuring of activities is needed. Child is never left alone due to risks associated with emotional, behavioral, or developmental needs and/or daily crisis management.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> 5  |  |
| <b>B. Psychotropic Medication:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |  |
| <b>Minor Needs:</b> Child does not take psychotropic medication on a regular basis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> 0  |  |
| <b>Mild to Moderate Needs:</b> Child takes psychotropic medication on a regular basis. Include in this category an adolescent who has stopped taking psychotropic medication due to pregnancy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> 5  |  |
| <b>C. Behavior Modification:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |  |
| <b>Minor Needs:</b> Child does not need to have a structured behavior modification plan in the home.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> 0  |  |
| <b>Mild to Moderate Needs:</b> Child has or will have a behavior modification plan in the home which involves minimal administration by the foster parent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> 1  |  |
| <b>Moderate Needs:</b> Child has or will have a behavior modification plan in the home which involves significant, daily administration by the foster parent. Foster parent has or will have to undergo instruction and training to administer plan which may involve the collection of data.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> 2  |  |
| <b>Severe Needs:</b> Child has or will have a behavior modification plan in the home which involves intensive, continual administration by the foster parent throughout the day. Foster parent has or will have to undergo instruction and training to administer plan which may involve the collection of data.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> 6  |  |
| <b>4. Medical/Physical Characteristics</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |  |
| <b>Minor Needs (Well child needs):</b> Child does not require on-going medication for a medical/physical condition and does not require medical or physical treatment other than that of a typical child. The child is able to maintain regular activities of daily living with age appropriate assistance or reminders. Children who are HIV seroreverted and children who were born with substance exposure with no other other medical conditions would be included in this category.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> 0  |  |
| <b>Mild to Moderate Needs:</b> Child has a chronic health condition and/or physical disability. The child's condition requires limited dependency on the foster parent. This dependency is more than the usual and ordinary age appropriate childhood care. The child's health condition requires additional training and/or special involvement by the foster parent. The child may require medication for a medical/physical disorder or therapy on a daily or intermittent basis. Children in this category include those that have a resolved medical condition that requires on-going medical monitoring. Children in this category include but are not limited to those with controlled seizure activity, mild controlled asthma, fetal substance exposure with withdrawal symptoms, minor feeding problems, respiratory problems requiring medication by mouth and environmental adaptation, and/or bi-weekly to weekly out-of-home therapy or medical appointments. | <input type="checkbox"/> 10 |  |
| <b>Moderate Needs:</b> Child has a chronic health condition and/or physical disability. The child's condition requires a moderate level of involvement, consistent monitoring, and specialized training/skills by the foster parent. Children in this category routinely require medical equipment, such as, wheelchairs, and/or frequent medical treatments. Children in this category require specialized care providers (i.e. pulmonologists, endocrinologist) to be involved with the maintenance of the child's                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> 17 |  |

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| condition. The children in this category require daily medication for a medical/physical disorder, frequent medical treatment or therapy and consistent provision of care coordination by the foster parent. Children with the following diagnosed medical/physical conditions would automatically fall in this category: Diabetes; HIV exposed (applies only to infants who are 18 months of age or younger); legally blind; deaf and/or require sign language/cochlear implants to communicate; spina bifida not completely dependent on caregiver for ADL; sickle cell; partial paralysis; frequent but relatively controlled seizures; gestational diabetes with a mild to moderate need of change to the adolescent's diet; cast care; moderate respiratory problems requiring nebulization and suctioning 2 to 3 times daily; asthma with frequent exacerbations; hemophilia or a medical diagnosis that involves organ abnormality and symptomatology and requires on-going monitoring and training of the foster parents. This category also includes an adolescent who has mild medical conditions exacerbated by pregnancy and children who require tube feedings; oxygen while sleeping; intravenous catheter care; and/or twice weekly out-of-home or in-home therapy or medical appointments.                                                                                                                                                                                                                                                   |                             |
| <b>Severe Needs:</b> Child has complex medical and/or physical needs. Children in this category require daily interventions and may require total assistance or total dependence on the foster parent for safety and care coordination. The child may require the use of durable medical equipment. Foster parents caring for a child in this category must receive extensive training by a medical professional(s) in order to care for the child. Children with the following diagnosed medical/physical conditions would automatically fall in this category: terminal illness; organ transplants; osteogenesis imperfecta; ventilator dependency; cystic fibrosis; diabetes with additional disabilities; dialysis; tracheostomies; severe often difficult to control asthma; those who require chemotherapy; gestational diabetes with a severe moderation of the adolescent's diet; respiratory problems requiring nebulization and suctioning 4 times or more per day; oxygen 24 hours a day; HIV infected; severe cases of sickle cell disease and severe cerebral palsy. Children with two or more diagnoses that present a high risk for severe harm or death are included in this category. Adolescents that have a medical condition severely exacerbated by pregnancy are also included in this category.                                                                                                                                                                                                                                       | <input type="checkbox"/> 25 |
| <b>5. Personal Care Needs Due To Developmental and/or Medical/Physical Special Needs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| <b>Minor Needs:</b> Child does not require special assistance with personal care beyond what is considered age appropriate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> 0  |
| <b>Mild to Moderate Needs:</b> Due to health conditions, physical disabilities, developmental disabilities or delays (mild mental retardation IQ of 55-75), child requires a <b>minimal</b> level of foster parent in-home assistance/supervision beyond what is considered age appropriate in areas such as: special dietary requirements (modification of normal diet, restrictions or supplementation of diet, special feeding techniques); comforting techniques for children under age 3; daily living skills such as feeding, bathing, dressing, basic independent living skills and/or unusual daily personal care needs; special or more frequent monitoring to reduce impediments to movement; or frequent monitoring for signs and symptoms of changes in health status. Children in this category, while having special needs, can usually be cared for in traditional foster care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> 5  |
| <b>Moderate Needs:</b> Due to health conditions, physical disabilities, developmental disabilities or delays (moderate mental retardation IQ of 40-50), child requires a <b>moderate</b> level of foster parent in-home assistance/supervision beyond what is considered age appropriate in areas such as: special dietary requirements (major modification of normal diet, restrictions or supplementation of diet, special feeding techniques and/or food preparation); specialized comforting techniques; daily living skills such as feeding, bathing, dressing, basic independent living skills and/or unusual daily personal care needs; constant monitoring to reduce impediments to movement; continuous monitoring for signs and symptoms of the disease process or medical condition or malfunctioning of the equipment; use of specialized communication techniques; necessity of foster parent transporting and/or participating in medical services/therapies once to twice weekly (i.e. O.T. or P.T.); or moderate adjustments to the structure and/or furnishings of the home. Children with the following prognosis will automatically fall into this category: children that require a wheelchair (could be rated at the severe level depending on the other personal care needs of the child) and those children who are HIV exposed (applies only to infants 18 months or younger).                                                                                                                                                       | <input type="checkbox"/> 10 |
| <b>Severe Needs:</b> Due to health conditions, physical disabilities, developmental disabilities or delays (severe or profound mental retardation IQ of or below 39), child requires an <b>intensive</b> level of in-home assistance/supervision by the foster parent beyond what is considered age appropriate in areas such as: special dietary requirements (child is on continuous tube feedings or on IV feedings); specialized comforting techniques; near complete or complete assistance with daily living skills such as feeding, bathing, dressing, basic independent living skills and/or unusual daily personal care needs; special equipment for monitoring to reduce impediments to movement; 24 hour monitoring for signs and symptoms of medical condition or malfunctioning of equipment; frequent maintenance of special environment (i.e. sterile fields for dressing changes); major adjustments to the structure and/or furnishings of the home; continuous up-date education of foster parents; daily or near daily therapies to child; frequent transport and participation in medical services/therapies; frequent or continual need for assistance from outside sources; requires total care, or continual monitoring and management of services by foster parent. Children with the following prognosis will automatically fall into this category: have a terminal illness, are ventilator dependent, have severe sickle cell disease, are quadriplegic, HIV infected, or are two years or older and require complete assistance. | <input type="checkbox"/> 20 |



Child's Name: \_\_\_\_\_

Child's ID #: \_\_\_\_\_

### LEVELS OF CARE SCORING FORM

|                                           |       | Minor<br>Needs             | Mild/Moderate<br>Needs      | Moderate<br>Needs           | Severe<br>Needs             |
|-------------------------------------------|-------|----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. Mental Health/Behavioral Score         | _____ | <input type="checkbox"/> 0 | <input type="checkbox"/> 10 | <input type="checkbox"/> 17 | <input type="checkbox"/> 25 |
| 2. Developmental Score                    | _____ | <input type="checkbox"/> 0 | <input type="checkbox"/> 10 | <input type="checkbox"/> 17 | <input type="checkbox"/> 25 |
| 3. Direct Supervision Score               | _____ | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2  | <input type="checkbox"/> 5  |
| a. Psychotropic Medication Score          | _____ | <input type="checkbox"/> 0 | <input type="checkbox"/> 5  |                             |                             |
| b. Behavior Modification Score            | _____ | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2  | <input type="checkbox"/> 6  |
| 4. Medical/Physical Characteristics Score | _____ | <input type="checkbox"/> 0 | <input type="checkbox"/> 10 | <input type="checkbox"/> 17 | <input type="checkbox"/> 25 |
| 5. Personal Care Score                    | _____ | <input type="checkbox"/> 0 | <input type="checkbox"/> 5  | <input type="checkbox"/> 10 | <input type="checkbox"/> 20 |
| 6. Psychotherapy/Counseling Score         | _____ | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2  | <input type="checkbox"/> 5  |
| 7. Educational Score                      | _____ | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2  | <input type="checkbox"/> 4  |

TOTAL SCORE ON LOC \_\_\_\_\_

CHILD'S DISABILITY CODE(S): \_\_\_\_\_

#### Scoring Range

0-22

Traditional/HMR

23-44

Specialized Foster Care, type service code \_\_\_\_\_

45 plus

Treatment Foster Care, type service code \_\_\_\_\_

*Do not put a type service code if home is not licensed*

LOC Effective Date \_\_\_\_\_

*(Date payment for specialized/treatment foster care can begin if all requirements are met)*

Licensure Status of Child's Current Placement:

\_\_\_\_\_ Licensed    \_\_\_\_\_ Unlicensed Relative    \_\_\_\_\_ N/A (Child not currently in a foster/relative home)

#### **If home is not licensed, LOC must be approved by the Director's Office**

Stamp of Approval \_\_\_\_\_ Date \_\_\_\_\_

#### **If agency does not have a specialized/treatment foster care contract, LOC must be approved by the Director's Office**

Stamp of Approval \_\_\_\_\_ Date \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Child's ID #:** \_\_\_\_\_

Is the child exempt from LOC re-reviews due to the child's chronic disability that is highly unlikely to improve:

- ☐ No (**child must have LOC done at least every year**)
- ☐ Yes (**child does not have to be re-reviewed with the LOC**) due to one of the following reasons:
- ☐ Child has a chronic medical condition that according to a medical professional is not likely to improve
  - ☐ Child has an IQ that is 39 or below

Does the child need to have a LOC re-review before one year from the date of this review:

- ☐ No
- ☐ Yes, LOC must be reviewed again in \_\_ months.

Reviewer's ID # \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Final Approval for the CFS 418)

Reviewer's Phone Number: \_\_\_\_\_

\*All cases that are scored at the moderate or severe level in the medical section must be reviewed and signed off by a nurse:

Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*All cases that involve a child 0-5 with mental health/behavioral and/or developmental needs must be reviewed and signed off by a DCFS Early Childhood Specialist:

Early Childhood Specialist's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**NOTE:**

A child must achieve a minimum score of 23 to be considered appropriate for specialized foster care. A child must achieve a minimum score of 45 to be considered appropriate for treatment foster care. Children who do not fall in these ranges, can not be served in specialized/treatment programs. If a worker and/or foster parent is not in agreement with the scoring, the following steps should be taken:

1. Contact the reviewer who scored the form and provide additional information/documentation regarding the child's special needs.
2. The reviewer will review the case with the new information/documentation. The reviewer will send a letter to the foster parent/worker within 15 business days of receiving the additional information/documentation that states the results of the review.