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INTERPRETATIONS

Many questions were raised during the recent statewide training on **Policy Guide 2001.03, Review of Specialized and Treatment Foster Care Cases - Level of Care Assessment** and the new Level of Care (LOC) forms.

This document is the **second** in a series of interpretations that will provide answers to questions that were raised during training. Additional interpretations will be published over the next couple of months.

Important Changes

- A change has been made to the **CFS 418, Levels of Care Assessment Form**. The Behavior Modification score for the severe level has been changed from 5 points to 6 points.
- DCFS will no longer be using individual contracts for DCFS foster homes with a specialized child. In lieu of this contract, the foster parent must sign an agreement form. Please contact your regional contracting office for information on the new process for these cases. Written instructions will be distributed in the near future.

Question 1. The policy guide states that a Level of Care (LOC) score will follow a child. In other words, if Mary was determined to be specialized and then moves to a new foster home, that Level of Care determination will follow her. The question has been raised regarding what happens if the child moves into an unlicensed relative placement. Will the agency have to go through the review process for unlicensed caregivers as outlined in Policy Guide 2001.03 or will there be an expedited review process put into place so that the child can continue to receive the same services?

In this situation, the foster care board payment would automatically be changed to the standard of need, plus the difficulty of care payment. The case would move into the HMR contract. POS agencies would have to

go through the review process for unlicensed caregivers stated in the Policy Guide 2001.03 to receive additional administrative monies.

Question 2: Will the board rate for children stepping down from specialized or treatment foster care to HMR/Traditional foster care come in one or two board checks during the 2 month transition period?

DCFS supervised foster parents will get one check per month. POS supervised foster parents will get one check per month from the supervising POS agency and POS supervised unlicensed relatives will get one check per month directly from DCFS.

Question 3: Where do workers file the LOC documents in the case file?

The LOC referral packet and CFS 418 should be filed in the child's section of the case file. The CFS 418-D should be filed in the financial section of the case file since it is filled out in lieu of a CFS 906, Placement Payment Authorization form.

Question 4: Will the LOC reviews be staggered so that they don't fall at the same time next year?

The DCFS Client Payment Unit staff will stagger the review dates for cases that were reviewed during the special review period (February 15 - June 30) so that they all don't fall at the same time next fiscal year. The LOC review dates will be staggered based on the case's ACR review dates.

Agencies will be notified of the upcoming reviews for these cases via a tickler report sent out by the Department. This report will be sent out monthly and show all cases that have an LOC expiring within the next three months. The caseworker will be responsible for submitting a new LOC referral packet before the LOC review date expires

Question 5: Can physician's assistants sign the Certification form in lieu of an M.D.? Can a nurse practitioner sign the Certification form in lieu of an M.D.?

Not originally. Neither the physician's assistant, nor the nurse practitioner may sign the form in the place of a physician the first time a child is being reviewed. Physicians must sign the form to move into specialized or treatment foster care. During annual re-reviews, R.N's or nurse practitioners, may sign the form instead of the physician.

Question 6: Will post adoption type service codes for specialized, treatment and intensive remain the same?

Yes, the codes will remain the same.

Question 7: If a private agency has a specialized and treatment contract but the program plan for that contract serves a specific population (i.e. medically complex), can the agency step a child down into the program even though the child does not specifically meet the program's definitions?

When an agency **wants to step up** a child into a program and the child does not meet the programs defined population, the agency must submit a program plan addendum and a contract amendment to the regional contracting office. The regional contracting office will have to be able to confirm that the agency will be able to meet the child's special needs. In addition, the agency will need to submit a statement of the rate they were receiving and the rate they are now requesting and give justification for the increase. The agency will have to submit cost information so the Regional Contract Administrator can verify the appropriateness of the rate.

When an agency wants to step down a child into a program and the child does not meet the program's defined population, the agency can make this move **WITHOUT** following the process stated above.

Question 8: When can a re-review and/or an appeal take place and who can file for a re-review and/or appeal?

The following people have the right to file an appeal: foster parents, GALs, children, birth parents, and relative caregivers. Caseworkers cannot request an appeal nor can an agency appeal an administrative payment. There are two different grounds for which an appeal can be made regarding Level of Care. First, the score the child receives may be re-reviewed and then appealed. A letter is sent out every time LOC is completed and mailed out to the foster parent and worker. This letter states the foster parent's right to ask for a re-review and the process they must follow. The foster parent/caseworker has 60 days from the LOC effective date to request, in writing, a re-review. When the re-review has been completed, a new CFS 418 and cover letter will be mailed to the foster parent and caseworker. This letter explains the appeal rights of the foster parent. The appeal needs to be sent, in writing, to the Administrative Hearings Unit within 45 days of the date on the letter, which states the re-review decision. The decision made at the appeals hearing is the final decision.

The second appealable item is the Level of Care effective date. Since the individual is not disagreeing with the LOC score, the case is sent directly to the Appeals Unit. In order for the foster parent to be allowed to appeal, they need proof that they have sent a request in writing for an LOC review to the caseworker more than 2 months from the time a packet was complete and sent to the LOC Reviewer.

Question 9: If a foster parent or caseworker does not submit in writing a request for a re-review on a case until after the 60 days from the LOC effective date has passed; do they still have the ability to ask for a re-review and/or an appeal of the LOC decision?

Caseworkers and/or foster parents may ask for a re-review. If the foster parent or caseworker does not submit in writing a request for a re-review within 60 days of the LOC effective date, then they have forfeited the right to ask for a re-review or an appeal. The request for a re-review must be post marked 60 days or less from the LOC effective date on the CFS 418 form. The request for re-review does not have to contain new information on the child's special needs; however it is helpful for the foster parent and/or worker to include additional documentation that may clarify the child's special needs.

The request for a re-review for DCFS cases should be submitted to the appropriate DCFS regional LOC reviewer. During the Special Review Process (ending 6/30/01), requests for re-reviews of POS supervised cases should be submitted to:

Department of Children and Family Services
Attention: Request for a Level of Care Re-Review
Chicago Director's Office
100 W. Randolph, 6th Floor
Chicago, IL 60601

After the Special Review Process is finished, requests for re-review of all DCFS and POS cases should be submitted to the appropriate DCFS regional LOC reviewer.

Question 10: Since the new LOC form does not have a category for transportation, what can be used to require the foster parents caring for a specialized child to transport him/her to needed services?

Instead of creating a new document to be implemented in these cases, the issue of transportation services that a caregiver would provide for a child should be discussed with the caregiver during service planning activities. Any transportation service the caregiver agrees to provide should then be included as a task in the service plan (CFS 497).

Question 11: When do I need to submit a step-down form (CFS 418-D)?

The CFS 418-D must be completed and faxed to 217-557-0639 whenever an LOC review determines that a child is stepping down from specialized/treatment to HMR/traditional or Treatment to Specialized. This form and pages 5 and 6 of the CFS 418 should be faxed immediately following an LOC review that states a child needs to be stepped down.

Question 12: Exactly what forms do POS agencies need to send to the DCFS upon completion of an LOC for a child during the special review period (Feb. 15 – June 30)?

POS agencies should mail pages 5 and 6 of the CFS 418 form to DCFS Spec Reform 406 E. Monroe, Station 415, Springfield, IL. 62701. The rest of the documents should be kept in the case file.

Question 13: If a child is in an I/GH Residential facility and is stepping down to foster care, who completes the LOC Referral Packet?

The I/GH facility would complete the Caregiver Report in conjunction with the caseworker. The I/GH residential facility may also be asked to complete the Certification of Special Needs. The rest of the documents are completed and gathered by the monitoring caseworker. The monitoring caseworker is responsible for submitting the LOC referral packet.

Question 14: How does the LOC review take into account a child that is currently in an I/GH facility and is stable, therefore stepping down to foster care, but had very high-end needs before entering the facility?

Caseworkers should include information about the child's history in the preliminary assessment. Caseworkers should include specific examples of the child's behavior when he/she was last in a family setting and the risks the child is likely to have when he/she returns to a family setting.

DCFS Regional staff has been given additional guidance concerning how to work with staff of a residential care facility in completing the Caregiver Report. LOC Reviewers will take into consideration children who had severe behavioral issues before entering the I/GH facility even if they are currently more stable in the I/GH facility.

Question 15: Where will the funding come from for the 0103 coded cases that are approved by the Director's Office to maintain the 0103 rate?

The POS cases that stay in the 0103 (Intensive) type service code will be moved into the HMR/Traditional contract. The type service code will be changed to reflect the new contract, and a special service fee will be added to cover the additional board costs. DCFS cases that stay in the 0103 type service code will remain in this type service code. However, 0103 cases will now be considered part of the performance contracting codes, and DCFS regions will be held to performance requirements on these cases. DCFS will provide a special service fee to make up the difference between the traditional board rate and the 0103 type service code rates after being approved by the Director's Office.

Question 16: If a foster parent's license expires and the foster parent is caring for a specialized child, what will happen to the services and payment for the child?

When a child is placed with a relative, the case will be moved to the HMR/traditional contract effective the date the license expires. The foster parent will automatically have their specialized rate changed to the standard of need rate with the difficulty of care rate added in.

If the foster parent is a not a relative and the foster home license expires and the child is younger than 18, the process outlined above will take place. In addition, an emergency clinical staffing must be held to discuss future placement of the child.

Question 17: If a child has special needs and is 18 and older and living with an unlicensed caregiver who is not related, can the child be in a specialized/treatment program?

Policy Guide 96.11 states that Department and private agency staff may place children age 18 and over with an unlicensed caregiver who is not related if a safety check has been completed (as described in Department rules Section 301.80). In this situation, the caregiver would only be eligible to receive the standard of need rate and the case **could not** be served in a specialized/treatment contract. The same process for requesting additional services to meet the child's needs would need to be followed as outlined for an unlicensed relative caregiver who is caring for a child with special needs.
