

Levels of Care Indicator Manual

Six different Levels of Care have been developed for assisting DHR/Department of Family and Children Services (DFCS) staff, Department of Juvenile Justice (DJJ) staff, and private Foster/Child Care provider staff in making appropriate placement and treatment planning decisions for each child in care.

Various services/interventions may be offered through Family Support / Preservation, Family Foster Care, Institutional Foster Care (Basic Care Group Homes and Residential Facilities), Therapeutic Foster Care, Intermediate Group Homes and Diagnostic Facilities, and Intensive Treatment Facilities. Many services may be offered at all levels; however, the level of need for, intensity of, and duration of certain services may increase at the higher levels. Also, the array of services available and offered to a child may vary from placement to placement.

Ideally, there should be a joint decision making team designated for making Level of Care decisions and/or for reviewing level placements. A process will need to be agreed upon for allowing children to move up and down the continuum of care.

There are certain general provisions that apply to all levels of care.

- All levels of care provide individualized treatment and support services based upon an individual written service plan that identifies for each child and family the treatment goals and needed services and resources.
- Within the levels of care there is a variety of treatment options and settings to meet each child's own unique needs for treatment and support no matter where the child resides.
- At all levels there are children for whom psychotropic medications are prescribed for their mental health conditions. Medication management is more frequent and complex at the higher levels of care.
- Each child will participate as fully as possible according to the child's own treatment and safety needs in community-based recreation, services and the local public school.
- Each child is to be served in the least restrictive, most family-centered and community-based setting that meets his or her treatment needs and ensures the safety of the child, the family and the community.
- Additional wrap-around services to supplement the level of care placement may be utilized for crisis intervention to prevent placement disruption or to stabilize and manage the behavior of a child.
- Children who are stable may be maintained at a higher level of care if evidence exists that moving them to a lower level of care would directly result in destabilization.

Rating Serious Behaviors That Have Occurred More Than A Year Ago

In general determining the child's level of care should be based on current functioning and a review of those behaviors or needs that have occurred within a year's time. However, there are some behaviors that may have occurred more than a year ago that have a serious risk of reoccurring and causing harm to the child or to others.

These behaviors are:

- The deliberate setting of a fire with intent to harm others or cause extensive property damage.
- Seriously injuring or killing an animal.
- Sexually offending behavior that rises to the level of a crime, i.e. sexual assault, rape. Sexual acting out behavior in which there is an age difference of 3 or more years between the victim and the perpetrator.
- Physically aggressive behavior that has resulted in serious injury to a child or adult, i.e. medical attention was required and/or criminal charges were filed.
- A suicide attempt that resulted in hospitalization.

In evaluating these behaviors, consideration should be given to the age at which the behavior(s) was first exhibited and the frequency of the behavior. The earlier the age at onset the greater the risk of additional violent or dangerous acts.

If the child has successfully completed treatment for the behavior and has been able to live successfully in the community – based setting, the level should be assigned based on what has occurred during the past year.

Leveling Youngsters with Mental Retardation/Developmental Disabilities

Children with Mild Mental Retardation, IQ's between 55 – 70, should at minimum be rated as Level 2. There should be an adaptive behavior composite score that supports the diagnosis of mental retardation.

Children with Moderate to Severe Mental Retardation, IQ's below 55, should at minimum be rated as Level 3. There should be an adaptive behavior composite score that supports the diagnosis of mental retardation.

For school-aged children, the rater should use the IQ and adaptive behavior composite scores as determined by the school psychologist or psychometrist.

Children with mental retardation who are also exhibiting other problems may need to be assigned a higher level than their emotional/behavioral functioning would dictate, because of the particular challenges they face in understanding their feelings and modifying their behavior.

Assessment:

*An Assessment designation is intended for children coming into the care and custody of DFCS/DJJ for the first time.

Utilized when a child's current needs cannot be identified specifically enough to designate an appropriate level of services within the Levels of Care. This usually occurs when there is a lack of documented information to support determination of specific treatment needs at a certain level within the system until further assessment can be completed. Through verbal accounts there may be some indication of a history of psycho-educational placement, use of prescribed psychotropic medications, previous hospitalization, and/or unstable home environment with multiple moves or caregivers, but generally little documentation is found or available. A brief mental health assessment may be available in some cases.

Treatment / Services / Interventions:

An Assessment designation will be allowed for a period of 30 to 90 days maximum.

- For children in the custody of DFCS, it will be expected that all requirements of a First Placement / Best Placement (FP/BP) assessment be completed during this time frame.
 - Placement providers, in coordination with the FP/BP team or provider, should be able to provide the following:
 - Services provided in a structured setting.
 - Coordination with placing agency for family support services, as well as other service coordination.
 - Clear documentation, insight and feedback regarding: observed interactions with peers, adults and/or family; observed emotional indications; observed educational functioning; observed behaviors and characteristics; any identified medical needs.
- For children in the custody of DJJ, placements may be made in short-term treatment programs while the necessary assessment occurs.
 - Placement providers should be able to provide the following:
 - Services provided in a structured setting.
 - Clear documentation, insight and feedback regarding: observed interactions with peers, adults and/or family; observed emotional indications; observed educational functioning; observed behaviors and characteristics; any identified medical needs.

Assessment services may be provided in placements such as: assessment centers, emergency shelters, or licensed STPs. Two level designations within Assessment will be available:

Assessment A – for programs providing services at Levels 1-3 – paid at Level 3 rate

Assessment B – for programs providing services at Levels 4-6 – paid at Level 5 rate

Level 1:

No more than occasional mild emotional and/or behavioral management problems that interfere with the child's ability to function in the family, school and/or community setting.

Family/Peer Relationships:

- ☐ positive relationships can be formed with family and peers
- ☐ may be unprepared for separation from family

Emotional Functioning:

In some cases child will not have a mental health diagnosis.

May experience some:

- ☐ anxiety
- ☐ fear
- ☐ hyperactivity
- ☐ moodiness
- ☐ withdrawal
- ☐ impulsivity

Reaction to separation from family or other life stressors may warrant mental health intervention or counseling.

Educational Functioning:

- ☐ school behavior problems are absent or minimal
- ☐ child may be behind in language and/or learning development which would require specialized services within the school setting

All education services are provided in the public school setting.

Behaviors/characteristics:

- ☐ no violent or self-destructive behavior is exhibited
- ☐ child does not present any danger of harm to self, others or property
- ☐ no pattern of pre-delinquent behaviors have been exhibited
- ☐ no sexual acting out behavior
- ☐ may be verbally hostile
- ☐ may have crying spells
- ☐ may make physical complaints

** If available, current CALOCUS scores would generally be expected to fall between 7-13.

Medical:

Child/infant has an available medical history that shows no risk factors for ongoing medical concerns.

No specialized medical needs.

Treatment/Intervention History:

May have had no other placement history; however this is often first time in foster care. Family preservation attempts may have been tried and failed.

Services / Interventions:Level 1 (basic care):

At this level, the focus of care is on reassurance, consistency, and regular parenting-type activities with guidance and supervision needed to develop normalized social skills and to ensure emotional and physical well being. Services may be provided in a family foster home or basic care group home.

The following services are available to children with Level 1 needs:**Developmental:**

1. Community-based recreational activities
2. Ongoing assessment of social, medical, educational and mental health needs
3. Life skills trainings
4. Substance abuse education
5. Self-care, personal hygiene
6. Independent living skills
7. Access to religious or spiritual experiences/activities
8. Behavior system

Support Services:

1. Case management
2. Transportation
3. Mentoring

Education:

1. Access to a free and appropriate education in a community-based school
2. Supports, including tutoring
3. Staff participation in Student Support Team (SST) meetings and Individual Education Plans (IEPs)

Treatment Services:

1. Access to individual therapy
2. Group therapy or educational groups
3. Crisis prevention
4. Crisis intervention
5. Medication supervision
6. Access to specialized services

Permanency:

1. Reunification services
2. Referral to aftercare services

Level 2:

Mild emotional and/or behavioral management problems that interfere with the child's ability to function in the family, school and/or community setting.

Family/Peer Relationships:

- ☐ positive relationships can be formed with family and peers
- ☐ may be verbally aggressive toward peers and adults

Emotional Functioning*:

Child is likely to have a mental health diagnosis, with

Mild levels of:

- ☐ anxiety
- ☐ depression
- ☐ hyperactivity
- ☐ moodiness
- ☐ withdrawal
- ☐ impulsivity
- ☐ defiance

At this level, children are able to participate and benefit from individual, family and/or group therapy.

* Emotional functioning should be determined through legitimate documentation (ie- psychological / psychiatric evaluation) and/or as assessed by a licensed professional or master level professional

Educational Functioning:

- ☐ occasional absences
- ☐ detention/ISS
- ☐ infrequent suspensions
- ☐ may have been referred to the Student Support Team
- ☐ may be placed in classes which meet special learning needs
- ☐ other minor school related problems

Education services are provided in the public school setting.

Behaviors/characteristics:

Children at this level may have displayed or manifested some of the following:

- ☐ infrequent impulsive or deliberate acts which may result in minor destruction of property
- ☐ nonviolent, anti-social acts: child does not present danger of harm to self or others

- ❑ pre-delinquent behaviors (may include stealing from peers, rule violations) that are infrequent and do not indicate an established pattern of behavior
- ❑ impulsive behaviors
- ❑ some oppositional behavior, frequently dismissive of adult directive/request
- ❑ infrequent episodes of enuresis or encopresis

* If available, current CAFAS scores on 8 scales would generally be expected to be in the 0-50 range.

** If available, current CALOCUS scores would generally be expected to fall between 14-16.

Medical:

Child/infant:

- ❑ requires monitoring by specialists
- ❑ diagnosed with failure to thrive, but does not require a feeding tube to gain weight
- ❑ previous diagnosis of lung disease, but does not require ongoing nebulizer treatments
- ❑ has been exposed to drugs or alcohol
- ❑ (infant) has a history of poor or no prenatal care
- ❑ (infant) mother tests positive for drugs or alcohol, syphilis and/or hepatitis exposure
- ❑ neurological work-up is needed
- ❑ HIV exposure with no medications

Treatment/Intervention History:

Few placements; may have had outpatient interventions; may be transitioning from emergency care; may be stepping down from Level 3. Family preservation attempts may have been tried and failed.

Services / Interventions:Level 2 (basic care):

At this level, treatment services and supervision are provided in the supportive setting of a therapeutic foster home, basic care group home or residential facility. A mix of services is provided.

Services required at Level 1 are arranged or provided. In addition, the following services are available to children with Level 2 needs:

Education:

1. A staff person is designated as a liaison to the local school system and is aware of the special education services and processes.
2. Youngsters have access to alternative education resources, such as GED programs

Additional Level 2 service elements for children who are medically fragile:

Developmental:

Public or Private developmental services are utilized (ie – Babies Can't Wait)

Support Services:

1. Case management to coordinate medical, social and other related supports and services
2. Access to respite services

Education:

For children 3 and older, access to community-based special education services

Medical Procedures and/or Services:

1. All medical appointments are kept
2. Ongoing education and training is offered to foster parents regarding the child's specific diagnoses

Level 3:

Moderate and/or occasional serious emotional and/or behavioral management problems that interfere with the client's ability to function in the family, school and/or community setting outside of a therapeutic setting.

Family/Peer Relationships:

- ☐ may make verbal threats to harm peers/adults
- ☐ may have infrequent outbursts in which client becomes dangerous to self/others
- ☐ can form positive relationships with others
- ☐ attempts to form inappropriately close relationships with peers and/or adults (poor boundary issues)

Emotional functioning*:

Child has a mental health diagnosis with:

Moderate levels of:

- ☐ anxiety
- ☐ depression
- ☐ hyperactivity
- ☐ moodiness
- ☐ withdrawal
- ☐ impulsivity
- ☐ defiance
- ☐ aggression

Children are generally able to participate and benefit from individual, family and/or group therapy.

* Emotional functioning should be determined through legitimate documentation (ie- psychological / psychiatric evaluation) and/or as assessed by a licensed professional or master level professional

Educational functioning:

- ☐ frequent absences
- ☐ frequent detentions / ISS
- ☐ school suspensions and/or possible expulsion
- ☐ average or below average grades
- ☐ repeated grades
- ☐ Individual Education Plan --- may receive services in a special education setting
- ☐ other school-related problems

Problems may be resolved with appropriate services within a public school, on-campus school or other educational setting.

Behaviors/characteristics:

Children at this level may have displayed or manifested some of the following:

- ☐ impulsive or deliberate acts which may result in minor destruction of property
- ☐ sexual acting out behaviors (has not harmed others)
- ☐ minor self-injurious behavior and/or suicidal intent (without actual attempt or no attempt within 90 days)
- ☐ run away with brief absence
- ☐ delinquent behaviors that are infrequent and do not indicate an established pattern of behavior -- may be on probation and/or committed to DJJ
- ☐ impulsive behaviors
- ☐ drug/alcohol experimentation – no addiction
- ☐ episodes of enuresis or encopresis or have a history of one or both
- ☐ need for interventions beyond reminders to attend to personal hygiene

* If available, current CAFAS scores on 8 scales would generally be expected to be in the 40-90 range.

** If available, current CALOCUS scores would generally be expected to fall between 17-19.

At this level, children may have occasional difficulty showing appropriate behavior in a group setting. They are able to accept feedback on behavior, process feedback and show improvement in behavior over time.

Medical:

*Medically fragile at this level in a specialized foster care setting.

Child/infant:

- ☐ has global developmental delay as the primary diagnosis
- ☐ is diagnosed with mild cerebral palsy
- ☐ is diagnosed with fetal alcohol syndrome
- ☐ is recovering from head injury
- ☐ is ordered to have physical, occupational, and/or speech therapy 1-2 times per week.
- ☐ sees 2 or more physicians at least on a quarterly basis for medical needs.
- ☐ has a seizure disorder controlled by medication

Treatment/intervention history:

May have experienced multiple placements, including: may have had outpatient interventions, may be transitioning from emergency placement; stepping down from level 4 or 5; may have had foster home disruption(s); may have spent brief time in RYDC; may have been sentenced to 90 day YDC program; family preservation attempts may have been tried and failed; may have had psychiatric hospitalization.

Services/ Interventions:Level 3 (basic care):

At this level, care, supervision and treatment are provided in an environment in which many activities are therapeutically designed to improve the child's social, emotional and educational functioning and to teach the child pro-social, adaptive skills. Services may be provided in an emergency shelter, therapeutic foster home, basic care group home or residential facility.

Services required at previous Levels are arranged or provided. In addition, the following services are available to children with Level 3 needs:

Treatment Services:

1. Psychoeducational groups and/or individualized activities such as anger management, problem solving, etc.
2. Access to specialized services

Additional Level 3 service elements for children who are medically fragile:**Developmental:**

Highly specialized behavior management plans

Support Services:

1. Occupational therapy, physical therapy, speech therapy
2. Access to respite care for foster care providers

Medical Procedures and/or Services:

Tracking and recording lab values to assess the effectiveness of medications

Level 4:

Moderate to serious emotional and/or behavioral management problems that interfere with the client's ability to function in the family, school and community setting outside of a therapeutic setting.

Family/Peer Relationships:

- ☐ threats to harm peers/adults
- ☐ occasional outbursts in which client becomes dangerous to self/others – responded to interventions offered
- ☐ frequent arguing
- ☐ inappropriate sexual comments or being sexually suggestive to peers and/or adults
- ☐ attempts to form inappropriately close relationships with peers and/or staff (poor boundary issues)

Relationships with family/care-givers are moderately impaired, such that care-givers lack confidence about their ability to meet the child's needs. Relationships with peers and adults are impaired and conflict is intermittent.

Emotional functioning*:

Child has a mental health diagnosis. Diagnoses would likely indicate the presence of a mood disorder, thought disorder, behavior disorder or cognitive disorder.*

Moderate levels of:

- ☐ anxiety
- ☐ depression
- ☐ hyperactivity
- ☐ hypoactivity
- ☐ moodiness
- ☐ withdrawal
- ☐ impulsivity
- ☐ defiance
- ☐ aggression

Family/care-givers and school personnel report that functioning is socially inept; child's emotional functioning may be incongruent with chronological age. Children at this level are generally able to participate and benefit from individual, family and/or group therapy.

* Emotional functioning should be determined through legitimate documentation (ie- psychological / psychiatric evaluation) and/or as assessed by a licensed professional or master level professional

Educational functioning:

School history includes:

- ☐ suspensions and/or possible expulsion
- ☐ excessive absences
- ☐ average or below average grades
- ☐ having repeated grade(s)
- ☐ IEP with possible placement in classes which meet special needs (self-contained, EBD, LD, etc.).

Problems may be resolved with appropriate services in a public school, on-campus school or other educational setting.

Behaviors/characteristics:

Children at this level may have displayed or manifested some of the following:

- ☐ deliberately or impulsively destroyed property -- unlikely a pattern of destructiveness has been identified.
- ☐ sexually acted out reactively without aggression, or “consensually,” promiscuity
- ☐ self-injurious behavior and/or suicidal ideation which has not warranted medical or psychiatric hospital admission
- ☐ run away with absence of several hours or more
- ☐ pre-delinquent behaviors which may include stealing from peers, rule violations, etc.
- ☐ delinquent behaviors which may include misdemeanors and property felony offenses (may be on probation and/or committed to DJJ)
- ☐ impulsive behaviors
- ☐ experimented with and/or abused drugs/alcohol
- ☐ enuresis or encopresis, or have a history of one or both; may respond to a protocol
- ☐ inflexible adherence to routines or rituals and/or difficulty with transitions
- ☐ eating issues, but currently do not pose a medical risk
- ☐ bizarre or eccentric behavior, but poses no harm to self or others
- ☐ attend to personal hygiene with frequent reminders
- ☐ acceptance of responsibility for behavior and/or regret for misbehavior may be absent
- ☐ cruelty to animals

* If available, current CAFAS scores on 8 scales would generally be expected to be in the 80-110 range.

** If available, current CALOCUS scores would generally be expected to fall between 20-22.

At this level, children may have moderate behavioral outbursts in group settings, creating some difficulty participating in group therapy. They show limited ability to accept and process feedback on behavior and show slow and limited improvement in behavior.

These children may have a history of living on the streets, and being involved with street culture with behaviors that could include gang involvement, use and selling of illegal substances, and prostitution.

Must show at least minimal positive response to treatment interventions.

Medical:

If medical needs are present, child does not need help from medical staff to adequately monitor the condition. Follow-up care is intermittent, periodic, or routine. Condition does not require access to health care staff around the clock.

*Medically fragile at this level in a specialized foster care setting.

Child/infant:

- ☐ meets three or more medical conditions listed under Level 3
- ☐ requires foster parents to be specially trained by medical personnel
- ☐ (infant) released from hospital with a monitor
- ☐ (infant) does not take a bottle well
- ☐ reflux that is controlled with 1 or 2 medications
- ☐ ordered to have physical, occupational and/or speech therapy 2 or more times per therapy per week.
- ☐ (infant) HIV exposure with medications
- ☐ has blindness or visual impairment
- ☐ has deafness or hearing impairment
- ☐ has speech impairment
- ☐ has a seizure disorder

Treatment/intervention history:

Child has likely had multiple placements, possibly in various levels of care. Child may be stepping down from Level 5 or 6. Historical information would likely suggest that various medication regimens have been attempted, with moderate or some success noted. In some cases, records will indicate that the child is quite stable on medication(s). Child may have had psychiatric hospitalization and may have a history of having been incarcerated or spent time in a juvenile justice program.

Services / Interventions:Level 4 (beginning intermediate):

At this level, services are provided in a therapeutic setting in which most activities are therapeutically designed to improve social, emotional, and educational adaptive behavior.

Services required at previous Levels are arranged or provided. In addition, the following services are available to children with Level 4 needs:

Support Services:

Access to specialized services; these may include: occupational therapy, speech/hearing services, physical therapy, vision therapies, experiential therapy

Treatment Services:

1. A variety of treatment and therapeutic interventions are offered
2. System to effectively manage out-of-control behavior

Additional Level 4 service elements for children who are medically fragile:**Support Services:**

Caregiver and provider advocate for normalizing recreation and social activities and other supports to maximize the child's potential

Medical Procedures and/or Services:

Caregiver receives specialized training by medical personnel

Level 5:

Serious to severe emotional and/or behavioral management problems that interfere with the client's ability to function in the family, school and community setting outside of a therapeutic environment.

Most children placed through MAAC would be placed at this level.

Family/Peer relationships:

- ☐ may have a history of hurting family members
- ☐ may fight with peers
- ☐ outbursts where client becomes dangerous to self/others but is responsive to immediate interventions or short term hospitalizations or incarcerations
- ☐ may have ongoing trouble with all relationships
- ☐ may have trouble attaching to others
- ☐ may have engaged in sexually reactive or abusive behaviors
- ☐ may have poor boundaries or violate the rights of others

Contact with family is non-existent or very conflictual/chaotic. Relationships with peers are impaired and conflict is common.

Emotional functioning*:

Child has a mental health diagnosis. Diagnoses would likely indicate the presence of a mood disorder, thought disorder, behavior disorder or cognitive disorder.*

Moderate to high levels of:

- ☐ anxiety
- ☐ depression
- ☐ hyperactivity
- ☐ hypoactivity
- ☐ moodiness
- ☐ withdrawal
- ☐ impulsivity
- ☐ defiance
- ☐ aggression

Family/care-givers and school personnel report that functioning is socially inappropriate; child's emotional functioning may be incongruent with chronological age. Children at this level are generally able to participate and benefit from individual, family and/or group therapy.

* Emotional functioning should be determined through legitimate documentation (ie- psychological / psychiatric evaluation) and/or as assessed by a licensed professional or master level professional

Educational functioning:

- ☐ excessive absences
- ☐ frequent school suspensions
- ☐ history of expulsions
- ☐ history of disciplinary actions
- ☐ failure and/or inability to learn
- ☐ IEP with placement in specialized classes

Problems may be resolved with appropriate services within a public school, on-campus school, or other educational setting.

Behaviors/characteristics:

Children at this level may have displayed or manifested some of the following:

- ☐ deliberately or impulsively destroyed property while in a structured setting
- ☐ sexual acting out behaviors, with or without aggression, that are more opportunistic and/or situational, or sexual acting out that is planned, but no current aggression; responds positively to treatment
- ☐ recent self-injurious behavior which has not warranted serious medical or extensive treatment
- ☐ run away and at moderate risk to engage in high risk situations
- ☐ pre-delinquent / delinquent behaviors which may include stealing from peers, rule violations, etc
- ☐ difficulty with impulsive behaviors that episodically results in safety concerns
- ☐ drug/alcohol abuse that poses a risk to self or others
- ☐ enuresis or encopresis, or have a history of one or both; may respond to an intensive behavior protocol
- ☐ inflexibly adhere to routines or rituals and has difficulty with transitions
- ☐ may have an existing eating disorder, but is not medically compromised
- ☐ active psychotic symptoms but poses no risk to self or others
- ☐ odd or bizarre behaviors and may pose a moderate risk to self or others and/or has impairment in functioning
- ☐ regular problems with personal hygiene, either on-going or when angry/depressed
- ☐ history of fire setting that is experimental or episodic; there is no evidence of intent to injure or destroy property, or preoccupation with fire
- ☐ cruelty to animals

* If available, current CAFAS scores on 8 scales would generally be expected to be in the 110-150 range.

** If available, current CALOCUS scores would generally be expected to fall between 23-27.

At this level, children may have serious to severe outbursts in group settings, making it difficult for them to participate in routines. They have trouble accepting feedback and/or changing behaviors. May show marked difficulty accepting responsibility for behavior and/or show little or no regret or remorse for inappropriate behavior.

These children may have a history of living on the streets and being involved with street culture with behaviors that could include gang involvement, use and selling of illegal substances, and prostitution.

Must show at least minimal positive response to treatment interventions.

Medical:

*Medically fragile at this level in a specialized foster care setting. The child requires time-intensive treatments/procedures to be performed daily by the caregiver. Each individual procedure is estimated to take 30 minutes.

Child/infant:

- ☐ has a medical condition which requires management with medications
- ☐ has a tracheostomy
- ☐ is oxygen dependent
- ☐ has persistent reflux
- ☐ requires oral feedings that take at least 30 minutes
- ☐ requires tube feedings
- ☐ requires nebulizer treatments
- ☐ requires medications by mouth, feeding tube, injection or suppository
- ☐ requires ostomy care
- ☐ has any type of cast
- ☐ has blindness or severe visual impairment
- ☐ has deafness or severe hearing impairment
- ☐ has speech impairment
- ☐ has complete or partial paralysis (in child weighing 20 pounds or more)
- ☐ has self-harmful behaviors
- ☐ requires individual/family therapy 1-2 times per month
- ☐ depends on medication to keep a life-threatening condition under control. May have one or more of the following:
 - ☐ asthma
 - ☐ chronic lung disease
 - ☐ diabetes
 - ☐ heart disease
 - ☐ HIV infection
 - ☐ HIV exposure with medications
 - ☐ chronic kidney disease being maintained by dialysis

Treatment/intervention history:

Has a history of inconsistent response to treatment. It is likely that multiple interventions have been tried, unsuccessfully. Will likely need intensive and/or specialized support services to be safe. Child may be stepping down from Level 6. History would suggest one or more hospitalizations and may have a history of being incarcerated.

Services / Interventions:Level 5 (intermediate to intensive):

At this level, services and treatment are provided in a therapeutic residential setting or a highly trained and supported therapeutic foster home with only one therapeutic foster child in their home. For medically fragile children, time-intensive treatments/procedures are required to be performed daily.

Services required at previous Levels are arranged or provided. In addition, the following services are available to children with Level 5 needs:

Support Services:

1. 24-hour awake supervision in Institutional Care
2. Access to specialized respite care

Education:

On-site school available and approved by the Georgia Department of Education (DOE) or access to community based school provided by the Georgia DOE

Additional Level 5 service elements for children who are medically fragile:**Medical Procedures and/or Services (Lasting approximately 30 minutes):**

1. Oxygen
2. Oral feeding (taking at least 30 minutes)
3. Tube feeding
4. Nebulizer treatments
5. Daily injections
6. Ostomy care
7. Hospital training for caregivers, including all treatments and medications
8. 24 hour on-call RN
9. Home visits by RN as needed
10. Agreements or relationships with other community resources to provide assistance
11. Taking child to medical appointments/follow-up
12. Access to emergency care when needed
13. Providing or arranging for physical therapy
14. Provision and maintenance of medical supplies and equipment
15. Provision and maintenance of medications and/or specialized formula
16. 24 hour supervision
17. Access to or provision of specialized respite care
18. Close contact and communication with all medical providers

Level 6:

Severe emotional and/or behavioral management problems that interfere with the client's ability to function in the family, school and community setting outside of a therapeutic environment.

Children at this level have usually had previous treatment, but have not achieved remission of symptoms. Whatever gains were attained in treatment have limited success, even for limited time periods in structured settings. Developmental pressures and life changes have created episodes of turmoil or sustained distress.

*(There may be exceptions** which go above and beyond the child typically treated at this level. In these instances, a waiver request may be made to increase the per diem in order to provide increased services beyond what is usual. These waivers would be time-limited and reviewed more frequently.)*

Family/Peer relationships:

- ☐ ongoing history of aggression towards family members
- ☐ physically aggressive with peers
- ☐ frequent outbursts where client becomes dangerous to self/others
- ☐ ongoing trouble with all relationships
- ☐ difficulty attaching to others
- ☐ engaged in sexually reactive or abusive behaviors
- ☐ poor boundaries or violation of the rights of others

Contact with family is non-existent or very conflictual/chaotic. Relationships with peers are impaired and conflict is common.

Emotional functioning*:

Child has a mental health diagnosis. Diagnoses would likely indicate the presence of a mood disorder, thought disorder, behavior disorder or cognitive disorder.*

High levels of:

- ☐ anxiety
- ☐ depression
- ☐ hyperactivity
- ☐ hypoactivity
- ☐ moodiness
- ☐ withdrawal
- ☐ impulsivity
- ☐ defiance
- ☐ aggression

Family/care-givers and school personnel report that functioning is socially inappropriate; child's emotional functioning may be incongruent with chronological age. Children at this level have difficulty participating and benefiting from individual, family and/or group therapy.

* Emotional functioning should be determined through legitimate documentation (ie- psychological / psychiatric evaluation) and/or as assessed by a licensed professional or master level professional

Educational functioning:

- ☐ excessive absences
- ☐ frequent school suspensions
- ☐ history of expulsions
- ☐ history of disciplinary actions
- ☐ failure and/or inability to learn
- ☐ IEP with placement in specialized classes

Client has to be able to have some school program designed for him/her that is workable in the community.

Behaviors/characteristics:

Children at this level may have displayed or manifested some of the following:

- ☐ deliberately or impulsively destroyed property while in a structured setting
- ☐ sexual acting out behaviors, with or without aggression, that may be opportunistic, situational or planned with significant aggression or significant emotional disturbance; poor response to other levels of care
- ☐ recurrent and/or severe self-injurious or suicidal behavior
- ☐ homicidal or suicidal intent with a plan to carry out
- ☐ run away with involvement in situations where serious injury has occurred or is highly likely to occur
- ☐ delinquent behaviors
- ☐ impulsive behaviors to the extent that there is clear and persistent inability to maintain physical safety
- ☐ drug/alcohol abuse and/or dependency; not responsive to treatment and poses a risk to self or others
- ☐ enuresis or encopresis with smearing of feces, or have a history of one or both; not responsive to an intensive behavior protocol
- ☐ inflexibly adheres to routines or rituals and has difficulty with transitions, which may lead to serious harm to self or others or extremely aggressive behaviors
- ☐ may have an eating disorder that poses a medical risk and requires medical intervention (i.e.: severe drop in body weight in a short period of time, a drop in blood pressure or pulse)
- ☐ active psychotic symptoms and poses a risk to self or others
- ☐ odd or bizarre behaviors which pose a significant risk to self or others and/or impairment in functioning
- ☐ serious problems with personal hygiene, either on-going or when angry/depressed
- ☐ fire setting behaviors that are planned with an intent to injure, destroy property and/or preoccupation with fire

- ☐ cruelty to animals
- ☐ exhibited behaviors which places community at risk over and above the afore-mentioned behaviors
- * If available, current CAFAS scores on 8 scales would generally be expected to be 140 or higher.
- ** If available, current CALOCUS scores would generally be expected to fall at 28 or higher.

At this level, children have frequent severe outbursts in group settings, making it difficult for them to participate in routines. They have trouble accepting feedback and/or changing behaviors. Show marked difficulty accepting responsibility for behavior and/or show little or no regret or remorse for inappropriate behavior.

These children may have a history of living on the streets and being involved with street culture with behaviors that could include gang involvement, use and selling of illegal substances, and prostitution.

May show minimal or no positive response to treatment interventions.

Medical:

It can be anticipated that a child at this level will have future hospitalization as a part of treatment.

Child/infant:

- ☐ has a known need for surgery at time of intake
- ☐ has a shunt placed in head
- ☐ has a shunt placed in heart
- ☐ has had other previous heart surgery
- ☐ has cystic fibrosis
- ☐ has brain stem only
- ☐ has a genetic disorder that affects heart, lung, or brain function
- ☐ has an iv line that has been surgically placed (central line)
- ☐ is dependent on iv fluids
- ☐ has short-gut syndrome
- ☐ has a seizure disorder that requires 2 or more medications for control
- ☐ is non-compliant with medication or medical instructions (adolescent)
- ☐ is recuperating from surgery that was done less than 6 weeks prior to intake
- ☐ has uncontrolled diabetes
- ☐ has uncontrolled asthma
- ☐ has uncontrolled seizure disorder
- ☐ is on a blood thinner
- ☐ has sickle cell disease with documented crises
- ☐ HIV disease which is resistant to medication
- ☐ HIV disease which is documented as untreated
- ☐ respirator dependence
- ☐ comatose
- ☐ officially awaiting a kidney transplant

Treatment/intervention history:

Has a history of inconsistent response to treatment. Multiple interventions have been tried, unsuccessfully. Will need intensive and/or specialized support services to be safe. History would suggest one or more hospitalizations and may have a history of being incarcerated.

Waiver qualifications

Severe emotional/behavioral management disturbance that profoundly interferes with child's functioning such that the child poses an imminent risk to self or others, defined by:

- ** Having a communicable disease and exhibiting reckless behaviors that endangers the community at large or the therapeutic milieu at the facility (examples: Hepatitis B, HIV, etc.)
- ** Unstable medical complications in combination with mental illness (ie: diabetes, pseudo-seizures, seizures, eating disorders)
- ** Autistic spectrum diagnoses
- ** Closed head injuries
- ** Needing 1:1 precautions as ordered by the attending physician for a period of 7 days or more (examples: self-injurious behavior, fixed pattern AWOL behavior, suicide behavior, sexual behaviors)
- ** Needing 2:1 staffing ratio as ordered by attending physician due to continuous risk of false allegations against staff that are of a sexual nature
- ** Having moderate to severe mental retardation in combination with mental illness
- ** Emergency placements of children who are exhibiting acute behaviors; receiving facility does not require a face-to-face interview prior to placement
- ** Psychotic, aggressive, stalking sexual offenders

Services / Interventions

Level 6 (intensive):

At this level, services and treatment are provided within an intense structured setting, with 24 hour treatment, supervision and medical care. Secure programming is available. There are formalized therapeutic interventions. Therapies occur more frequently, and the treatment plan is implemented in all aspects of the child's daily living routine.

Services required at previous Levels are arranged or provided. In addition, the following services are available to children with Level 6 needs:

Treatment – Psychiatric Services & Medication Monitoring:

1. Psychotropic medications as needed (PRNs)
2. Mechanical restraints
3. On-site crisis stabilization
4. Poly pharmacy of psychotropic medications
5. 24 hour RN on site and psychiatrists on staff and on-call
6. Staffing ratios of 1:4 or less with capacity to do 1:1 staff monitoring
7. Comprehensive, multi-disciplinary treatment services provided under the direction of a psychiatrist

Education:

On-site school available and approved by the Georgia Department of Education

Additional Level 6 service elements for children who are medically fragile:

Medical Procedures and/or Services:

1. Specialized training in all areas (including medications and treatments) is given to caregivers prior to the child leaving the hospital
2. Coordination of home-care nursing with other home medical services
3. Caregivers are able to spend time with the child during hospitalizations
4. Precautions are available for children with low immunity to disease and/or illness

Appendix A

Services/Interventions

As specified in the Indicator Manual, some minimum services and interventions are required for each Level of Care an agency provides. In addition, many agencies provide supplemental or additional services to children in care, based on the resources and philosophies of their programs and surrounding community supports. This is intended to be a more comprehensive listing of services/interventions which may be available through agencies at the Levels indicated.

All Levels:

- | | |
|---|--|
| <input type="checkbox"/> transportation | <input type="checkbox"/> recreational therapy |
| <input type="checkbox"/> case management | <input type="checkbox"/> art therapy |
| <input type="checkbox"/> ongoing assessment | <input type="checkbox"/> substance abuse education |
| <input type="checkbox"/> community based recreational activities & services | <input type="checkbox"/> life skills training |
| <input type="checkbox"/> individual therapy | <input type="checkbox"/> oral medication management |
| <input type="checkbox"/> group therapy | <input type="checkbox"/> self-care, personal hygiene |
| <input type="checkbox"/> family therapy | <input type="checkbox"/> independent living skills |
| <input type="checkbox"/> psycho-educational groups | <input type="checkbox"/> respite care |
| <input type="checkbox"/> educational services: | <input type="checkbox"/> reunification services |
| <input type="checkbox"/> public school | <input type="checkbox"/> aftercare services |
| <input type="checkbox"/> tutoring | <input type="checkbox"/> behavior management system |
| <input type="checkbox"/> mentoring | <input type="checkbox"/> crisis intervention |
| | <input type="checkbox"/> family support |

In addition, beginning at the level indicated, services may include:

Level 2:

- ☐ educational services:
 - ☐ GED services
 - ☐ IEP
 - ☐ LD, BD and/or EBD classrooms

Level 3:

- ☐ educational services:
 - ☐ self-contained classrooms (Level 3 or higher)
- ☐ anger management

Level 4:

- ☐ occupational therapy
- ☐ speech/hearing services
- ☐ physical therapy
- ☐ vision therapies
- ☐ therapeutic interventions in the milieu
- ☐ containment (therapeutic holds/physical restraints; behavior control rooms)
- ☐ focused behavior protocols (ie-aggression; medical problems; sexual acting out; etc.)

Level 5:

- ❑ 24 hour supervision
- ❑ specialized respite care
- ❑ medical procedures and/or services (lasting approximately 30 minutes each)
 - oxygen
 - oral feeding (taking at least 30 minutes)
 - tube feeding
 - nebulizer treatments
 - daily injections
 - ostomy care
 - hospital training for caregivers, including all treatments & medications
 - 24-hour on-call RN
 - home visits by RN as needed
 - community resource assistance
 - medical appointments / follow-up
 - emergency care access as needed
 - physical therapy
 - provision and maintenance of medical supplies & equipment
 - provision and maintenance of medications and/or specialized formula

Level 6:

- ❑ psychiatric services and medication monitoring
 - prns
 - i.m.s
 - mechanical restraints
 - crisis stabilization
 - poly pharmacy of psychotropic medications
- ❑ medical procedures and/or services
 - specialized training in all areas (including medications and treatments) for all caregivers prior to leaving hospital
 - medical appointments / follow-up
 - close contact & communication with all medical providers
 - entry to emergency medical system as necessary
 - environment provided that is favorable to children with low immunity to disease and/or illness
 - coordination of home-care nursing and other home medical services
 - availability of caregivers to spend time with child while hospitalized
- ❑ staffing ratios are generally 1:4 (or less) with the capacity to do 1:1 staff monitoring
- ❑ 24 hour nursing (RN), psychologists and psychiatrists on staff and on-call
- ❑ intensive family therapy involvement
- ❑ substance abuse treatment
- ❑ on-site school available

GLOSSARY OF TERMS

BD - Behavior Disordered. Used as a classification on an IEP.

CAFAS- Child and Adolescent Functional Assessment Scale. A tool designed by Dr. Kay Hodges used to evaluate youth functioning in the following areas: school/work, home, community, behavior toward others, mood, self harm, substance use and thinking. It is an assessment tool used currently by MATCH service providers.

Chronic - Impairment or symptoms occur over a long period of time and may always be present to some degree.

DJJ - Department of Juvenile Justice.

EBD - Emotional and Behavior Disordered. Used as a classification on an IEP.

GED - General Equivalency Diploma.

IEP - Individual Education Plan. Developed for every child receiving Special Education services.

ISS - In-school suspension.

LD - Learning Disordered. Used as a classification on an IEP.

***Mild** - Behavior has little or no effect on daily functioning or placement needs.

***Moderate** -Behavior causes significant problems or distress for child and/or caregivers and may have an effect on placement needs.

Psychosis - A disturbance that has any or all of the following symptoms: delusions, hallucinations, disorganized speech grossly disorganized or catatonic behavior. May occur as a result of a mental illness or drug use.

RYDC - Regional Youth Detention Center.

***Serious** - Behavior causes major or persistent distress for child and/or caregivers. Behavior has an impact on placement needs.

***Severe** - Behavior causes [extreme] disruption or incapacitation for child and/or caregivers. Behavior requires specialized placement.

SST - The student support team utilized to divert kids from needing formal Special Education services.

*** Taken from the CAFAS language and Behavior Checklist**