# CHILDREN'S TREATMENT SERVICES
# LEVEL OF CARE (LOC) DETERMINATION-ATTESTATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 831 (7-2024)

Clear Fields

*This document is specific for Children's Treatment Services **LOC Determinations** initial and continued stay reviews. This document is specific to children placed in a ND PRTF, QRTP or TFC levels of care and documents that shall be submitted from the treatment agency to Maximus with a copy sent to the custodian and parent or guardian as supporting documentation for the initial or continued stay review.*

| Treatment Agency | Current Level of Care ☐ PRTF ☐ QRTP ☐ TFC |
|---|---|
| Name of Child | Child's Admission Date |
| Name of Custodian, Parent or Guardian | Approval Expiration Date |

**Assessment Type (supporting documents must be submitted with this form when completed)**

☐ **Initial-Emergent Placement** (Must submit to Assessment Pro within 48 hours of admission)

Documentation Required: (check all that apply)

- ☐ Suicide Risk Screening
- ☐ Mental Health Screening
- ☐ Health Screening
- ☐ Other (describe below):

☐ **Continued Stay Review** (Must submit no greater than 20 days prior to expiration and no less than 14 days before approval expires.)

Documentation Required: (check all that apply)

- ☐ Treatment Plan(s)
- ☐ Documentation of Discharge Planning
- ☐ Assessment(s) or Specialist Evaluations
- ☐ Individual/Group/Family Therapy Notes
- ☐ Psychiatric Notes ☐ Incident Reports
- ☐ Behavior Logs ☐ Visitation Documentation
- ☐ Other (describe below):

Summary of child's current symptoms and behaviors pertinent to the last 90 days that require continued treatment:

**By typing my name below, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I agree that the electronic signature appearing on this document has the same validity and enforceability as a handwritten signature**

**Treatment Agency Contact Information**

| Employee Name | Agency Role | Date |
|---|---|---|
| Telephone Number | Email Address | |