NEBRASKA FOSTER CARE REIMBURSEMENT RATE COMMITTEE
Level of Care Assessment Subcommittee
Final Report
November 2012

Members:

Lana Temple-Plotz (Chair), Carrie Hauschild, Susan Henrie, Rosey Higgs, Joan Kinsey, Karen Knapp, Carol Krueger, David Newell, Barb Nissen

Meeting Dates:

Thursday, June 28, 2012. 9:00 – 10:30 am
Wednesday, July 11, 1-2 pm
Monday, July 30, 10 am – 12 pm
Friday, August 17, 1-3 pm
Wednesday, September 5, 10 am -12 pm
Monday, September 17, 10 am – 12 pm
Thursday, October 11, 12:30 - 2 pm
Monday, October 22, 10 am-12 pm

Recommendations:

The Level of Care Subcommittee took a systematic approach to the development of a tool including:

1. Obtaining feedback from DHHS staff, child placing agency staff and foster parents on the tools currently or recently in use
2. Researching tools utilized by other states
3. Soliciting knowledge and logistical know-how from experts in the field

LOC Subcommittee members spoke with DHHS and child placing agency staff from four of the five service areas. Additionally, seventy-nine foster parents from every region of the state were interviewed. Feedback on the tools varied. Based on these interviews and the expertise of the subcommittee, we deemed the FC Pay checklist to be subjective and not user-friendly, especially as it relates to facilitating an open discussion with foster parents. The tool also lacks enough specifics related to the assessment of infants, specifically those with developmental delays or chronic medical conditions. Subcommittee members also found the tool problematic in terms of its connection to adoption and guardianship subsidies. In reviewing the Child Need Assessment for Out of Home Care and the NFC Foster Care Rate Evaluation, subcommittee members were concerned with the focus on older youth, and the lack of clarity with some of the items and scoring. Overall, members discussed at great length the tendency of all of these tools to focus only on negative behaviors and for those completing the tool to look at the entire history of the youth thus potentially assuming more pathology than is currently present. Specific feedback on all of the tools can be found in the Appendix.

Subcommittee members researched and evaluated level of care tools from eight states including Arizona, Illinois, Indiana, Iowa, Michigan, Vermont, Washington and Wisconsin. In reviewing these tools we saw a shift in several states from child needs and behaviors to caregiver responsibilities. Tools that focused on the responsibilities of the caregivers versus the child's needs and trauma history more closely aligned with the subcommittee's conviction that the specific skills, abilities and expertise of the caregiver, and how they relate to the individualized needs of the child, should be at the center of the conversation when determining level of care.

Once the decision was made to focus on caregiver responsibility, subcommittee members solicited feedback and expertise from a variety of individuals within Nebraska and in other states. Talking with individuals who had experienced a restructuring of rates and changes to their level of care tools and lived to tell about it was most helpful. These experts were eager to share their knowledge and provided important insight. Their lessons learned are woven throughout our recommendations and can be found in their entirety in the Appendix.

Tools -

Youth Assessment:

In order to determine caregiver responsibilities, the subcommittee agreed that a mechanism for assessing youth strengths and needs is necessary. We recommend the Child and Adolescent Needs and Strengths or CANS Comprehensive – 5+ (see Appendix). The CANS is an "information integration process" and 28 states are currently utilizing variations of the tool in the areas of Child Welfare, Mental Health and Juvenile Justice. Dr. John Lyons, CANS developer, describes the tool as designed to create a shared vision and resolve conflicts in systems. The CANS is designed to focus on strengths as well as needs and centers on the previous 30 days versus the entire history of the child. There are no restrictions related to the frequency of completion and training costs are minimal.

Dr. Lyons and several others experts recommended not linking the CANS directly to rates. Several states have done this and experienced a multitude of problems because of it. In order to ensure the CANS is not tied directly to rates, the subcommittee recommends information from the CANS be used to determine the strengths and needs of the child. This information can then be used to determine what responsibilities the caregiver will take on. The caregiver responsibilities tool is described more comprehensively in the next section.

Many states who are currently using the CANS have also adopted Structured Decision Making (SDM) as their safety model. Tennessee, Indiana and Wisconsin have successfully integrated these two tools and found them to be compatible. Shannon Flasch, Associate Director at the Children's Research Center, has offered to assist us in integrating the CANS within existing SDM processes to minimize duplicate work. In addition to being compatible with Nebraska's existing safety model, Magellan requires completion of the CANS (Mental Health Version) by

Psychiatric Residential Treatment Facilities and Therapeutic Group Homes. Use of the CANS by community-based providers will help improve communication between systems and lead to greater continuity in service planning. Data and implementation feedback from Magellan and other states will also prove beneficial throughout the implementation and ongoing quality assurance process.

Caregiver Responsibilities:

Once child needs are assessed, this information can be used to determine the responsibilities of the caregiver. The subcommittee built on the expertise of other states when developing this tool, primarily focusing on tools from Washington and Vermont. In developing the tool, subcommittee members made some basics assumptions including:

1. The base rate for all foster parents will now be enough to adequately meet the needs of the child
2. All children in care experience some level of trauma and individuals should consider both normal childhood development, as well as, what is developmentally appropriate for a youth in foster care when completing the tool

Caregiver responsibilities outlined within the tool include: Medical/Physical Health and Well-Being (LOC1); Family Relationships/Cultural Identity (LOC2); Supervision/Structure/Behavioral & Emotional (LOC3); Education/Cognitive Development (LOC4); Socialization/Age-Appropriate Expectations (LOC5); Support/Nurturance/Well-Being (LOC6); Placement Stability (LOC7); and Transition to Permanency and/or Independent Living (LOC8). Members utilized definitions and descriptors from existing caregiver tools and modified them to address the needs and concerns specific to our state.

In developing their tool, Vermont put particular emphasis on the level of responsibility of the caregiver in the area of Supervision/Structure/Behavioral and Emotional (LOC3), including the rating from this level in every reimbursement category. In analyzing their population and current tool prior to the implementation of caregiver responsibilities, they determined this area had the greatest impact on overall responsibilities and difficulty of care. Vermont also determined this area to be most directly linked to Level of Care decisions defined through their SDM tools. For discussion purposes, we have included Vermont's rate distribution in our tool. Further analysis of Nebraska's population utilizing this new tool should be conducted prior to defining reimbursement categories. (See the Appendix for the full version of the tool).

For further discussion, Vermont rates include:

LOC 3 is 2 and total score less than 16	$30/day
LOC 3 is 2 and total score is 16 or greater	$36.66/day
LOC 3 is 3 and total score is less than 19	$36.66/day
LOC 3 is 3 and total score is 19 -21	$43.32/day
LOC 3 is 3 and total score is 22 or greater	$50/day

Particular attention was paid to transportation and its impact on placement and foster parent responsibilities. In the end, the subcommittee recommends utilizing the existing transportation policy to address this issue. We included the policy within the body of the tool to ensure both foster parents and staff are well informed.

Many of the states we talked with brought up the issue of bias on the part of the caseworker or agency staff when working directly with a foster parent to complete a level of care assessment. Washington State incorporated a foster care rate assessor within their process and the addition of this objective staff person improved both the timeliness and the accuracy of the tool. Given this, we recommend the addition of a similar position.

It's important to stress that the focus of the tool is not on the child's overall needs, but on the specific responsibilities the caregiver will take on related to those needs. For example, if a youth has medical needs requiring 24/7 around the clock nursing care and is currently in a placement where medical specialists come into the home to provide this service, the foster parent would not be responsible to provide this level of care and thus, it would not be outlined on the caregiver responsibility tool. If however, the foster parent was a trained medical professional and cared for the child full-time without the need for outside medical professionals, these responsibilities would be outlined on the tool and the foster parent would be expected to fulfill them.

Subcommittee members recognize that transitioning from child needs to caregiver responsibilities requires a significant shift in focus. As such, we recommend a thorough and comprehensive training plan and an ongoing quality assurance process. These systems are described in greater detail in future sections.

Process -

The Structured Decision Making (SDM) Family Strengths and Needs tool will be completed on the family at intake. Information from the strengths portion of this tool will then be utilized in the completion of the Child and Adolescent Needs and Strengths (CANS). The CANS will be completed within the first 30 days in out-of-home care. Once the needs of the youth are determined, the Nebraska Caregiver Responsibilities tool will be completed within 30 days of placement to determine what needs the foster parent will be responsible for. Foster parents will initially receive the base rate unless there is adequate information on the youth to complete the CANS and Nebraska Caregiver Responsibilities tool (i.e., service plans/discharge plans from foster home, group home, PRTF, etc.).

Training, Implementation and Quality Assurance -

The LOC subcommittee spent a significant amount of time discussing training, implementation and quality assurance processes and their importance to the overall success of this initiative

within our state. After conducting interviews with a number of experts in other states who have developed and implemented rate structuring and level of care tools we recommend:

1. Development of a comprehensive communication and training plan
2. Piloting the tools and processes prior to statewide implementation, and
3. Development of a thorough quality assurance process

The subcommittee recommends the Communication and Training Plan include thorough communication to all stakeholders with an initial focus on the pilot population. Lessons learned in the pilot can then be included in the communication plan prior to statewide implementation. The inclusion of a message to foster parents that there will be a hold harmless period and initially, rates will not go down, will minimize any overreaction and help to alleviate any widespread concern.

The subcommittee recommends the development and piloting of a thorough training process prior to full implementation. It will be important to illustrate the link between Structured Decision Making, Youth Needs (CANS) and Caregiver Responsibilities. Additionally, information on how the caregiver responsibilities tool links to adoption subsidies, and the importance of foster parents being present during completion of the tool, should be covered. An overview of existing foster parent policies including the grievance process, transportation guidelines, and liability insurance should also be outlined. Further, all parties should understand that level of care payments are time limited and the expectation is that payments will decrease as youth get better thus requiring less caregiver responsibilities, except in cases where youth have chronic conditions. All stakeholders including foster parents, case managers, supervisors, and child placing agency staff should be invited to attend. Integrating all these parties into each training class will enhance communication between groups and promote trust and mutual understanding. Given the importance of the child needs tool and his experience with implementing the tool in other states, training of the Child and Adolescent Strengths and Needs should be conducted by John Lyons.

The subcommittee recommends the development of a well thought out pilot process to ensure we “practice” using the new tools and work out any issues prior to statewide implementation. The subcommittee recommends choosing two regions, one urban and one rural and piloting the Nebraska Caregiver Responsibilities tool and the Child and Adolescent Needs and Strengths for at least 90 days. This pilot should include relative caregivers. Throughout the pilot a mechanism for providing feedback on the tools and their implementation should be provided to foster parents, DHHS staff and providers. Particular attention should be paid to the overall implementation of the tools and any caregiver responsibilities that may fall outside those outlined in the Nebraska Caregiver Responsibilities tool. Those youth whose care needs are not outlined within the existing tool can be further reviewed and the creation of an exceptions list and an override mechanism can then be developed. Feedback from the pilot can then be used to develop a statewide implementation plan. If the pilot cannot be conducted within the current legislative session, the subcommittee recommends piloting the proposed system before it’s funded and comparing the data to the current tools.

A comprehensive quality assurance process should be developed to include overriding principles, purpose, objectives and membership. We recommend Regional Review/Implementation Panels (RRP) made up of foster parents, a local NFAPA representative, DHHS representatives (direct care and administrative), child placing agency representatives (direct care and administrative), and representatives from Developmental Disabilities and Behavioral Health. The panel's purpose is to review grievances to identify patterns and/or systems issues related to the tool and its implementation, make decisions and determine next steps. We recommend RRP's report up to the Reimbursement Rate Committee who in turn make recommendations to the Children's Commission and others to improve both level of care processes and individual tools. Additional quality assurance issues to consider include assessing inter-rater reliability. This can be done by utilizing existing DHHS staff.

Impact on Permanency -

Subcommittee members recognize that any changes to the level of care tool have a direct impact on adoptions and guardianships. Of particular importance is the potential for delays in adoptions should the base rate increase as recommended by the larger committee. This may cause delays as staff or foster parents request an updated assessment using the new tools. Additionally, families who have already finalized may learn about the new rates and request the opportunity to renegotiate their subsidy. To address these issues the subcommittee recommends the following:

1. All adoptions eligible for a subsidy receive the base rate or higher, depending on the needs of the child and the responsibilities of the caregiver
2. Adoption rates increase as the child ages in line with the minimum rates established by the Rate Committee
3. Upon implementation of the new rates, an automated process be initiated to bring all existing adoption subsidies falling below the minimum standards up to the base rate

Summary:

The Level of Care Subcommittee has enjoyed this opportunity to research and develop a new level of care tool for the state of Nebraska. There is a great deal of experience and expertise available from practitioners in other states and this committee has spent a considerable amount of time researching, discussing and visualizing the potential implementation of a number of tools before finalizing our recommendations.

Critical to the success of this initiative are the communication, training and quality assurance processes. Successful implementation requires a well thought out communication plan that emphasizes the value our state puts on our foster parents; a comprehensive training plan that allows foster parents, DHHS and agency staff to come together and learn from one another; and an ongoing quality assurance process that integrates lessons learned. Without these important components the tool, and in turn the care we provide to the children and youth it's meant to help, will be useless.

Attachments

Tools Reviewed

Level of Care -

1. Arizona – Assessment for Placement and/or Special Rate Evaluation
2. Illinois – Levels of Care Assessment Form
3. Indiana – Caregiver Strengths and Needs Assessment
4. Iowa – Foster Child Behavioral Assessment Form
5. Michigan – Assessment for Determination of Care for Medically Fragile Children in Foster Care
6. Nebraska –
   a. Child Need Assessment for Out of Home Care – developed and used by previous lead agencies
   b. FC Pay Checklist – used by HHS
   c. NFC Foster Care Rate Evaluation – developed and used by NFC
7. Vermont – Vermont Social and Rehabilitation Caregiver Responsibilities
8. Washington – Division of Children and Family Services Foster Care Rate Assessment
9. Wisconsin – Foster Care Levels of Service Assessment

Other -

1. Child and Adolescent Needs and Strengths (CANS)
2. Structured Decision Making (SDM) Strengths and Needs Assessment

Current Assessment Tools Feedback

Northern and Western Service Areas:

Child Need Assessment for Out of Home Care -
Strengths:
- Organized in a sensible way
- Scoring is easy to understand and use
- Focuses on degree of the child's needs and not just on whether the behavior exists
- Requires narrative for justification/explanation of why each item is chosen
- Very inclusive list of varying behaviors and needs that could be encountered
- Give an accurate picture of the child's behavioral needs as well as the intervention/supervision necessary for the foster home to provide

Weaknesses:
- Combines frequency and severity of behaviors so some combinations may not be covered and could be unclear.
    - Example with #1 – if the child has sexual behavior but her displays the behavior weekly or less and there is no risk of harm to others or self would this be mild, moderate or severe?
    - #2 – there is not a clear distinction between moderate and severe needs
    - #5 – there are children who attend therapy once per month and no foster parent involvement is required. It is not clear whether moderate or mild would be chosen.
- No rating for a child with no needs.
- There is no place to total the score on the form and there is no place that tells you how the score applies to the outcome of the assessment

FC Pay Checklist -
Strengths:
- Easier to use because of familiarity
- Easy to understand
- Structured in a simple way
- Detailed questions and explanation of needs

Weaknesses:
- Does not allow for different degrees of behavioral issues as definitions are very specific
- Too black and white and does not help to provide for kids who has behaviors with no diagnosis.
- Lacks full evaluation of educational needs

NFC Foster Care Rate Evaluation -
Strengths:
- Ability to rate different issues as minimal, moderate or intensive
- If there is one intensive category then the overall score is intensive no matter what
- There are good examples of how each frequency level is applied to each behavior/category
- At the end of both categories there are spots to indicate whether the child has any diagnosis or medical conditions.

- Requires the child to be reviewed every 60 days.
- Short and tells you how to score the assessment.

Weaknesses:
- The last few categories in each section do not have examples for all 3 frequencies (minimal, moderate and intensive). This is confusing.
- When is the age appropriate box marked?
- There are several minor behavioral/emotional characteristics that are not covered clearly… for example, hyperactivity, suicidal thoughts (not attempts), sleeplessness, depression, anxiety.
- There is a category related to therapy but it is in regard to physical needs not mental health needs.
- Confusing.
- Why is age appropriate a choice for running away, using drugs and alcohol etc.
- Physical and personal care needs needed more explanation as well as explanation of payment and rates.

Additional Comments -
- None of the tools provide for transportation needs of older youth to work/after school activities
- Could there be more than one assessment tool (i.e. one specific to OJS wards)

Eastern Service Area:

Child Need Assessment for Out of Home Care -
- The NE Rate Assessment: this is nice because it gives specific behavioral examples to help delineate mild from moderate...etc.
- I am obviously a little biased towards our NFC assessment, but I actually also really like the one titled "Nebraska Foster Care Assessment Tool" due to the fact that it has a "justification" section for the FPS to provide rationale. I think this helps to provide a more individualized assessment for each youth and would also make it easier to compare future progress. I am not sure of what the actual process will look like, but I think the way we do it with the FPS, FCS, and foster parent all meeting is beneficial, because it provides the foster parent and FCS with some information about the kiddo early on and also gives the team a starting point to build goals and a plan.

FC Pay Checklist -
- Not currently being used

NFC Foster Care Rate Evaluation -
- Runaway: The criteria primarily meets needs of older youth. I have several younger youth who "flee" situations, placing them in danger. This is not necessarily a "runaway" but is definitely alarming and can be quite dangerous.
- School and Classroom: The criteria primarily meets needs of older youth. I have several younger youth who participate in Early Intervention services and/or need extra foster parent time to help them "catch up" to their developmental level.
- Peer Relationships: The criteria primarily meets needs of older youth. Younger children struggle with peer relationships as well, but it looks differently than the examples list.

- Overall, the tool seems to target older youth. Younger youth (0-12) often have high needs but because their specific issues are not listed on the NFC tool, they are ignored. It would be helpful to have a section to address "miscellaneous needs". Some children require extensive transportation in order to keep them involved in extracurricular activities at school. Some children require extensive transportation to unsupervised visits. Some children exhibit constant non-compliance, which does not fall into aggression or illegal, but can be quite exhausting for foster parents (for example, lying or manipulating).
- it's great that it breaks down minimal, from moderate, to intensive with clear definitions, but then within each definition phrases such as "frequently" and "occasionally" are used, in some instances, such as under runaway it's further objectified with numbers "8 or more times per year..5 or more days at a time..." I think the more concrete it can be the better, although it might create a more tedious tool and require more digging into history on the part of the FPS...which will be challenging.
- in terms of practice, it seems inconsistent to have "age appropriate" with behaviors such as "illegal" and "self-abusive." Can there be a clarifier at that check box, maybe it could read "age appropriate/non-existent" or something along those lines...

Additional Comments -
- Something more specific for older youth would be nice--like a rating for independent living, or youth who have graduated.
- I have experience with all three of the Nebraska tools and I know that the FC pay checklist is very concrete (yes or no) and the KVC/Visinet tool didn't account for when a youth had high needs in one section and minor needs in other sections. If there would be a way to do an average of the sections on that tool, it may be more effective. I think the NFC tool is good since it does take the highest rate category for the overall category. I am not as familiar with the CANS but will play around with it tomorrow. I do know that the tool should be straight forward and easy to score so that the workers understand how to use it.
- My three supervisors all concurred they like the evaluation assessment tool that NFC uses the best. They also believe there should be flexibility with any assessment tool in a situation where a unique need is not captured on a particular assessment. This would allow the CFS Specialist for Family Permanency Specialist the opportunity to trump an overall score and assign what he/'she believes to be the appropriate level. Supporting data (rationale for level) and sign off by a supervisor would be required.

South Central Behavioral Health Services:

Child Need Assessment for Out of Home Care -
- …seemed to be more on target. It was confusing by the sections being so cut into pieces, but I think it hit all of the major areas to look for. Positives were that it gave good detail in each section and broke down some options as "example 1 OR example 2" to check that section. Deltas-Maybe didn't have enough options for the educational section where it could give an option regarding "contact with school personnel". Just needs to be more specific as to what section can be checked when deciding intensity (mild vs. moderate).
- ….out of the three forms that I liked the best was the form that states at the top of the sheet, "Child Need Assessment for Out of Home Care."
- I did mine on an 8 year old little girl that the foster parents feel should be a level 3, but she comes out as a level 2 on the current assessment. I can tell you that I did not like the Nebraska Out-Of-Home Care assessment. At first I thought I did as the descriptions were

very detailed, but I think a lot of our kids would come out on Tier 1 and Tier 2 and it was a very long process.

FC Pay Checklist -

- "The FC Pay that we are currently using is looking better to me. The other two, although more descriptive were cumbersome."
- I completed all three of the payment determination for two youth, one is a 14 year old female and the other is a 6 year old male child that's in my own house for foster care. Here's what I saw happening for these two youth:
- The current FC pay for CSA shows a more accurate picture overall of the youth. (bio/social/medical/psych) However, it weights much more heavier on the medical, and not as fairly on the behaviorally challenged youth. (ODD, Conduct Disorder, Attention Seeking) It also does not pay much attention to youth that will require ongoing substance abuse counseling and treatment in the community and the accessibility for rural homes.

NFC Foster Care Rate Evaluation -

- It seems to be lacking several areas which I listed below. Its positives were that it had the minimal/moderate/intensive selections. It did not seem to cover the areas our kids need. The kid I was assessing is currently a tier 3 on FC Pay (recently re-did the FC Pay) and came out with only minimal overall needs on this form.
- Deltas: Missing the following areas to check: extra supervision, inappropriate public behavior/social skills problems, extra daily or independent living skills, impulsive/over-excitedness, distractibility so much that it impairs daily living or school performance, sleeplessness, excessive argumentativeness/disobedience, weekly therapy/counseling appointments, psychotropic meds
- The one assessment makes a very large step from the foster parent assisting with cares daily as minimal, to constant 24 hour one to one. There doesn't seem to be any middle ground in the tool.
- While it does offer an additional payment for Parenting Time, it does not address sibling visitation for youth that are in separate homes, sibling group placement and the chaos that this brings immediately to the foster home (four placements at once versus one at a time) and it does not address permanency goals/work that a foster family can be involved in that is very time consuming and far reaching. "
- "I have completed the out of home assessment forms in order to identify a tier level for our youth. The assessment tool, I didn't like the Nebraska Families Collaborative one at all. I think that the form didn't capture enough behavioral issues and was too simple.
- The best one was the Nebraska Families Collaborative assessment. Probably needs more detail in terms of what the basic rate would be and how to some up with the supplemental amount and exceptional payment, but I liked the idea of this one the best. On this form the little girl that I did it on would have been at the Intensive level. She is a RAD sibling group that should be a tier 3. I liked the basic rate and then adding on the extras and liked how they did it, but feel that their needs to be a little more detail and instructions put into it and then I would like it better.

CANS -

- "I too thought this model was great. I really loved all of the detail that it went into and how when a kid rates higher in some areas, then you move on to another section to complete in greater detail. It was really great how it captured so many areas and so much detail in that. I was confused by some of the ratings but think that just would take some

more explanation. All of the areas captured in this model seem to be all that one would need to assess almost all the needs of kids and the parents who care for them.
- I agree with Brenda that it would be difficult to complete this assessment in the first 30 days. I also think that it would be difficult to get some caseworkers to take the time to complete this because it took a great deal of time compared to the FC Pay."

- "I really like this model! It is very intensive, and offers a great picture of the youth and what they have experienced and lived through. It would also give the foster parent a great stepping off point and the YFS when developing goals and objectives. My only fear is gathering that much information at time of admission, and also only looking at the previous 30 days for some of the areas. I believe that for most of our workers, it would be hard to get all that information in the initial 30 days of placement if this is a new case. I love the Trauma module, and think that this would also be great information in choosing an appropriate therapist, and then to share with the therapist. This is also the only model I have seen that really addresses several areas such as mental health, developmental delays, etc."

Additional Comments -
- I completed my forms on a child that would be a tier 1 according to the current FC pay that is being used by HHS. On paper it shows that he has no issues but he is a difficult child due to him having fetal alcohol effects. This child needs a routine, will need a lot of life skill assistance and doesn't understand cause and effects of his actions. Some of the things that this committee should look at capturing are, questions like the following: Do they have basic math skills, Do they have concepts of money management skills, Do they have budgeting skills, Can they figure a check book, Do they have hygiene issues, Can they keep a job longer than a month, Can they wash dishes and do basic cleaning tasks, Do they need their life style to be consistent and repetitious in order for them to be successful in that environment.
- We are required by law to work on independent living skills with our children 16 years and older. I feel that many of our kids struggle in this area and especially the ones that have Fetal Alcohol effects or have other disorders that they are seeing counselors for. I just think that some of these basic things that we assume our kids can do need to be added as questions, to the out of home assessment tool. I would say about half of my kids that age out of the system can't do some of the things that I listed above due to trauma and other things have occurred in their lives. Our foster parents work on these day to day tasks with our children every day and need to be compensated for it."

Foster Parent Survey:

79 Foster Parents completed the survey.
- Central Service Area – 18
- Northern Service Area – 20
- Western Service Area – 9
- Eastern Service Area – 20
- Southeast Service Area – 12

What tool is currently being used to assess your foster child's needs?

Tool	NSA	WSA	CSA	ESA	SESA

FC Pay checklist	20	8	18	4	4
NFC Foster Rate Evaluation				12	
Child Need Assessment for Out Of Home Care					
Doesn't know		1		4	8

In your experience, have you been exposed to other assessment tools, if so what are the strengths/weaknesses of the tool?

Respondents did not identify any other tool but the FC Pay Checklist or NFC Foster Rate Evaluation.

What are the strengths of the tool?

Number responded	Response
FC Pay Checklist	
26	There are no strengths
17	It provides a good assessment of needs and/or behaviors
6	It is a good resource for knowing what behaviors to expect when a child comes into your care
3	No one has ever done a checklist with them. " Has never seen the list, other than at training, the agency just pays her"
1	The fact that it can be used to reevaluate the child is a strength
1	It really covers medically fragile children
NFC Foster Rate Evaluation	
8	There are no strengths
8	It covers everything and provides a really good evaluation of the child's needs/behaviors

What are the weaknesses or areas not addressed in this tool?

Number responded	Response
FC Pay Checklist	
14	• The Cost to raise a child shouldn't be determined only by behaviors. It costs just as much to raise a child that is well behaved as it does for one that has a lot of behavioral problems. How can they determine that one child needs to have more money than another child? What about the well behaved child that is involved in sports etc and requires more expensive clothing or equipment? It isn't fair that it is only the behaviors that determine what a foster parent gets for a child. • How can a child's behaviors determine what it cost to raise them. A child with no behaviors still has the same basic needs. How can one worker say a child needs a clothing voucher and another worker deny a voucher for another child within the same foster home? Most children come into care with very little belongings. It

	gets pretty expensive trying to bring them up to standard, and that is even before we receive any type of pay from the state.
12	Needs to rate sometimes, never. always on specific behaviors – should be able to rate each area , behavior, mental health, social skills should be rated moderate to severe – frequency of behavior ---needs to be more specific, the AdoptUsKids website rates kids by moderate to severe
8	Needs an area to document actual problems
6	Don't know what tool is – have never completed one
5	Daycare provider gets paid more than I do
5	Damage coverage, we have had drywall, carpet, windshields damaged with no reimbursement
4	There are no weaknesses
3	Behaviors constantly change
3	Inadequate for infant care – meth or addicted babies, medical fragile
2	Need one tool across the state
2	Transportation needs to be included
2	Worker does not respect opinion of foster parent – they don't live with child 24/7 and deal with behaviors
1	I think the only weakness is not so much the money as the follow up that is done after a child is placed. It is so hard to get return phone calls from caseworkers when you need an answer to something.
1	Doesn't cover teenagers specific needs
1	We don't do it for the money!
NFC Foster Rate Evaluation	
6	Not realistic to cost of living
4	No weaknesses
4	Needs to be Evaluated more often because behaviors are constantly changing
1	A tough tool to fill out if not educated
1	Some questions are to vague – like the one on lying
1	Inadequate for infants
1	Has 2 small kids & feels she is receiving to much money. They are getting a lot of money when all they need is asthma medication

Experts Interviewed

Nebraska -

- Bill Reay, President and CEO, Omni Behavioral Health
- Carl Chrisman, Supervisor, Magellan
- Lori Hack, Manager of Consumer Recovery, Magellan
- HHS and agency representatives from every region of Nebraska
- Seventy-nine foster parents from every region of Nebraska

Other States -

- Laura Boyd, FFTA Public Policy and Government Relations Consultant, Oklahoma
- Brad Bryant, People Places Inc., Virginia
- Shannon Flasch, Associate Director, Children's Research Center
- Amelia Franck-Meyer, Anu Family Services, Wisconsin
- Linda Hall, Executive Director, Wisconsin Sate Association of Providers
- Brenda Hallock, Child Welfare Resource Monitor, Vermont Department of Children and Families
- Carrie Kendig, Washington Department of Children and Families
- Dana Lawrence, Program Development Unit Chief, Vermont Department of Children and Families
- John Lyons, CANS Developer
- Heather McLain, Revenue Enhancement Manager, Vermont Department of Children and Families

Feedback from Experts

Brad Bryant, People Places, Inc., Virginia:

- ✓ Spoke with Brad Bryant from People Places Inc. in Virginia on 07/09/12 at 9:00.
- ✓ Brad states VA is county led with 120 counties; $ for subsides comes from the county
- ✓ Access to IV E dollars is what has driven the rate structure
    - VA initially passed up a lot of opportunities for federal $'s
    - First committee work was related to adoption subsidies which quickly led to inclusion of FC rates as well
- ✓ VA developed an instrument – Virginia Enhanced Maintenance Assessment Tool (V MAT) – based on Wisconsin tool.
    - Tool has three dimensions – behavioral, emotional, physical
    - Tool assesses degree of need of the child – three levels (minimum, moderate, severe)
    - Somewhat subjective – completed differently at each locality and depends on rater and circumstances
        - How bad do you need the placement?
        - How much money does your county have?
        - What is your county administrator's stance? What do they say about the tool and how to use it?
    - Not completed by HHS worker in charge of case; completed by HHS co-worker or another agency rep.
        - Assigned Worker and FP must be present
        - Tool cannot be completed by person with "greatest stakes in the outcome"
    - Tool is not standardized, reliable or scientifically valid
    - State trained staff in how to complete the tool
    - VA set upper and lower amounts/limits w/ each point worth a dollar amount; range of $320 plus basic maintenance to $2,880 (36 total points at $80/point)
    - Grievance and appeal process is in place – Brad sees this as very important
- ✓ VA is spending more money than prior to the statewide tool and the work of the rate committee
    - Amount spent on adoption subsidies has also gone up
    - State has looked at the amounts currently being paid out and putting a cap on this; possibility rates could be cut by 50-70%
    - Providers expressed concern at the onset of the change that rates may be too high - have come forward and stated they could take up to 30% cut in rates
- ✓ Tool is currently in the process of being revised
- ✓ Brad made point that "weak parents" who have children with "high indicators" end up receiving a greater rate than good parents who are able to manage a difficult child and help him get better – good parents get less and less money the better they do

<u>Take Away</u> -

- ✓ Important to consider the effect of rate structuring on recruitment and adoption?
- ✓ Tool needs input from people doing the work and the families it impacts
- ✓ Must consider total impact of rate increases not just now but into the future (Brad gave example of an adoption subsidy of $2,000/month for a 9 year old from now until he is 18…big cost to the state)
- ✓ Must consider cost of living when determining rates – VA did not do this initially and some of their rates are higher than New York City where the cost of living is much higher
- ✓ When developing tool build in:
    - Training
    - Who will complete the assessment
    - Ongoing re-evaluation of the tool
    - Grievance and appeal process

Amelia Franck Meyer, CEO, Anu Family Services, Wisconsin:

- ✓ Spoke with Amelia from Anu Family Services on 09/13/12.
- ✓ Amelia and her team were very involved in rate structure and level of care tools in Wisconsin
- ✓ Follow up call with others in Wisconsin on Tuesday, 09/18/12 to discuss lessons learned and how they integrate the CANS and SDM
- ✓ Wisconsin uses the CANS. They chose a tool, randomly assigned points to rates and began implementation. Amelia recommends the trauma informed version of the tool.
- ✓ County workers complete the tool in isolation of other members of the team.
- ✓ Overall, foster care rates went down by 10% across the state.
- ✓ They lost a lot of foster parents. They felt disregarded, disrespected and like they had to haggle for money, they also felt like there was too much of an emphasis on kids faults, they hated the negotiation part of it and felt foster parenting had turned into a monetary value versus emphasis on the social value.
- ✓ Rate negotiations take 5-10 hours for each youth placed (tx level)

Take Away -

- ✓ Do not tie tool to rates right away, pilot it for a year to see where your youth will fall.
- ✓ Leave rates as they are or increase to cost of living and complete the CANS on the kids coming into care and see where they fall. Once you have data you can determine where to set the rates for levels of care.
- ✓ Use the trauma informed version of the CANS
- ✓ Include foster parents – complete as a team or each complete and average the scores

Linda Hall, Executive Director, Wisconsin State Association of Providers:

- ✓ Wisconsin is county run. Prior to rate setting, Wisconsin agencies set their own rates
- ✓ 5 levels of care:
    - County Run - Kinship (1) and General (2)

- Agency Run – Treatment Foster Care (3&4), Shift Staffed Foster Care (5) – 1 or 2 youth in a home run by shift staff. Too intense for TFC; qualify for Medicaid waiver program and also use Block grant and local funds

- ✓ WI rushed through CANS implementation. It takes several years for people to get used to using the instrument. There was no practice time in WI
- ✓ CANS is a communication system, not a psychological evaluation or standardized instrument. If it is used correctly, it can lead to integrated service delivery but it was not designed and should not be used for setting rates.
  - WI cross walked CANS from level of need to setting rates.
  - Established a base payment of 400-450/month and $5.50 per point on the CANS. This is not working
  - CANS doesn't capture some of the issues kids have and the time intensive issues foster parents must deal with
  - In their system it is possible to add on supplemental monies but the state is being more prescriptive about what counties can approve as supplemental pay
  - Impacts adoption subsidy payments
  - CANS is very subjective. Linda's association trained 150 agency staff in WI. People have a hard time "living within the restraints of the instrument"
  - During training nearly all tests have to go back to Lyons to score and this can take as long as a month for people to get certified
- ✓ Providers and foster parents are not at the table when the CANS is completed. WI providers continue to advocate that FP's be at the table
- ✓ WI providers proposed a separate group, not counties, be responsible for the CANS – independent body with singular focus.
- ✓ WI looked at other tools to determine level of care and did not find any other tools
- ✓ Now providers know what's wrong with the system and have ideas on how to fix it but it's so complex and hard to explain and legislators and HHS are on to the next issue
- ✓ WI has developed a Rate Regulation Advisory Committee – legislated to study rates, made up of providers and HHS, developed principles and rules related to level of care and foster parent payment. Linda to send principles to Lana
- ✓ University of Indiana – operates a users group for CANS – outside reviewers, answers questions, establishes inter-rater reliability
- ✓ CANS used for wrap programs as well and they link the two tools together
- ✓ Linda recommends we look at Florida – they have done a lot of things right

<u>Take Away</u> -

- ✓ Conduct assessment first before you tie it to rates. Assess all kids, what services do we have/need as a state
- ✓ Implement in stages
- ✓ Don't tie CANS to money
- ✓ Foster parents must be at the table
- ✓ Quality assurance process necessary so we can go back and make changes
- ✓ If we use CANS an independent "users group" is necessary
- ✓ Simplify the process

Shannon Flasch, Associate Director, Children's Research Center, SDM:

- ✓ Shannon is Associate Director at the CRC. Most of her time is devoted to SDM development and implementation projects
- ✓ Shannon has played an extensive role in development and implementation process in Nebraska. She has been with the project from the very beginning, 12+ months, beginning in the summer of 2011 coordinating the workgroups. She has been in charge of all manual development, training of trainers, worked with DHHS trainers and is currently working with QA on the case review process.
- ✓ Shannon reports the Family Strengths and Needs Assessment looks at the child and their needs but does not translate the needs of the child into the level of care required
- ✓ Shannon is familiar with the CANS and reports in it much more detailed than the SDM. Difficult, hard to manage, high risk behaviors re not looked at in as fine a detail on the SDM as they are on the CANS and not to the degree necessary to determine level of care and foster care rates.
- ✓ Further, SDM is focused on the parents and the child, not the foster parents.
- ✓ Shannon reports there are ways to minimize overlap with whatever tool we choose. She offered to assist us in completing a detailed crosswalk with the identified tool and the SDM Family Strengths and Needs to look at how each tool will translate, making the process easier for workers and minimizing duplicate work. This would include looking at timelines and workflows for each tool. She also mentioned the possibility of incorporating a prompt system within NFOCUS to point out areas or overlap between tools and prompt the worker to go to a specific section of the next tool.

Take Away -

- ✓ SDM is not designed to determine level of care.
- ✓ Shannon and the CRC can help Nebraska integrate whatever tool we choose into existing SDM processes to minimize duplicate work.

Carrie Kendig, Washington Department of Children and Families:

- ✓ They changed to the caregiver responsibility assessment about 10 years ago
- ✓ There was difficulty in changing the mind set from child's behaviors to caregiver responsibility (the time spent by the caregiver in caring for the child). An example was an autistic foster child, if placed with a stay at home foster parent, they would receive a higher reimbursement while the same child in another setting where they attended a day program, the foster parent would receive a lesser reimbursement as they did not provide the same level/time of care.
- ✓ They had 9,000 to 10,000 children in care. When the social worker was completing the assessment, their 'likes and dislikes' regarding the caregiver/child/whatever, still impacted how the document was completed. This was resolved by hiring a Foster Care Rate Assessor full time. This person was more objective when completing the form and had the time to move quickly on completing the assessments. All children enter care at the lowest level until the assessment has been completed. Washington has 4 levels and 60% of the

children were at the lowest level, 20% level 2, 15% at level 3 and 5% were at the highest level.

- ✓ They created a Medically Fragile template as their assessment was not capturing the level on caregiver tasks and skills needed for the infants and special need younger children, i.e. tube feeding, cleaning of medical equipment,

Dana Lawrence, Program Development Unit Chief, Vermont Department of Children and Families:

- ✓ Dana was involved in the development and implementation of Vermont's Caregiver Responsibility Tool
- ✓ Before implementing this tool, VT's FC rates were based on the age of the child and the experience of the foster parent. Their caregiver tool makes these two assumptions.
- ✓ Prior to this tool they had a Specialized Rate and Service Agreement completed by the foster parents and the caseworker. They had difficulty with this tool in relation to who was completing it and some bias related to that.
- ✓ VT has cut FC population in ½ in the last 8-10 years. A substantial shift from long-term foster care to a substantial proportion of adoptions now occurring with foster parents.
- ✓ Recommended starting with a sampling of the population (i.e., pilot)
- ✓ The emphasis of this tool is on the interaction of the foster parent and the child. The tool assumes a normative range of behaviors for kids in foster care and focuses on 1) what's basic for a youth in foster care at this age, 2) what special needs does this child have, and 3) what specifically will the foster parent be doing
- ✓ Need to pay attention not just to what the foster parent will be doing but if they can do it based on other youth in the home
- ✓ Mentioned the relationship between this and permanency – there is an incongruity between high-end challenging kids and permanency and can be a disincentive to adopt
- ✓ VT does an analysis of base rates, monitoring them annually and going back to the legislature if necessary
- ✓ More than money foster parents state they need support, help right away when they ask for it, need to see their worker more often and need more training
- ✓ VT created IV- E funded foster care supports – private agencies targeted to support the foster parents. This increased reunifications and adoptions. VT utilized a category of Medicaid that allowed them to fund this structure, so when the child moved (home, adoption, another level) the support went with the kid
- ✓ VT went through many versions of their caregiver tool and involved many focus groups and review committees

<u>Take Away</u> -

- ✓ Start with a sample
- ✓ Emphasize 1)what's basic for a youth in foster care at this age, 2) what special needs does this child have, and 3) what specifically will the foster parent be doing
- ✓ Annual analysis of rates
- ✓ May need to involve more people in looking at the tool

John Lyons, Child and Adolescent Needs and Strengths (CANS):

- ✓ Group asked Dr. Lyons to describe the CANS and explain how other states have utilized the tool. Dr. Lyons shared the following:
    - Overall Description of Tool - The CANS is an "information integration process" and 28 states are currently utilizing variations of the tool in the areas of Child Welfare, Mental Health and Juvenile Justice; Dr. Lyons described the tool as designed to create a shared vision process and resolve conflicts in systems; he further described the tool as "total clinical outcomes management" with three focus areas: decision support, outcome monitoring, and quality improvement; Instead of a score or cutoff, the CANS uses patterns or 2's and 3's across domains.
    - Use of Tool for Rate Setting - Dr. Lyons stated you must imbed any assessment within a larger system of decision making and not just use it for rate setting; he cited Tennessee and Indiana as examples of states that had imbedded the tool within larger decision making models.
    - Training – training is fairly simple as is the certification process. Dr. Lyons' describes it as applying what you already know to a common language; he stated the tool has inter-rater reliability and cited an article being published in "Youth Today" and described how auditors in Allegany County are using a tool to assess if the CANS is used in service delivery; he again referenced the need to incorporate the CANS within a larger system of care and process; If NE were to choose this tool Dr. Lyons recommended a "launch" and choosing a cohort of people who can train the tool across the state.
    - Level of Care – when asked further about the CANS use in assessing level of care, Dr. Lyons described the need for both caregiver responsibility and level of need of the child. He indicated the CANS has a caregiver section.
    - Timelines – when asked about timelines for using the tool, Dr. Lyons reported that some states like Tennessee use it in the first 7 days (starts in CPS and then flows to Child Welfare) and others wait as many as 30 days before completing the tool. Dr. Lyons stressed the importance of building the expectation that the focus should be on learning as much about the child as soon as possible versus making a quick decision to complete a step in the process.
    - Other States Implementation of the CANS – Wisconsin and NY State use separate the CANS for 0-5, transition age youth and medically fragile. Tennessee, Indiana and Wisconsin use both Structured Decision Making (SDM) and the CANS; Dr Lyons states the two tools are completely compatible and these states pull the 7 questions about strengths out of the SDM and input the CANS questions in their place.
    - Foster Parent Involvement – foster parents can be involved in completing the tool and should be trained as well.

Bill Reay, President and CEO, Omni Behavioral Health:

- ✓ Group asked Dr. Reay his opinions on the use of the CANS as an assessment tool and he shared the following:

- Instrument never received any independent research and, in his opinion, lacks inter-rater reliability. Additionally, it is not normed and has no psychometric properties.
- Dr. Reay recommends the committee consider looking more closely at the Nursing Home industry which approaches level of care from the caregiver responsibility perspective, focusing on the level of caregiver responsibility needed to care for the individual. In addition to matching caregiver responsibilities to youth needs, we should also consider the degree of perceived strain on the caregiver as this is the highest predictor of a youth leaving a setting.
- Dr. Reay believes level of care thinking misses the point because it assumes treatment is based on the setting and this is not true.

✓ The group discussed the need to get a better idea of the current population of children in foster care in Nebraska and Dr. Reay recommended we table this discussion for the time being and consider recommending to the larger committee that a scientific or clinical advisory committee be conveyed to look at this more closely and advise the larger group.

Carl Chrisman and Lori Hack, Magellan Representatives:

✓ Carl Chrisman, Supervisor and Lori Hack, Manager of Consumer Recovery reviewed Magellan's use of the CANS.
✓ Magellan requires Psychiatric Residential Treatment Facilities and Therapeutic Group Homes to complete the CANS at intake, every 90 days and at discharge
✓ Magellan has been collecting data since the Fall of 2010
✓ Dr. Lyons led a two day training on the tool in October 2010 and provides ongoing technical assistance
✓ Magellan offers training on the instrument on-line
✓ Community-based service providers are not required, but encouraged, to use the too

Child and Adolescent Needs and Strengths

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) — COMPREHENSIVE– 5+

Please ✓ appropriate use: ☐ Initial ☐ Reassessment ☐ Transition/Discharge Date: M M D D Y Y

Child's Name | DOB (m m d d y y) | ☐M ☐F Gender | Race/Ethnicity

Current Living Situation: _____

Assessor (Print Name): _____ Signature _____

Caregiver Name: _____ Relation _____

LIFE DOMAIN FUNCTIONING

0 = no evidence of problems 1 = history, mild
2 = moderate 3 = severe

	NA	0	1	2	3
Family		○	○	○	○
Living Situation		○	○	○	○
Recreational		○	○	○	○
Job Functioning		○	○	○	○
Developmental[1]		○	○	○	○
Legal		○	○	○	○
Medical		○	○	○	○
Physical		○	○	○	○
Sexuality		○	○	○	○
Sleep		○	○	○	○
School Behavior		○	○	○	○
School Achievement		○	○	○	○
School Attendance		○	○	○	○

YOUTH STRENGTHS

0 = centerpiece 1 = useful
2 = identified 3 = not yet identified

	NA	0	1	2	3
Family		○	○	○	○
Interpersonal		○	○	○	○
Optimism		○	○	○	○
Educational		○	○	○	○
Vocational		○	○	○	○
Talents / Interests		○	○	○	○
Spiritual / Religious		○	○	○	○
Community Life		○	○	○	○
Relation Permanence		○	○	○	○
Resiliency		○	○	○	○
Resourcefulness		○	○	○	○

ACCULTURATION

0 = no evidence 1 = minimal needs
2 = moderate needs 3 = severe needs

		0	1	2	3
Language		○	○	○	○
Identity		○	○	○	○
Ritual		○	○	○	○
Cultural Stress		○	○	○	○

MODULES — See Back for Module Scoring

[1] go to *DD Module*
[2] go to *Trauma Module*
[3] go to *SUD Module*
[4] go to *Violence Module*
[5] go to *SAB Module*
[6] go to *Runaway Module*
[7] go to *JJ Module*
[8] go to *FS Module*

CAREGIVER STRENGTHS & NEEDS

○ Not applicable – no caregiver identified

0 = no evidence 1 = minimal needs
2 = moderate needs 3 = severe needs

	NA	0	1	2	3
Supervision		○	○	○	○
Involvement		○	○	○	○
Knowledge		○	○	○	○
Organization		○	○	○	○
Social Resources		○	○	○	○
Residential Stability		○	○	○	○
Physical		○	○	○	○
Mental Health		○	○	○	○
Substance Abuse		○	○	○	○
Developmental		○	○	○	○
Safety		○	○	○	○

YOUTH BEHAVIORAL / EMOTIONAL NEEDS

0 = no evidence
1 = history or sub-threshold, watch/prevent
2 = causing problems, consistent with diagnosable disorder
3 = causing severe/dangerous problems

	NA	0	1	2	3
Psychosis		○	○	○	○
Impulse / Hyper		○	○	○	○
Depression		○	○	○	○
Anxiety		○	○	○	○
Oppositional		○	○	○	○
Conduct		○	○	○	○
Adjustment to Trauma[2]		○	○	○	○
Anger Control		○	○	○	○
Substance Use[3]		○	○	○	○

YOUTH RISK BEHAVIORS

0 = no evidence 1 = history, watch/prevent
2 = recent, act 3 = acute, act immediately

		0	1	2	3
Suicide Risk		○	○	○	○
Self Mutilation		○	○	○	○
Other Self Harm		○	○	○	○
Danger to Others[4]		○	○	○	○
Sexual Aggression[5]		○	○	○	○
Runaway[7]		○	○	○	○
Delinquency[6]		○	○	○	○
Fire Setting[7]		○	○	○	○
Social Behavior		○	○	○	○

MODULES

NAME: _____ Date _____

DEVELOPMENTAL NEEDS (DD)	0	1	2	3
Cognitive	O	O	O	O
Developmental	O	O	O	O
Communication	O	O	O	O
Self Care / Daily Living	O	O	O	O

SUBSTANCE USE (SUD)	0	1	2	3
Severity of Use	O	O	O	O
Duration of Use	O	O	O	O
Stage of Recovery	O	O	O	O
Peer Influences	O	O	O	O
Parental Influences	O	O	O	O
Environmental Influences	O	O	O	O

TRAUMA (*Characteristics of the trauma experience*)	0	1	2	3
Sexual Abuse*	O	O	O	O
Physical Abuse	O	O	O	O
Emotional Abuse	O	O	O	O
Medical Trauma	O	O	O	O
Natural Disaster	O	O	O	O
Witness to Family Violence	O	O	O	O
Witness to Community Violence	O	O	O	O
Witness/Victim - Criminal Acts	O	O	O	O
Other:				
If Sexual Abuse >0, complete the following:				
Emotional closeness to perpetrator	O	O	O	O
Frequency	O	O	O	O
Duration	O	O	O	O
Force	O	O	O	O
Reaction to Disclosure	O	O	O	O
Adjustment	**0**	**1**	**2**	**3**
Affect Regulation	O	O	O	O
Intrusions	O	O	O	O
Attachment	O	O	O	O
Dissociation	O	O	O	O

VIOLENCE MODULE				
Historical Risk Factors	**0**	**1**	**2**	**3**
History of Physical Abuse	O	O	O	O
History of Violence	O	O	O	O
Witness to Domestic Violence	O	O	O	O
Witness Environmental Violence	O	O	O	O
Emotional/Behavioral Risks	**0**	**1**	**2**	**3**
Frustration Management	O	O	O	O
Hostility	O	O	O	O
Paranoid Thinking	O	O	O	O
Secondary gains from anger	O	O	O	O
Violent Thinking	O	O	O	O
Resiliency Factors	**0**	**1**	**2**	**3**
Aware of violence potential	O	O	O	O
Response to Consequences	O	O	O	O
Commitment to Self-Control	O	O	O	O
Treatment Involvement	O	O	O	O

SAB – SEXUALLY AGGRESSIVE BEHAVIOR	0	1	2	3
Relationship	O	O	O	O
Physical Force/Threat	O	O	O	O
Planning	O	O	O	O
Age Differential	O	O	O	O
Type of Sex Act	O	O	O	O
Response to Accusation	O	O	O	O
Temporal Consistency	O	O	O	O
History of Sexual Behavior	O	O	O	O
Severity of Sexual Abuse	O	O	O	O
Prior Treatment	O	O	O	O

RUNAWAY	0	1	2	3
Frequency of Running	O	O	O	O
Consistency of Destination	O	O	O	O
Planning	O	O	O	O
Safety of Destination	O	O	O	O
Involvement in Illegal Acts	O	O	O	O
Likelihood of Return on Own	O	O	O	O
Involvement of Others	O	O	O	O
Realistic Expectations	O	O	O	O

JJ – JUVENILE JUSTICE	0	1	2	3
Seriousness	O	O	O	O
History	O	O	O	O
Arrests	O	O	O	O
Planning	O	O	O	O
Community Safety	O	O	O	O
Legal Compliance	O	O	O	O
Peer Influences	O	O	O	O
Parental Influences	O	O	O	O
Environmental Influences	O	O	O	O

FS – FIRE SETTING	0	1	2	3
Seriousness	O	O	O	O
History	O	O	O	O
Planning	O	O	O	O
Use of Accelerants	O	O	O	O
Intention to Harm	O	O	O	O
Community Safety	O	O	O	O
Response to Accusation	O	O	O	O
Remorse	O	O	O	O
Likelihood of Future Fires	O	O	O	O

Nebraska Caregiver Responsibilities
(NCR)

Child's Name: _____ Child's Master Case #: _____ Date: _____

Foster Care Rate Assessor: _____ Service Area: _____ Caregiver: _____

Child Placing Agency:_____ CPA Worker:_____

The Nebraska Caregiver Responsibility document is to be completed within the first 30 days of a child's placement in out-of-home care. Forms should be filled out in a face-to-face meeting with the foster parent, foster care rate assessor and, child placing agency worker (if applicable). A notification of the rate will be sent to the supervisor, resource development, case worker, agency worker (if applicable) and caregiver. Copies of the NCR should be included in the child's file and the caregiver's file. Rate information should go in the caregiver's file.

The first level (L1) is considered essential for all placements and the minimum expectation of all caregivers. For each of the responsibilities, indicate the level of service currently required to meet the needs of the child. The **focus is on the caregiver's responsibilities, not on the child's behaviors**. Each level is inclusive of the previous one. Outline caregiver responsibilities in the box provided for any area checked at a 2 or higher.

LOC1 Medical/Physical Health & Well-Being		
L1	Caregiver arranges and participates, as appropriate in routine medical and dental appointments; provides basic health care and responds to illness or injury; administers prescribed medications; maintains health records; shares developmentally appropriate health information with the child.	
L2	Caregiver arranges and participates with additional visits with medical specialists, assists with treatment and monitoring of specific health concerns, and provides periodic management of personal care needs. Examples may include treating and monitoring severe cases of asthma, physical disabilities, and pregnant/parenting teens.	
L3	Caregiver provides hands-on specialized interventions to manage the child's chronic health and/or personal care needs. Examples include using feeding tubes, physical therapy, or managing HIV/Aids.	
	Outline the caregiver responsibilities:	
LOC2 Family Relationships/Cultural Identity		
L1	Caregiver supports efforts to maintain connections to primary family, including siblings and extended family, and/or other significant people as outlined in the case plan; prepares and helps child with visits and other contacts; shares information and pictures as appropriate; supports the parents and helps the child to form a healthy view of his/her family.	
L2	Caregiver arranges and supervises ongoing contact between child and primary family and/or other significant people or teaches parenting strategies to other caregivers as outlined in the case plan.	
L3	Caregiver works with primary family to co-parent child, sharing parenting responsibilities, OR	

	supports parent who is caring for child AND works with parent to coordinate attending meetings and appointments together. Examples include attending meetings with doctors, specialists, educators, and therapists together.	
	Outline the caregiver responsibilities:	
LOC3 Supervision/Structure/Behavioral & Emotional		
L1	Caregiver provides routine direct care and supervision of the child, assists child in learning appropriate self-control and problem solving strategies; utilizes constructive discipline practices that are fair and reasonable and are logically connected to the behavior in need of change, adapts schedule or home environment to accommodate or redirect occasional outbursts.	
L2	Caregiver works with other professionals to develop, implement and monitor specialized behavior management or intervention strategies to address ongoing behaviors that interfere with successful living as determined by the family team.	
L3	Caregiver provides direct care and supervision that involves the provision of highly structured interventions such as using specialized equipment and/or techniques and treatment regiments on a constant basis. Examples of specialized equipment include using alarms, single bedrooms modified for treatment purposes, or using adaptive communication systems, etc.; works with other professionals to develop, implement and monitor strategies to intervene with behaviors that put the child or others in imminent danger or at immediate risk of serious harm.	
	Outline the caregiver responsibilities:	
LOC4 Education/Cognitive Development		
L1	Caregiver provides developmentally appropriate learning experiences for the child noting progress and special needs; assures school or early intervention participation as appropriate; supports the child's educational activities; addresses cognitive and other educational concerns as they arise, participation in IEP development and review.	
L2	Caregiver maintains increased involvement with school staff to address specific educational needs that require close home/school communication for the child to make progress AND responds to educational personnel to provide at-home supervision when necessary; or works with others to implement program to assist youth in alternative education or job training.	
L3	Caregiver works with school staff to administer a specialized educational program AND carries out a comprehensive home/school program (more than helping with homework) during or after school hours.	
	Outline the caregiver responsibilities:	
LOC5 Socialization/Age-Appropriate Expectations		
L1	Caregiver works with others to ensure child's successful participation in community activities; ensures opportunities for child to form healthy, developmentally appropriate relationships with	

	peers and other community members, and uses every day experiences to help child learn and develop appropriate social skills.	
L2	Caregiver provides additional guidance to the child to enable the child's successful participation in community and enrichment activities AND provides assistance with planning and adapting activities AND participates with child when needed. Examples include shadowing, coaching social skills, sharing specific intervention strategies with other responsible adults, etc.	
L3	Caregiver provides ongoing, one-to-one supervision and instruction (beyond what would be age appropriate) to ensure the child's participation in community and enrichment activities AND caregiver is required to participate in or attend most community activities with other responsible adults, etc.	
	Outline the caregiver responsibilities:	
LOC6 Support/Nurturance/Well-Being		
L1	Caregiver provides nurturing and caring to build the child's self-esteem; engages the child in constructive, positive family living experiences; maintains a safe home environment with developmentally appropriate toys and activities; provides for the child's basic needs, and arranges for counseling or other mental health services as needed.	
L2	Caregiver consults with mental health professionals to implement specific strategies of interacting with the child in a therapeutic manner to promote emotional well-being, healing, and understanding, and sense of safety on a daily basis.	
L3	Caregiver works with services and programs to implement intensive child-specific in-home strategies of interacting in a therapeutic manner to promote emotional well-being, healing, and understanding, and sense of safety on a constant basis.	
	Outline the caregiver responsibilities:	
LOC7 Placement Stability		
L1	Caregiver maintains open communication with the child welfare team about the child's progress and adjustment to placement and participates in team meetings, court hearings, case plan development, respite care, and a support plan .	
L2	Child/youth needs require caregiver expertise that is developed through fostering experience, participation in support group and/or mentor support, and consistent relevant in-service training.	
L3	Child/youth needs require daily or weekly involvement/participation by the caregiver with intensive in-home services as defined in case plan and/or treatment team.	
	Outline the caregiver responsibilities:	
LOC8 Transition To Permanency and/or Independent Living		
L1	Caregiver provides routine ongoing efforts to work with biological family and/or other significant adults to facilitate successful transition home or into another permanent placement. Caregiver	

	provides routine assistance in the on-going development of the child/youth lifebook.	
L2	Caregiver actively provides age-appropriate adult living preparation and life skills training for child/youth age 8 and above, as outlined in the written independent living plan and determined through completion of the Ansell Casey Life Skills Assessment. For those youth available for adoption or guardianship who have spent a significant portion of their life in out of home care, the caregiver (with direction from their agency and in accordance with the case plan), actively participates in finding them a permanent home including working with team members, potential adoptive parents, therapists and specialists to ensure they achieve permanency.	
L3	Caregiver supports active participation of youth age 14 and above in services to facilitate transition to independent living. Services including but not limited to assistance with finances, money management, permanence, education, self-care, housing, transportation, employment, community resources and lifetime family connectedness.	
	Outline the caregiver responsibilities:	

Respite processes and payment should be discussed with the child's caseworker and/or your agency representative.

Transportation: Foster parents are responsible for the first 100 miles per month of direct transportation for foster children in their home, and are eligible for reimbursement for every 50 mile increment beyond the initial 100 miles. (Title 479 2-002.03E1, Administrative Memo #1-3-14-2005).

Liability Insurance: Federal and state law mandate liability coverage for Foster Parents. For more information speak with your child's caseworker and/or agency representative (Program Memo-Protection and Safety- #1-2001).

Vermont Rates for further discussion:

LOC 3 is 2 and total score less than 16	$30/day
LOC 3 is 2 and total score is 16 or greater	$36.66/day
LOC 3 is 3 and total score is less than 19	$36.66/day
LOC 3 is 3 and total score is 19 -21	$43.32/day
LOC 3 is 3 and total score is 22 or greater	$50/day

SIGNATURES:

Youth: _____ DATE: _____

NAME: _____ NAME: _____
Foster Parent Foster Parent

DATE: _____ DATE: _____

NAME: _____ NAME: _____
Foster Care Rate Assessor CPA Representative

DATE: _____ DATE: _____

Foster Parent Policies

Grievance:

Nebraska Department of Health and Human Services, Department of Children and Family Services; Child and Family Services Rules and Regulations, Title 390 – Child Welfare and Juvenile Services. Retrieved October 29, 2012 from http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-390/Chapter-7.pdf

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

Insurance:

Nebraska Department of Health and Human Services, Department of Children and Family Services; Administrative and Policy Memos. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Documents/PM-5.pdf

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

Transportation:

Nebraska Department of Health and Human Services, Department of Children and Family Services; Administrative and Policy Memos. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Documents/AM-17TransRate.pdf

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

PROGRAM AND POLICY MEMORANDUM-PROTECTION AND SAFETY #4-98

December 13, 1998

TO: Protection and Safety Staff
IM Foster Care Staff
Supervisors/Managers of Resource Development
Service Area Contract Liaisons
Protection and Safety Legal Team

FROM: Chris Hanus-Schulenberg and Mark Martin, Co-Administrators
Protection and Safety

RE: Foster Parent Insurance

As of July 1, 1998, the Department's provision of foster parent insurance changed. Rather than purchasing insurance through a private company, the State has moved to a form of self-insurance. The change was made in-order to improve payment of claims and to allow for better data collection to reflect needs and payments. This data will be used to make future improvements that will benefit our foster care program. Basically, the coverage to be provided under the new program is the same as the coverage prior to July, 1998.

Included as part of this memorandum you will find several documents. They are:
*FOSTER PARENT INSURANCE PROGRAM, which describes the coverage provided
*ACCIDENT REPORTING PROCEDURES, which provides an explanation of the report form
*ACCIDENT INVESTIGATION REPORT, which is the form to be completed by the foster parent (The form which is being mailed to foster parents will have the original and two copies so they can send the original to the company, send a copy to the case manager, and keep a copy. If the foster parent or a staff person need more copies, they can be obtained from Bill Jeppson, Office of Risk Management, Executive Building, 521 South 14th Street, Suite 230, Lincoln, NE 68508, or (402)471-2404.)

All of these documents will be mailed to foster parents the first week in January, by Sedgwick of Nebraska, the company which is adjusting claims.

The following information is provided to give you more detail to assist in answering questions from foster parents about procedures in processing claims.

1. Foster parent, as the insured party, completes the Accident Investigation Report and sends the original to Sedgwick of Nebraska, Inc. and sends a copy to the child's case manager. When appropriate, the foster parent also files a claim with his or her homeowner's insurance.

2. Sedgwick investigates the claim and makes decision about whether it is a covered loss under the Foster Parent Insurance program.

3. Sedgwick sends written notification of the decision to:
   a. The foster parent
   b. The child's case manager
   c. Nebraska Office of Risk Management
   d. Appropriate third parties when the claim involves damage to their property

4. If the incident is covered and involves damage to the foster parent's property, Sedgwick makes a payment to the foster parent for the amount of the claim minus the foster parent's deductible, which is $50. If the incident is covered and involves damages to the property of someone other than the foster parent, Sedgwick makes a payment to the third party.

If the decision of Sedgwick is that the incident is not covered, and the foster parent is not willing to accept that decision, the foster parent's recourse would be a claim with the State Claims Board.

We are encouraging foster parents to file claims, so that we gather data for future planning.

If you have questions, please contact Margaret Bitz at (402)471-9457, or on profs or CC: Mail.

FOSTER PARENT INSURANCE PROGRAM

As part of the Foster Parent Program, the State of Nebraska offers foster parents protection against claims that may arise as a result of their participation in the foster parent program. The policy offers protection for claims that occur and are reported to the state during the coverage period. **When an incident occurs, please remember to report the incident to your personal insurance carrier and follow the instructions in the Accident Reporting Procedures.** The Accident Investigation Report should be sent to Sedgwick of Nebraska, Inc. at the address shown on the report with copy sent to your case manager.

The following are highlights of the Foster Parent Insurance Program. These highlights are intended as a brief synopsis of the coverage provided by the Foster Parent Program and is not intended to replace specific policy language. The policy language including all applicable coverage parts, supplemental payments, definitions, conditions and exclusions will govern when determining whether coverage will apply.

Coverage Period:

From July 1, 1998 to July 1, 1999 at 12:01 A.M. standard time at the Named Insured's mailing address.

Coverage	Description	Limit of Liability
A.	Bodily Injury and Properly Damage	$300,000 Each Occurrence
	Physical and Sexual Abuse Sublimit	$100,000 Each "Foster Household"
B.	Personal Injury Liability	$300,000 Any One Person or Organization
C.	Property Damage to Property of Others	$250 Each Occurrence
D.	Damage to Your Property	$5,000 Each Occurrence
General Aggregate Limit- "Each Foster Household"		$300,000 Aggregate

Coverage Highlights

Coverage A: Bodily Injury or Property Damage

This protects you in the event a foster child in your care is injured and you are sued by the foster child's natural parent or guardian. This also protects you from claims for bodily injury and or property damage done to other persons because of an act by a foster child.

There is no protection for actual or threatened physical or sexual abuse whether committed by an insured under the coverage, any other person for whom the

insured is legally responsible or because of the negligent employment, investigation, supervision, reporting to proper authorities or retention of any person or persons. There is a sublimit available for defense of such allegations.

Coverage B: Personal Injury Liability

This protects you in the event you are sued for libel, slander, false arrest, wrongful eviction and alienation of affection of your foster child from his/her parents.

Coverage C: Property Damage to Property of Others

This provides you protection in the event a foster child under your care or control damages other people's property regardless of whether you would be legally liable for such damage in court. This is limited protection and does not provide protection for those losses that would be paid under Coverage A.

Coverage D: Damage to Your Property

This protects you in the event a foster child in your care or custody damages your property. This is a limited amount of protection for those unintentional property losses that occur. You are responsible for the first $50 dollars of the cost of repairs.

Exclusions

Not all acts or losses are covered by this policy. There are a number of exclusions that affect the protection provided by this policy including the following:

Injury or damage expected or intended by an insured.

Injury or damage arising out of the ownership, maintenance or use of an automobile.

Property damage to any property in your care, custody or control, or to any property owned by, rented to or loaned to you or a person residing in your household. This exclusion does not apply to Coverage D. Damage to Your Property.

Injury or damage by reason of causing or contributing to the intoxication of any person, furnishing of alcoholic beverages or as a result of any statute, ordinance or regulation relating to the use of the sale, gift, distribution or use of alcoholic beverages.

Physical or sexual abuse

Injury or damage resulting from the negligent employment, investigation, supervision, retention or reporting to the proper authorities.

Injury or damage resulting from the transmission of communicable diseases.

There are certain obligations you have in order for this protection to apply. Generally, you are responsible for the following in the event of a loss.

You are responsible to report all losses as soon as practical. Accident Investigation Reports and Accident Reporting Procedures have been provided to assist you in reporting incidents.

You must forward any notice, summons, demand or legal papers received in connection with a claim.

You must cooperate with the investigation and settlement of any claim including defense against suit.

You must not assume, except at your own cost, any obligation or make any payment without consent.

ACCIDENT REPORTING PROCEDURES

It is important that insurance claims relating to incidents involving foster children be investigated as quickly as possible. **You, the foster parent, begin the process by first notifying your auto or homeowners insurer and then completing an Accident Investigation Report.** Three copies of the report are needed. The original copy of the report is for Sedgwick of Nebraska. Inc. (the insurance adjuster), one copy is for your case manager and one copy is to be retained for your records. Your case manager can answer any questions concerning the completion of the Accident Investigation Report or direct you to another appropriate person who can assist. The original copy should be sent to:

Mr. Brian Shald
Sedgwick of Nebraska, Inc.
10909 Mill Valley Road, Suite 4200
Omaha, NE 68154
1-800-486-2152

The primary reason for investigating an incident is to get accurate information about the incident. The information will be used in several ways. First, the report is necessary to start the insurance claims process. Second, the information will also be used to develop a data base that will enable us to further develop a comprehensive foster parent insurance program. Third, the information will be analyzed to help the Department and foster parents to see if steps can be taken to prevent similar accidents. (This type of analysis is called "loss control.")

A thorough investigation of incidents resulting in injury or damage is a key to a successful loss control program. The first step in preventing the reoccurrence of an accident or to reduce the financial impact of an accident is to analyze what happened to see if steps can be taken to prevent the accident from happening again.

The following describes what type of information is needed when completing the Accident Investigation Report.

ACCIDENT FACTORS: Please provide the details of what occurred.

- Who was involved?
- Who sustained injury or damage (including addresses and phone numbers, if known)?
- What were the circumstances surrounding the incident.
- Where did the incident occur?
- How did the incident happen?

ACCIDENT CAUSES:

- In your opinion, were there any factors or extenuating circumstances that contributed to? or caused this loss to occur? (Include special needs of the child that might have played a part in what happened.)

ACCIDENT INVESTIGATION REPORT

Foster Parent Name: _____

Address: _____ City: _____ Zip: _____

Daytime Phone Number: _____ Home Phone Number: _____

Date & Time of Accident: _____

Foster Child Name: _____ Date Place in Your Home: _____

Person(s) Injured:

_____

(If Foster Parent, write same)

Daytime Phone Number: ( ) _____ Estimated Amount of Damages: _____

Case Manager Name: _____ Phone Number: ( ) _____

Was this loss reported to your auto or homeowners insurer? _____

Accident Factors

Describe what occurred (attach a separate sheet of paper if necessary):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Accident Causes

Please describe contributing factors or extenuating circumstances: _____

_____

_____

_____

Signature: _____ Date:

_____

Send form to: Mr. Brian Shald
Sedgwick of Nebraska
10909 Mill Valley Road, Suite # 200
Omaha, NE 68154
1-800-486-2152

Nebraska Department of Health and Human Services, Department of Children and Family Services; Administrative and Policy Memos. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Documents/PM-5.pdf

SECTION VI

INSURANCE COVERAGE FOR FOSTER PARENTS

Nebraska statute mandates the Department to provide insurance coverage for liability and damage for foster parents. Any foster home or adoptive home licensed or approved by the Department or Indian Tribal Councils within Nebraska is covered by the insurance for the period of time that an HHS or HHS-OJS ward is placed in the home. This coverage also exists for any foster or adoptive home licensed or approved by the Department or Indian Tribal Councils within Nebraska for the period of time that a child covered under an IVE contract is placed in the home. The foster parent(s) in the home are considered as "the insured". The Department covers the cost of the insurance premium for each foster home.

When a foster parent requests reimbursement for damages to property incurred by a ward: The

worker will:

- Provide the foster parent with a copy of the insurance claim form.
- Participate by providing information to the claims adjustor when requested.

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

PROGRAM MEMO

Program Memo- Protection and Safety- #1-2001

March 14, 2001

TO: Protection and Safety Administrators
Protection and Safety Staff
IM Foster Care Staff
Supervisors/Managers of Resource Development
Service Area Contract Liaisons
Protection and Safety Legal Team

FROM: Ron Ross, Director, and Health and Human Services
Jane M. Bosworth, Deputy Director Protection and Safety

RE: Foster Parent Insurance

CITATION: 390 NAC 7-001.10

In an effort to better clarify the Foster Parent Insurance program, a meeting was held with HHS Management and Program staff, HHSS Legal staff, the Insurance Policy Holder, the Insurance Claims Examiner, and the Office of Risk Management to assess our coverage for foster parents and determine if changes needed to be made to the coverage. We were pleased to find that in the majority of cases the Foster Parent Insurance provider was providing coverage for the claims submitted. Where coverage was not provided it was generally due to the fact that the request was outside of the coverage provided by the policy. It was determined that the coverage would remain the same at this point in time with an increased effort to collect data reflecting insurance needs and payments made to foster parents.

Included as part of this memorandum you will find several documents. They are:

- FOSTER PARENT INSURANCE PROGRAM, which describes the coverage provided. It is important that staff understands the coverage provided by this insurance and are able to relate to the foster parents their understanding of the coverage.

- ACCIDENT REPORTING PROCEDURES, which provides an explanation of the report form

- ACCIDENT INVESTIGATION REPORT, which is the form to be completed by the foster parent (The form which is being mailed to foster parents will have the original and two copies so they can send the original to the company, send a copy to the case manager, and keep a copy. If the foster parent or a staff person need more copies, they can be obtained from Leslie Donley, Office of Risk Management, Executive building, 521 South 14'h Street, Suite 230 Lincoln, NE 68508, or (402)471-2404.)

All of these documents will be mailed to foster parents by the 1st of April, 2001 by Sedgwick of Nebraska, the company which is adjusting claims.

The following information is provided to give you more detail to assist in answering questions from foster parents about procedures in processing claims.

1. The foster parent, as the insured party, completes the Accident Investigation Report and sends the original to Sedgwick of Nebraska, Inc. and sends a copy to the child's case manager. The foster parent must file a claim with his or her homeowner's/renter's/auto insurance first, as they are the primary insurance carrier.

2. Sedgwick investigates the claim and makes the decision about whether it is a covered loss under the Foster Parent Insurance program.

3. Sedgwick sends a written notification of the decision to the foster parent.

4. If the incident is covered and involves damage to the foster parent's property, Sedgwick makes a payment to the foster parent for the amount of the claim minus the foster parent's deductible, which is $50. If the incident is covered and involves damages to the property of someone other than the foster parent, Sedgwick makes a payment to the third party. Payments are made per the provisions of the policy.

5. Foster Parents can file a miscellaneous claim with the State Claims Board to recover their $50 deductible regarding the covered claim paid by Sedgwick.

We are encouraging foster parents to file all claims with the insurance company so we can gather data for future planning and documentation of the types of incidences that are occurring in foster homes.

We are no longer encouraging the foster parents to file their uncovered claims with the State Claims Board as claims uncovered by the insurance may in all likelihood not are covered by the State Claims Board.

If you have questions, please contact Shirley Deethardt at (402)471-9277 or e-mail shirley.deethardt(@hhss.state.ne.us or Katie McLeese Stephenson at (402)471-9456 or e-mail katie.mcleese.stephenson@hhss.state.ne.us.

cc: Service Area Administrators
Protection and Safety Management Team Jim Hathway, HHSS Legal Division Agency Based Foster Care Providers Leslie Donley, DAS Risk Management Sheri Shonka, Marsh, Inc.
Michelle Bock, Sedgwick

Nebraska Department of Health and Human Services, Department of Children and Family Services; Administrative and Policy Memos. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Documents/PM-5.pdf

ADMINISTRATIVE MEMO #1-3-14-2005

Date: March 24, 2005

To: Protection and Safety Staff

From: Todd Reckling

Signed by: ----------'Administrator,
Office of Protection and Safety

Re: Increase in payment to foster parents who provide transportation for children in their care

Effective date: **April1, 2005**

Contact: Margaret Bitz (402) 471-9457 or Ruth Grosse (402) 471-7785

Due to the increase in gasoline prices, the Department has made a decision to provide a 10% increase in payment to transportation providers and foster parents who are providing transportation for children in their care. This increase becomes effective April 1, 2005. The increase does NOT apply to Protection and Safety contractors who provide transportation as part of one of the services under a child welfare contract. This program memorandum concerns the increased rate of payment for foster parents.

The following replaces Out-of-Home Guidebook, Section D., TRANSPORTATION FOR THE CHILD, 1. Foster Parent Transportation:

1. Foster Parent Transportation: One hundred miles of transportation is included in the monthly maintenance rate. The cost of transportation of 100 miles or less is considered to be a "usual" expense related to care of a child.

When a foster parent transports a child more than 100 miles within guidelines listed below, the foster parents can be reimbursed. As of April 1, 2005, the reimbursement is to be computed as follows: "The foster parents may receive **$14.85** per month for each 50 miles, or portion thereof, above the initial 100 miles. (For example, if the foster parent drives the child a total of 85 miles/month, the foster parent would not be entitled to any additional payment. If s/he drives the child 125 miles/month, the foster parent would be entitled to an additional **$14.85/month.)**

Originally, it might be difficult for the foster parent to provide a specific number of miles. Therefore, an estimate can be used. The worker should request that the foster parent keep a log for a period of time which usually would not exceed 3 months. The worker then can use the logged information to arrive at an average number of miles/month, and that figure can be used in authorizing payment. Periodically, but at least annually, the worker should obtain actual information from the foster parent to assure that mileage reimbursement remains correct.

In order to be counted as transportation for payment purposes, the following criteria must be met:

a. The foster parents would not be doing the driving if the child were not there, that is, they would not be taking their birth child to the same location or diving for their family's own purposes;
b. If more than one foster child is being transported, the transportation payment is divided evenly between the children; and
c. The transportation need is documented in the case plan or in the narrative on N-FOCUS.

Service Areas will provide direction to staff on implementation of this increase. If you have questions, please contact Margaret Bitz or Ruth Grosse.

Nebraska Department of Health and Human Services, Department of Children and Family Services; Administrative and Policy Memos. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Documents/AM-17TransRate.pdf

7. Agency-based foster care: In Agency Based Foster Care, as of July 1, 1998, the payments for child care are to be made directly to the child care provider. Previously these payments were made to the agency supporting the foster homes.

The case file should include documentation that the child care guidelines in 474 NAG 7-000 are met. The documentation should state, at a minimum, that the payment is for care while the foster parent(s) works or is in school, or explain the need related to number 4 or 5; that the rate is within the contracted or maximum Department rate, or how the special needs requirement is met, and that the number of hours needed has been confirmed by the worker.

Payments for child care will be made directly to the provider based on the provider's monthly billing.

D. TRANSPORTATION FOR THE CHILD

The foster parents may provide transportation themselves or purchase transportation from a provider.

1. Foster Parent Transportation: One hundred miles of transportation or $21 is included in the monthly rate.

   The foster parents may receive $11.00 per month for increments of 50 miles over the initial 100 miles. The estimate is rounded to the next highest 50 miles. The estimate of miles should be in the plan for transportation in the case file. The transportation will meet the following guidelines:

   a. The foster parents would not be doing the driving if the child were not there, that is they would not be taking their birth child to the same location or driving for their family's own purposes;
   b. If more than one foster child is being transported, the transportation payment is divided evenly between the children; and
   c. The transportation need is documented in the case file.

   The worker should discuss the transportation expectations with the foster parents and determine the number of approximate miles the foster parents travel for each child in their home.

2. Purchased Transportation

   a. Purchased by Foster Parent

      Foster parents may be reimbursed if they pay transportation providers more than $21.00 a month. The foster parents may be reimbursed when a transportation need dictates the use of public or specialized transportation such as a taxi, bus, or a handicapped accessible van, or bus. The following should be documented in the case file: the child's disability, the fact that the foster family's vehicle will not accommodate the child's disability or that both foster parents are unable to provide transportation and cannot find someone to do it. Reimbursement must be at actual costs with receipts or verification through the transportation plan prepared with the case manager and be consistent with the child's needs and services in the case plan.

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

SECTION XV
COMPLAINTS AND GRIEVANCES BY FOSTER PARENTS

A. Procedures for Complaints on Policies

When a foster parent makes a written complaint about a policy the following steps will be taken:

1. A team will be formed within five working days to address the issue. This team will consist of representatives of protection and safety workers and supervisors and a Central Office representative knowledgeable about policy;

2. The team will review the complaint and the policy and consider statewide implications. Policies of other states may also be reviewed.

3. The team will make a recommendation for action to the Director within fifteen working days of the receipt of the complaint (or ten working days of the team formation).

4. The Director will review the information and make a final decision within ten working days of the team's recommendation. The decision will be sent to the team who will then notify the foster parents. Written complaints will be responded to in writing. This process should not exceed 30 working days.

5. Changes in policy will be made if necessary.

B. Procedures for Complaints on Practice

When a foster parent makes a complaint regarding specific practice 6r a casework decision the following steps will be followed:

1. The involved protection and safety worker and supervisor will review the situation and discuss it further with the foster parent within five working days of the complaint. The foster parent may present additional information.

2. If the issue is not resolved, the supervisor will form an informal short-term team of representatives of local protection and safety workers and supervisors and a foster parent representative within five working days.

3. The team will review the complaint and the practice or casework decision and review how similar situations are handled.

4. Within 15 working days, the team will develop a plan to address the issue, as needed. The team may consult with personnel staff in their area if needed.

5. Within five working days after the plan is developed, the team will notify the foster parent in writing of the general plan to address the issue if needed or the reasons for no action. A copy of the decision will be sent to the Director and the team.

6. If the foster parent is not in agreement with the decision of the team, he/she has the recourse to contact the Director.

7. The Director will review the report submitted by the team and review additional information as needed.

8. The Director will make the final decision within 15 working days of the receipt of the foster parent's complaint.

9. The Director will notify the foster parent, the team and personnel staff of the final decision.

C. Procedures for Grievances

The grievable areas are found in Chapter VI, Out-of-Home Placements, Section III.

When a foster parent makes a complaint about procedures or actions taken by the Department related to the placement, care or removal of children from a foster home, the following steps will be taken:

1. The foster parent will notify the Department in writing within five working days after the action or inaction cited as the reason for grievance.

2. The person in receipt of the grievance will notify the foster parent, worker and supervisor of the receipt of the grievance. A copy of the grievance will be provided to the worker and supervisor.

3. Within five working days, the person in receipt of the grievance will form a team to address the issue. The team will consist of workers, supervisors and a foster parent representative.

4. The team will:

   a. Request a written response from the worker and supervisor and send a copy of it to the foster parent;
   b. Gather additional information, as needed;
   c. Meet with the foster parent, worker and supervisor within 15 working days to work toward a resolution. Send a summary of the consensus of the group to all involved within five working days;
   d. If resolution is not reached, decide action to be taken and notify all parties within ten working days of the meeting with the foster parent and involved staff. Send a copy to the Director of the findings and decision. Advise the foster parent of right to present his/her grievance to Director if dissatisfied with the decision of the team.

5. If the foster parent decides to pursue the grievance further, he/she will send a copy of his/her grievance and the report of the team to the Director within ten days of receipt of the team's decision.

6. The Director will review all information and make a final decision.

7. The Director will provide her/his decision in writing to the foster parent, involved staff and the team within ten working days of receipt of the grievance.

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

7-001.08 COMPLAINT AND GRIEVANCE POLICY FOR FOSTER PARENTS

The worker and foster parents will strive to resolve differences together regarding actions taken related to the placement, care, or removal of children from a foster home. If the situation cannot be resolved, there are two categories of complaints: general complaints and grievances.

General complaints concern policies or practice. Grievances are disagreements about procedures or actions taken by the Department, related to the placement, care or removal of children from a foster home. Complaint and grievance procedures are limited to foster parents and do not apply to group or residential care. Foster parents will be given a copy of the grievance policy and procedures.

7-001.08A GENERAL COMPLAINTS

7-001.08A1 COMPLAINTS CONCERNING POLICY

When the complaint is about the content of policy, a team consisting of representatives of workers and supervisory staff from more than one area will be formed (Policy and Practice Team). A central office representative may also serve on the team. The team will review the complaint along with the policy and consider the statewide implications of the policy and potential changes in policy. The team will make a recommendation for action to the statewide planning, coordinating and evaluation team. This team will make the: final decision. Written complaints will be responded to in writing.

7-001.08A2 COMPLAINTS CONCERNING PRACTICE

When the complaint regards specific practice or a casework decision, it must be first addressed to the worker and supervisor. See 390 NAC 2-007. A plan to resolve the complaint will be developed as necessary. The foster parent will be advised in writing of the general content of the plan or reasons for no action. If the foster parent does not agree with the decision of the team, the foster parent has recourse to contact the Director. The decision of the Director is final.

7-001.08A3 GRIEVANCES

Grievances are limited to the following areas:

1. The Department's decision not to approve a foster parent to adopt a child residing in the foster home.
2. Removal of a foster child for placement if the child has resided in the foster home for six months or longer. Situations that cannot be grieved:
   a. There is a report of child abuse or neglect, and the allegations or findings indicate -
      (1) Allegations of sexual abuse;
      (2) Visible or apparent physical signs of abuse or neglect; or
      (3) The abuse or neglect is or could be life threatening;
   b. Removal is for the purpose of a direct adoptive placement;
   c. Removal is to a less restrictive environment or, in cases in which reunification is the plan, to a placement closer to the home of the birth parent(s);
   d. Removal is requested by birth parent(s) or child(ren), and the request is supported by the placement worker;
   e. Removal is court-initiated;
   f. The child is returning to the physical custody of the birth parent(s);
   g. Removal results from a licensing action; and
   h. Removal is to the Youth Rehabilitation and Treatment Center or detention center.
3. Failure of the agency to follow conditions of a contract, Nebraska statutes, or Department of Health and Human Services policy and regulations.
4. The decision not to use the Foster Care Payment Checklist or concerns about the accuracy of the list.

NOTE: The child will remain in the foster home while an appeal of the removal of a child is pending except as described above in Statement 2, a thru h.

A grievable issue will first be addressed by the worker and supervisor. If resolution is not reached, an informal short-term team made up of non-involved workers, supervisors and a foster parent representative will address the issue. This team is responsible for reviewing the information, meeting with the involved foster parent and staff, resolving and taking action on the issue, and notifying in writing the foster parent and staff of action taken and the reason for the action.

If the foster parent is not satisfied with the decision of the local team, the foster parent may forward a copy of his/her grievance and the report from the team to the director. The director will review all the information and make a decision. The decision of the director will be provided in writing to the foster parent(s), worker and supervisor. The Director's decision is final.

See Out-of-Home Placement Guidebook for Procedures on Complaints and Grievances.

Nebraska Department of Health and Human Services, Department of Children and Family Services; Child and Family Services Rules and Regulations, Title 390 – Child Welfare and Juvenile Services. Retrieved October 29, 2012 from http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-390/Chapter-7.pdf