Nebraska Children's Commission – Foster Care Reimbursement Rate Committee

Tenth Meeting
July 7, 2015
1:00PM-4:00PM
Airport Country Inn & Suites,
1310 West Bond Circle, Lincoln, NE 68521

Call to Order

Peg Harriott called the meeting to order at 1:03pm and noted that the Open Meetings Act information was posted in the room as required by state law.

Roll Call

Subcommittee Members present: Jodie Austin (1:15), Stephen Bauer, Corrie Edwards, Peg Harriott, Jackie Meyer, Felicia Nelsen, David Newell, Lana Temple-Plotz, and Julia Tse.

Ex-Officio Members present: Jeanne Brandner, Tony Green, Karen Knapp, and Nanette Simmons.

Subcommittee Member(s) absent: Leigh Esau, Susan Henrie, Jodi Hitchler, Bobby Loud, Sherry Moore, and Michaela Young.

Ex-Officio Members absent: Michele Anderson.

Also attending: Bethany Allen, Jerrilyn Crankshaw, Doug Kreifels, Cindy Rudolph, Stacey Scholten, and Sherrie Spilde.

Approval of Agenda

A motion was made by David Newell to approve the agenda as written, seconded by Lana Temple-Plotz. Voting yes: Peg Harriott, Stephen Bauer, Corrie Edwards, Felicia Nelsen, David Newell, Lana Temple-Plotz, and Julia Tse. Voting no: none. Jodie Austin, Leigh Esau, Susan Henry, Jodi Hitchler, and Jackie Meyer, Sherry Moore, and Michaela Young were absent. None abstained. Motion carried.

Approval of the April 17, 2014 Minutes

A motion was made by Lana Temple-Plotz to approve the April 17, 2015, minutes as written. The motion was seconded by Corrie Edwards. Voting yes: Peg Harriott, Stehen Bauer, Corrie Edwards, Felicia Nelsen, David Newell, and Lana Temple-Plotz. Voting no: none. Jodie Austin, Leigh Esau, Susan Henry, Jodi Hitchler, and Jackie Meyer, Sherry Moore, and Michaela Young were absent. Julia Tse abstained. Motion carried.

Chair's Report

Update on Committee Membership

Peg Harriott gave a brief Chair's report. She discussed the open membership slots on the Committee. The open slots are: a child advocacy organization that supports young adults who were in foster care as children, and a foster parent who contracts directly with the Department of Health and Human Services.

Legislative Obligation

Peg noted that the Committee had an obligation to make recommendations to the Legislature by July 1, 2016. The next steps of the Committee would be to determine if any adjustments to the rates needed to be made. The last date to present a report to the Commission would be in May, so the Committee will target the March 2016 meeting of the Commission as the date of completion for the report.

Public Comment
No persons present wished to make public comment.

Foster Care Rate Implementation and Action Items
Annual Reports

DHHS

Nanette Simmons led the Committee through the DHHS report on implementation. DHHS does believe that the NCR meets the needs for consistency of rates statewide. She noted the efforts that DHHS has made to educate stakeholders and now rarely receives questions regarding NCR use. There are a small number of children who have needs greater than captured by the tool. There may be a benefit to establishing a fourth level beyond enhanced. The children who are in the grey area beyond enhanced were medically fragile, DD, or displayed significant behaviors. Most of this small population was medically fragile.

NFC

Dave Newell led the Committee through the Nebraska Families Collaborative report on implementation. He noted that NFC's report is very similar to the DHHS report. He also remarked that Nebraska's implementation of the rate change was much smoother than that of other states. He also noted that the NCR is an agreement between the foster parent and the child placing agency. Sometimes one foster parent will do more than another foster parent, so the agency will have to supplement to have the child's needs met, and there is no good way to measure additional support from the agency on the NCR.

Probation

Jeanne Brandner gave a presentation on Probation's report. She noted that although LB530 occurred prior to juvenile justice reform, Probation has been engaged and active in the Foster Care Reimbursement Rate Committee. She noted that Probation does not use SDM, NCR, or CANS

due to the population served. Probation utilizes the intensive parenting level rate, due to the age and needs of the population. She noted that there barriers include the difficulty of finding homes for Probation's population of older children or children with behaviors. Many families also struggle with transportation expenses. Jeanne and Tony agreed that it does not matter if a child is in the child welfare or juvenile justice system, the state must come together to recruit foster homes.

Foster Parent Survey Update

Lana Temple-Plotz discussed the foster parent survey. The Committee discussed some challenges and ideas to identify what the Committee wants to know and how to obtain the information.

Next Steps

Lana Temple-Plotz agreed to continue leading the Level of Care workgroup. A second workgroup to look at the base rates was also re-convened. Jeanne Brandner, Felicia Nelsen, and Dave Newell, and Nanette Simmons will work on examining the base rate.

Plan for July 2016 Legislative Report and Action Item

The Committee previously discussed the plan for the July 2016 report during the Chair's Report.

Report from Group Home Rate Workgroup and Action Item

Doug Kreifels and Cindy Rudolph led a discussion of the Group Home's Report. They discussed the methodology of the report. The report is not a recommendation of rates but it does provide a calculation of the components of the current rates for the purposes of Title IV-E reporting. Cindy noted that the calculation is based on minimum licensing standards, but that most providers operate at a much lower staffing ratio to maintain safety. DHHS is satisfied with the report and considers the mission of the Sub-Committee completed. The group home providers had noted that the rates are not adequate to cover the actual costs of running a group home in a safe manner. The Committee discussed ways to begin work to bring rates in line with costs. After some discussion of proposed group home licensing requirements, Dave Newell made a motion that the Committee ask the Nebraska Children's Commission recommend that DHHS do a fiscal analysis on any proposed change of licensure regulations, and if the proposed change is not cost-neutral, DHHS will supply adequate funding. Corrie Edward seconded the motion. Voting Yes: Peg Harriott, Jodie Austin, Stephen Bauer, Corrie Edwards, Jackie Meyer, Felicia Nelsen, David Newell, Lana Temple-Plotz and Julia Tse. Voting no: none. None abstained. Leigh Esau, Susan Henrie, Jodi Hitchler, Bobby Loud, Sherry Moore, and Michaela Young were absent.

Lana Temple-Plotz made a motion to seek approval from the Children's Commission to further the work of the Group Home Committee and create recommendations for rates based on the methodology already established regarding rates. Jodie Austin seconded the motion. Voting Yes: Peg Harriott, Jodie Austin, Stephen Bauer, Corrie Edwards, Jackie Meyer, Felicia Nelsen, David Newell, Lana Temple-Plotz and Julia Tse. Voting no: none. None abstained. Leigh Esau, Susan Henrie, Jodi Hitchler, Bobby Loud, Sherry Moore, and Michaela Young were absent.

Review of Assignments/Action Plan and Action Item

Peg noted that the workgroups had been reconvened, that a survey for foster parents would be in development, and that a recommendation would go to the Nebraska Children's Commission to continue the work of the Group Home Sub-Committee.

New Business

No new business.

Next Meeting Date

The next meeting date of the Committee will be in September, with exact date and location to be announced.

Adjourn

Lana Temple-Plotz moved to adjourn, seconded by Dave Newell. The meeting was adjourned at 3:40 pm.

May 16, 2014

Karen Authier, Chairperson
Nebraska Children's Commission

Dear Karen Authier,

Legislative Bill 530 from the 2013 Legislative Session requires the Nebraska Children's Commission to provide to the Department of Health and Human Services and the Health and Human Services Committee of the Legislature a final report including final recommendations regarding the adaptation or continuation of the implementation of a statewide standardized level of care assessment.

As noted in the reports provided previously, the Foster Care Reimbursement Rate Committee has been working for several months to enhance the level of care assessment tool and scoring sheet; develop financially feasible foster parent and agency support rates; and craft thoughtful final recommendations. As you know, the Foster Care Reimbursement Rate Committee and the Level of Care work group have dedicated countless hours to help design the process outlined in the attached documents.

The committee has included the following documents for the Nebraska Children's Commission's consideration:

- Foster Care Reimbursement Rate Committee Recommendations Document
- Nebraska Caregiver Responsibilities (NCR) Assessment Tool
- Nebraska Caregiver Responsibilities Summary and Level of Parenting

The Foster Care Reimbursement Rate Committee believes that the enclosed recommendations provide a good framework for achieving the LB530 (2013) express intent:

- to ensure that fair rates continue into the future to stem attrition of foster parents and to recruit, support, and maintain high-quality foster parents"
- "foster care reimbursement rates accurately reflect the cost of raising the child in the care of the state"
- "to ensure that contracted foster care provider agencies do not pay increased rates out of budgets determined in contracts with the Department of Health and Human Services prior to any changes in rates."
- "to maintain comparable foster care reimbursement rates to ensure retention and recruitment of high-quality foster parents and to ensure that foster children's best interests are served".
- to have funds appropriated to permanently replace the bridge foster care funding and provide the necessary additional funds to bring foster care reimbursement rates in compliance with the recommendations of the research and study completed by the Foster Care Reimbursement Rate Committee in 2012.

I would like to personally thank DHHS and the many organizations and individuals who worked so tirelessly to collaborate on this important effort.

Respectfully,

Peg Harriott
Chairperson
Foster Care Reimbursement Rate Committee

Foster Care Reimbursement Rate Committee
Final Recommendations Document
May 16, 2014

Final Recommendations:

A. Recommend changes and decisions for all aspects of foster care rate changes support the express intent of LB530 (2013)
   a. "to ensure that fair rates continue into the future to stem attrition of foster parents and to recruit, support, and maintain high-quality foster parents"
   b. "foster care reimbursement rates accurately reflect the cost of raising the child in the care of the state"
   c. "to ensure that contracted foster care provider agencies do not pay increased rates out of budgets determined in contracts with the Department of Health and Human Services prior to any changes in rates."
   d. "to maintain comparable foster care reimbursement rates to ensure retention and recruitment of high-quality foster parents and to ensure that foster children's best interests are served".
   e. to have funds appropriated to permanently replace the bridge foster care funding and provide the necessary additional funds to bring foster care reimbursement rates in compliance with the recommendations of the research and study completed by the Foster Care Reimbursement Rate Committee in 2012.
   [Approved April 1, 2014]

B. Recommend the Nebraska Children's Commission continue to monitor the progress of the work being done by the Department of Health and Human Services (DHHS), NFC, the Foster Care Reimbursement Rate Committee, and other related industry groups to ensure that: base rates; level of parenting rates; and Child Placement Agency rates are established and implemented:
   a. in accordance with the intent of LB530
   b. in a timely manner so that training and communication about the new rates and rate establishment process can be adequately administered to all affected parties.
   [Approved April 1, 2014]

C. Recommend the implementation of the Nebraska Caregiver Responsibilities (NCR) tool for all youth placed July 1, 2014, or after. As the NCR is a newly developed tool, DHHS and NFC may override the NCR tool administration results if determined to be in the child's best interest.
   [Approved April 1, 2014]

D. Recommend the adjustments highlighted in red on the NCR tool be made prior to implementation (attachment).
   [Approved May 6, 2014]

E. Recommend the Nebraska Children's Commission require the development of a **solid training, quality assurance and communication plan** to support the implementation of the NCR tool and the change in foster parent rates and agency provider rates. Training, quality assurance and communication plans will need to be developed and implemented by DHHS and NFC. It is recommended that the initial Level of Care subcommittee report be used as a reference when developing the training and quality assurance plan.
   [Approved May 6, 2014]

F. To assure equity for foster parents and agencies in the Eastern Region of the state, the Foster Care Rate Committee recommends that the July 1st, 2014, contract DHHS has with NFC (which includes foster care

services) accounts for the impact of the new foster care rates (foster parent and agency rates) and any increases are not taken out of the NFC budget determined in contracts with DHHS prior to any changes in rates.
[Approved May 16, 2014]

G. Recommend the implementation of the base rates effective July 1, 2014, as set forth in Legislative Bill 530 (LB530) from the 2013 Legislative Session.

Age	Daily	Monthly	Annual
0-5	$ 20.00	$608.33	$7,300.00
6-11	$ 23.00	$699.58	$8,395.00
12-18	$ 25.00	$760.42	$9,125.00

H. Recommend the following rates for the parenting levels of care using the NCR tool:

Age	Essential Parenting	Enhanced Parenting	Intensive Parenting
0-5	$ 20.00	*$27.50*	*$35.00*
6-11	$ 23.00	*$30.50*	*$38.00*
12-18	$ 25.00	*$32.50*	*$40.00*

I. Recommend a Pre-Assessment Rate for children brand new to the system:

Age	Daily
0-5	*$ 25.00*
6-11	*$ 28.00*
12-18	*$ 30.00*

J. Recommend DHHS and NFC implement, at a minimum, the committee's recommended "grandfathering" rate process to create a transitional implementation period for the new foster parent rates (base rate and level of parenting rate) to allow foster parents who may receive a decreased rate for children placed with them prior to 7/1/2014 time to budget for the rate changes.
[Approved May 6, 2014]

To recognize the importance of a stable payment to foster parents to ensure that families are able to budget for needs while caring for foster children, and to establish an equitable transition to the rates that become effective July 1, 2014, foster care payments made on or after July 1, 2014 will be calculated as follows:

If a child was in a foster care home on June 30, 2014, the foster parent(s) will receive the higher of:

- the payment amount in effect on June 30, 2014 (inclusive of the stipend amount); or
- the Foster Care Reimbursement Base Rates effective July 1, 2014 (see rates above).

The foster care payment rate determined under this method will be in effect from July 1, 2014 to January 31, 2015, and the foster parent will not receive a reduction in payment during this period. However, during this period the child's

caregiver needs will be reassessed using the Nebraska Caregiver Responsibilities (NCR) tool, as appropriate, and rates may be increased based on the level of parenting needed.

For a child who has yet to be assessed, who is placed in a foster home on or after July 1, 2014, the foster parent will be paid the pre-assessment rate (as noted above) for no more than 30 days. During this 30 day period, the NCR tool will be completed. Upon the completion of the NCR tool, the parent will be paid the determined level of parenting rate plus the Foster Care Reimbursement Base Rate effective July 1, 2014 (see rates above).

For a child who is placed in a foster home on or after July 1, 2014, who is able to be assessed using the NCR tool prior to the placement, the determined level of parenting rate will be implemented. This rate will be paid in addition to the Foster Care Reimbursement Base Rate effective July 1, 2014 (see rates above).

For all children experiencing a status change on or after July 1, 2014, (i.e. – change in placement or change in level of parenting needs) the NCR tool will be completed and the determined level of parenting rate will be implemented. This rate will be paid in addition to the Foster Care Reimbursement Base Rate effective July 1, 2014 (see rates above).
[January 7, 2014]

K. Recommend that respite costs be addressed as follows:

Development of a respite care plan is the joint responsibility of DHHS/Agency Supported Foster Care provider and the foster parents. Respite is included in the foster parent maintenance payment and any costs associated with the respite care plan are the responsibility of the foster parent.
[Approved May 16, 2014]

L. Recommend that transportation costs for foster parents and agency support services be reimbursed in line with the 2014 DHHS Administrative Memo on Transportation* as follows:
   a. **Foster Parents:** 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 all miles beyond the initial 100 miles.

   b. **Agency Supported Foster Care Providers:** to compensate for the additional mileage and travel time required to support foster parents outside metropolitan areas, implement a payment of current deferral mileage rate for distances over 50 miles roundtrip from the agency satellite office or foster care program site to the ASFC home. When travel of over 50 miles roundtrip occurs, a payment of $18.00/hr windshield/travel time will also be available.

   *Note: The 2014 DHHS Administrative Memo on Transportation will be issued in the near future and will replace Title 479 2-002.03E1, Administrative Memo #1-3-14-2005.

   [Approved May 16, 2014]

M. Recommend that the base rate, level of parenting rate, and agency supportive rate added together create minimum foster care reimbursement rates but that no maximum rates are established. This allows DHHS and NFC to meet the needs of children with unexpected and unusual circumstances.
[Approved May 6, 2014]

N. Support the plan to "unbundle" foster care rates to allow for the tracking of Title IV-E expenses and in accordance the Nebraska's IV-E waiver plan. The "unbundling" should not result in a decrease in foster parent or foster care agency rates overall. DHHS must provide necessary financial data to foster care agencies and NFC to support the completion of an A-133 annual audit when $500,000 or more of federal funding is received. [Approved May 6, 2014]

O. Recommend the following rates for Agency Support Rates effective July 1, 2014:

Level	Daily Rate paid to Agency to support foster parent
Essential	$21.76
Enhanced	$28.17
Intensive	$38.76

Pre-Assessment: The pre-assessment rate is $21.76 for a 30 day or less pre-assessment period for those children new to the system.

Rural: To compensate for the additional mileage and travel time required to support foster parents outside metropolitan areas, implement a payment of $0.56/mile for distances over 50 miles roundtrip from the agency satellite office or foster care program site to the ASFC home. When travel of over 50 miles roundtrip occurs, a payment of $18.00/hr windshield/travel time will also be available. [Approved May 16, 2014]

P. Recommend the Nebraska Children's Commission and the Foster Care Reimbursement Rate Committee continue to monitor the impact and effectiveness of the new foster care rates (foster parent and foster care agency). Recommend that by July 1, 2015 a written report be submitted by DHHS and NFC that provides summary data and outlines the role and effectiveness of the level of care tool (NCR) to include:
    a. Analysis of the Nebraska Caregiver Responsibilities tool to include: total number of tools completed; % in each category (essential, enhanced, intensive); % LOC1, LOC2, LOC3; intersection between frequency of review and score.
    b. Analysis of the assessment process to include answering the following questions:
        i. Does the CANS gather the necessary information to identify the needs of the child and the resources needed as identified in the eight domains of the NCR?
        ii. Does the SDM provide adequate information to identify the needs of the child as they relate to the eight domains of the NCR?
        iii. Is the CANS needed given the information provided by SDM?
        iv. Does the NCR adequately identify the skills and responsibilities of the foster parent(s)?
        v. Does the NCR adequately ensure the child's needs are being met?
        vi. Does the NCR meet the needs of DHHS, Probation and the NFC?
        vii. Does the NCR meet the needs of Child Placing Agencies?
        viii. How does the NCR impact subsidies?
        ix. Do the current rates work and are they reasonable?
    c. Lessons learned, trends identified and recommendations for future consideration
    d. Data on NCR/LOC tool overrides done to further inform the lessons learned, trends identified, and recommendations for future consideration.

Q. Recommend that Probation be required to submit a written report by July 1, 2014, summarizing foster parent rates paid and providing an analysis of outcomes of any tool used to establish foster parent rates that would be consistent with the report provided by DHHS and NFC.
[Approved May 6, 2014]

Nebraska Caregiver Responsibilities
(NCR)

Child's Name: Child's Master Case #

Today's Date: _____ Last Assessment Date: _____ Previous Score: _____

Assessment Type:

- ☐ Initial
- ☐ Reassessment (6 months from date of previous tool)
- ☐ Request of Foster Parent
- ☐ Request of Agency/Department
- ☐ Change of Placement
- ☐ Permanency Plan Change
- ☐ Change of Childe Circumstance

Worker Completing Tool: _____ Service Area: _____

Caregiver(s): _____

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 or when there are changes that may impact the responsibilities of the caregiver as defined above.**

Forms should be filled out during a face-to-face meeting with the foster parent, the assigned worker, and the child placing agency worker (if applicable). Foster parents and the child placing agency worker (if applicable) should receive copies of the tool.

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 (based on results of SDM and CANS). 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.

CIRCLE ONE ONLY

LOC 1 Medical/Physical Health & Well-Being	
L1	Caregiver arranges and participates, as appropriate in routine medical and dental appointments; Provides basic healthcare and responds to illness or injury; administers prescribed medications; maintains health records; shares developmentally appropriate health information with child. Definition: Caregiver follows established policies to ensure child's physical health needs are met by providing basic healthcare and response to illness or injury. Caregiver contributes to ongoing efforts to meet the child's needs, by arranging, transporting and participating in doctor's appointments that is reflected in required ongoing documentation. Caregiver will administer medications as prescribed, keep a medication log of all prescribed and over-the-counter medication, understand the medications administered, and submit the medication log monthly.
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. Definition: Additional health concerns must be documented and caregiver's role in meeting these additional needs will be reflected in the child's case plan and/or treatment plan. Caregiver will transport and participate in additional medical appointments, including monthly medication management, physical or occupational therapy appointments, and monitor health concerns as determined by case professionals.
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. Definition: Any specialized interventions provided by the caregiver should be reflected in the child's case plan and/or treatment plan. Case management records should include narrative as to the training and/or certification of the caregiver to provide specialized levels of intervention specific to the child's heath needs. Caregiver will provide specific documentation of specialized interventions utilized to manage chronic health and/or personal care needs.
Outline the caregiver responsibilities:	

CIRCLE ONE ONLY

LOC 2 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. Definition: Caregiver follows established visitation plan and supports ongoing child-parent and sibling contact as outlined in case plan. Caregiver provides opportunities for the child to participate in culturally relevant experiences and activities. Caregiver works with parents and youth in ongoing development of youth's life book.
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. Definition: Caregiver provides and facilitates parenting time in accordance with the established parenting time plan and case plan. Caregiver provides regular instruction to parent outlining parenting strategies. This feedback must be reflected in Caregiver's required ongoing documentation.
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. Definition: Caregiver partners and collaborates with parents to ensure both caregiver and parent attends child's appointments and activities. Caregiver allows parental interaction in the foster home and provides support to the parent while the child is in the parent's home. Caregiver allows the parent to participate in daily routine of the child in the foster home (i.e. dinner, bedtime routine, morning routine). Documentation should illustrate caregiver's efforts to engage parent and shows examples of a transfer of learning to the parent.
Outline the caregiver responsibilities:	

CIRCLE ONE ONLY

LOC 3 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. Definition: Caregiver provides age and developmentally appropriate supervision, structure, and behavioral and/or emotional support. Caregiver utilizes constructive discipline practices that are fair and reasonable and are logically connected to the behavior in need of change. Caregiver can provide examples of strategies and interventions implemented.
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. Definition: Caregiver provides beyond age and developmentally appropriate supervision, structure, and behavioral and/or emotional support in accordance with a formal treatment or behavioral management plan as identified by the child's needs. Caregiver can provide examples of strategies and interventions implemented.
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. Definition: Caregiver follows established treatment plan to ensure child's safety and well-being. Treatment plan requires immediate and ongoing (more than once daily) monitoring and interaction. Strategies and interventions are developed in accordance with treatment plan and in consultation with case manager and must be followed to ensure child's immediate and ongoing safety and well-being. If plan is not followed child is at risk of imminent danger. Caregiver maintains frequent contact with mental health professionals and actively participates in services and monitoring. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.
Outline the caregiver responsibilities:	

CIRCLE ONE ONLY

LOC 4 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 the IEP development and review. Definition: Caregiver ensures child meets established education goals. Routine educational support includes structured homework routine and help with homework; maintaining regular, ongoing contact with school to ensure age-appropriate performance and progress. This includes participation in regularly scheduled parent-teacher conferences with the parents (as appropriate). For non-school age children, the caregiver will ensure the child is working on developmental goals (i.e. colors, ABCs, counting, etc.)
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. Definition: Educational goals may include both school-based as well as job training goals (for older youth). Caregiver implements monitoring in the home to reflect established learning plan objectives or collaborates with professionals to ensure child's educational goals are met. Caregiver provides examples of efforts to support education. Caregiver provides support and structure for child if suspended or expelled from school.
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. Definition: Caregiver implements interventions per an established alternative education plan, IEP or 504 plan which involves specialized activities and/or strategies outside of the educational setting. Implementation of this plan requires regular communication with school and is not considered routine educational support. Caregiver may require specialized training or certification in order to meet the child's educational and cognitive needs.
	Outline the caregiver responsibilities:

CIRCLE ONE ONLY

LOC 5 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 everyday experiences to help child learn and develop appropriate social skills. Definition: Caregiver encourages and provides opportunities for child to participate in age-appropriate peer activities at least once per week. Caregiver can give examples of the child's participation the activity. Caregiver transports to activity if needed. Caregiver monitors negative peer interactions. Examples may include: school-based activities, sports, community-based activities, etc.
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. Definition: Caregiver's intervention and participation further ensures child's participation in the activity. The child may not be able to participate without adult support. Caregiver can give examples of the child's participation in the activity.
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. Definition: Caregiver must participate and fully supervise child during all community and enrichment activities. Participation in the community and enrichment activities provides a normalized child experience. Caregiver can provide examples of child's normalized involvement in the activity.
	Outline the caregiver responsibilities:

CIRCLE ONE ONLY

LOC 6 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. Definition: Caregiver meets child's established basic needs to assure well-being. Caregiver understands and responds to the child's needs specific to removal from their home. Caregiver transports and participates in 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 a sense of safety on a daily basis. Definition: Caregiver follows established treatment plan to ensure child's safety and well-being are addressed. Strategies and interventions are developed in accordance with the treatment plan and in consultation with case manager. Caregiver has regular contact with mental health professionals and participates in mental health services for the child. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.
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. Definition: Treatment plan requires immediate and ongoing (more than once daily) monitoring and interaction. Therapeutic strategies and interventions are developed in accordance with treatment plan and in consultation with case management staff and must be followed to ensure the child's well-being. If plan is not followed child is at risk of imminent danger. Caregiver maintains frequent contact with mental health professionals and actively participates in services and monitoring. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.
	Outline the caregiver responsibilities:

CIRCLE ONE ONLY

LOC 7 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. Definition: Caregiver works to ensure placement stability. Caregiver communicates openly and regularly with case manager, provides required monthly documentation and participates in family team meetings. Caregiver must actively participate in developing a support plan to eliminate placement disruption.
L2	The child's/youth's needs require caregiver expertise that is developed through fostering experience, participation in support group and/or mentor support, and consistent relevant in-service training. Definition: Caregiver must utilize specialized knowledge, skills, and abilities to maintain child's placement. Child's needs warrant specialized knowledge, skills, and abilities. Interventions provided by caregiver must be in collaboration and consultation with other professions and case managers. Caregiver should provide examples of their specialized knowledge, skill, and abilities to ensure placement and participation in in-service training.
L3	The child's/youth's needs require daily or weekly involvement/participation by the caregiver with intensive in-home services as defined in case plan and/or treatment team. Definition: Caregiver must collaborate with external supports in order to maintain placement. These external supports provide intensive interventions within the caregiver's home, without which child could not safety be maintained. Interventions must be selected and implemented in collaboration with the case manager. Caregiver collaborates with intensive service interventions and demonstrates specialized knowledge, skills, and abilities to maintain child's placement. Caregiver provides examples of their role in the intensive in-home service provision. Caregiver may require additional training to eliminate placement disruption.
	Outline the caregiver responsibilities:

CIRCLE ONE ONLY

LOC 8 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 life book. Definition: Caregiver collaborates with case manager and other community resources to ensure child's permanency goal is met. Caregiver works with youth in ongoing development of youth's life book in preparation for permanency. Caregiver addresses developmentally appropriate daily life skills with the child.
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. Definition: For children 8 and above caregiver develops and monitors daily life skills activities. Caregiver assists the youth in completing the Ansell Casey Life Skills Assessment and uses the results to inform daily activities that promote development of independent living skills. Caregiver also supports efforts to maintain family relationships where appropriate. For children with goals of adoption and guardianship, the Caregiver regularly collaborates with the permanency staff to ensure child's permanency goals are met. If the caregiver will be providing permanency for the child, the caregiver is actively participating in adoption preparation activities. (examples include training, support group, mentor support, respite care) Caregiver can provide examples of ongoing efforts to ensure permanency.
L3	Caregiver supports active participation of youth age 14 or 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. Definition: Caregiver partners with independent living resources to ensure youth is prepared for transition to independent living. Caregiver provides assistance and interventions on an ongoing basis and in accordance with established IL plan (for youth over age 15). Caregiver demonstrates role in preparing youth for independent living by providing concrete examples of provided intervention and child's skill acquisition.
	Outline the caregiver responsibilities:

SIGNATURES:

NAME: _____ NAME: _____

Foster Parent Foster Parent

DATE: _____ DATE: _____

NAME: _____ NAME: _____

CFS/FPS Worker CFS/FPS Supervisor

DATE: _____ DATE: _____

NAME: _____ NAME: _____

CPA Representative (if involved) Other Participant

DATE: _____ DATE: _____

Nebraska Caregiver Responsibilities
Summary and Level of Parenting

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

Today's Date: _____ Last Assessment Date: _____ Previous Score: _____

Assessment Type:

- ☐ Initial
- ☐ Request of Foster Parent
- ☐ Change of Placement
- ☐ Reassessment (6 months from date of previous tool)
- ☐ Request of Agency/Department
- ☐ Permanency Plan Change
- ☐ Change of Child Circumstance

Worker Completing Tool: _____ Service Area: _____

Caregiver(s): _____

Child Placing Agency: _____ CPA Worker: _____

Circle the Age Range of the Child: 0-5 6-11 12-18

Take the scores for each of the LOC categories on the Nebraska Caregiver Responsibilities tool and record them below:

LEVEL OF CARE (LOC)	**SCORE**
LOC 1**: Medical/Physical Health & Well-Being**	
LOC 2: Family Relationships/Cultural Identity	
LOC 3: **Supervision/Structure/Behavioral & Emotional**	
LOC 4: Education/Cognitive Development	
LOC 5: Socialization/Age-Appropriate Expectations	
LOC 6: Support/Nurturance/Well-Being	
LOC 7: **Placement Stability**	
LOC 8 Transition To Permanency and/or Independent Living	
TOTAL LOC SCORE	

Circle the scores for LOC 1, 3 and 7. Add these three scores together to determine the weighted score.

Weighted Score: _____

Record the Total LOC Score from page 1: _____

Using the Total LOC Score above, determine what column to reference below. Once a column has been chosen, use the weighted score to determine Level of Parenting required.

	Total Score 1-8	**Total Score 9-17**	**Total Score 18-23**	**Total Score 24**
Essential	Weighted score =3	Weighted score =3		
Enhanced		Weighted score =4-5	Weighted score =4-5	
Intensive		Weighted score =6-9	Weighted score =6-9	Weighted score =9

Level of Parenting: _____

NAME: _____ NAME: _____

CFS Worker CFS Supervisor

DATE:_____ DATE:_____

Foster Care Rates Subcommittee
Report to the Foster Care Rate Reimbursement Committee
September 25, 2015

Members: David Newell (Nebraska Families Collaborative (NFC)), Jeanne Brandner (Probation), Felicia Nelsen (Nebraska Foster and Adoptive Family Association (NFAPA)), Doug Kreifels and Nanette Simmons (DCFS)

The above members of the Foster Care Rate SubCommittee representing Nebraska Families Collaborative (NFC), Office of Probation and DHHS Division of Children and Family Services (DCFS) met on September 10, 2015 to discuss the efficacy of the current rates which were implemented in July 2014 and which were based on the USDA Expenditures on Children by Families 2011 report. The current foster care rates that became effective on July 1, 2014 are listed below:

Age	Essential Parenting	Enhanced Parenting	Intensive Parenting
0 thru 5	$ 20.00	*$27.50*	*$35.00*
6 thru 11	$ 23.00	*$30.50*	*$38.00*
12 thru 18	$ 25.00	*$32.50*	$40.00

The three agencies that authorize the above rates, NFC, Probation, and DCFS all reported that there have been no indications from foster parents during this initial year of implementation that the foster care maintenance rates are unreasonable or unfair in any way.

During earlier discussions about the foster care rates, concerns were expressed about whether all of the special transportation needs of foster children could be met by a rate that was developed using the costs of more routine family related transportation expenditures. One year later, NFC, Probation, and DCFS identified that meeting the unique transportation needs of foster children, such as maintaining them in their home school when the school may be several miles away from his or her current foster home, for example, continues to be a challenge for contracted service providers and foster parents.

To meet these challenges, all three agencies, NFC, Probation, and DCFS shared processes in place to reimburse foster parents and service providers for the costs of additional mileage.

NFC utilizes a School Maintenance Authorization that allows a contracted service provider to bill $10 a day more if the foster parent affiliated with the service provider transports the youth to and from school to maintain the youth in their home school. The definition of School Maintenance is the following:

> *Maintenance of a Child's School Placement that meets the required distance (10 miles one-way) and documentation=$10 per school day (is not reimbursed for days when school is not in session).*

DCFS requires Agency Supported Foster Care (ASFC) Subrecipients to transport children placed in foster homes supported by the agency when the transportation distance is within a 25-mile radius of the child's foster home, and the foster parent is unable to provide the needed transportation in accordance with the following ASFC Subaward language:

> *The Subrecipient shall be responsible for transporting foster care children to their home school, activities, and services that are located within a 25-mile radius from the foster care home to support foster parents as needed, at no additional cost to DHHS. Activities and services include, but are not limited to, behavioral health appointments, medical appointments, and extra-curricular activities. DHHS encourages foster families to transport their foster care children to and from scheduled visits with the children's parents, siblings, and family members whenever possible and practicable.*

When the transportation distance exceeds the 25-mile radius, DCFS reimburses the ASFC Subrecipient an additional $0.575 per mile (current rate) for each mile a child is transported by the agency outside of the 25-mile radius when the ASFC Subrecipient agrees to do so.

Additionally, DCFS reimburses foster parents directly for each fifty (50) mile increment over the first 100 miles of transportation they provide to foster children in their care per month. This rate of reimbursement is $14.85 for each 50-mile increment over the first 100 miles of usual and routine transportation provided.

Probation shared the following report regarding the foster care rates and transportation services as of July 1, 2014, for all probation involved youth. The current rate is $78.76 per day.

Agency Supported Foster Care homes must be licensed by the Department of Health and Human Services and must be associated with an agency to provide foster care. The agency is to provide support to both the juvenile and to the foster parents through face to face contacts, crisis stabilization, respite care, licensing activities and training, and other supports to minimize disruption and changes in placement.

Foster parents shall be reimbursed by their associated agency a minimum rate of $40.00 per day for justice involved juveniles. Foster parents are responsible for the first 100 miles, per month, of direct transportation for juveniles in their home and are eligible for reimbursement for mileage connected to case plan or court-related activities for miles beyond the initial 100. Respite is included in the foster parent payment and any costs associated with the respite care plan are the responsibility of the foster parent.

In addition, the supporting agency will receive $38.76 per day for administrative costs, for a total daily rate of $78.76. These administrative costs shall include, but not limited to: licensing, recruitment, training, and background/record checks, foster care specialists visits to homes, family team meetings and case staffing attendance. A minimum of three contacts per month: two must be face-to-face contact between agency staff, the juvenile, and foster parent(s) with at least one occurring in the home. Additional contacts may occur via telephone, email, etc.

Other states in the Midwest such as Iowa reimburse foster parents at a lower rate. Iowa relative foster care is reimbursed at the ADC rate (under $200 per month) and their licensed foster homes average $18-25 per day.

When developing the foster care rates, the committee had previously looked at the USDA-Expenditures on Children by Families 2011. Below is a link for the updated report from the United States Department of Agriculture- Expenditures on Children by Families 2013:

http://www.cnpp.usda.gov/sites/default/files/expenditures_on_children_by_families/crc2013.pdf

Level of Care Assessment Subcommittee
Report to the Foster Care Reimbursement Rate Committee
September 2015

Members:
Lana Temple-Plotz (Chair), Susan Henrie, Karen Knapp, Doug Kreifels, Jacqueline Meyers, David Newell, Stacey Scholten.

Meeting Dates:
Friday, August 21, 1:00 – 3:00 pm
Wednesday, September 16, 2:00 – 4:00 pm

Level of Care Assessment Subcommittee

The Level of Care (LOC) Subcommittee resumed meeting in 2015 to examine issues around the implementation of the Nebraska Caregiver Responsibilities Tool (NCR) to make recommendations for any needed changes. The Subcommittee based its action steps on information gained from verbal reports on the tool at the April 2015 Foster Care Reimbursement Rate Committee (FCRRC) and the written reports of the Department of Health and Human Services (DHHS), Nebraska Families Collaborative (NFC), Probation, foster parents, and providers, as well as written reports provided and presented to the FCRRC in July 2015 by DHHS, NFC, and Probation.

After a thorough review of these materials and information, the LOC Subcommittee identified four areas in need of further examination. These areas are transportation, clarification of item LOC8, children who have higher levels of need than the foster parents can serve, and the possible addition of an additional higher level of care.

Transportation and the NCR

The group noted that a frequent issue raised in discussion of the NCR is transportation of foster children. Some examples of this issue are: 1) foster parents with multiple children who all have transportations needs and it is logistically impossible to fulfill the needs of all of the children; and 2) children who need to be transported long distances on a daily basis, and providing transportation is prohibitive to foster parents who have work or other family obligations.

The group acknowledges that transportation often poses logistical challenges when multiple foster children in a home have conflicting transportation needs or schedules. The group does not believe that this challenge can be effectively addressed through the NCR tool.

After a discussion of the problem, the group identified that the solution was to educate providers and foster parents about accessing the mechanism to pay for transportation. Foster parents can access payment when their transportation exceeds 25 miles daily. Mileage is provided for, but foster parents may not be accessing it.

The group reviewed the NCR for the purposes of infusing the tool with definitions for transportation at every level to increase education and awareness. The repeated inclusion of transportation at each relevant level is intended to make it a consulting point and make sure that the foster parents understand the expectations and are educated on the process for requesting mileage reimbursement. These proposed changes are included in the attachment.

Recommendation: The Level of Care Workgroup recommends that the proposed changes to the NCR be adopted to increase education and awareness of transportation within the caregiver's responsibilities.

Clarification of Item LOC8 "Transition to Permanency and/or Independent Living"

The group considered the possibility of separating the item LOC8 Transition to Permanency and/or Independent Living into two separate categories, "Transition to Permanency" and "Transition to Independent Living." The group noted that these are two different activities with different services and skills needed. While preparation for permanency and independent living do require different activities, the group also considered that foster parents should teach children developmentally appropriate independent living skills regardless of the permanency objective of the child. For instance, a foster parent may teach a child basic housekeeping skills, or to apply critical thinking and reasoning in daily situations.

The group agreed that item LO8 should remain one item, but include clarification of foster parent responsibilities for youth with permanency goals of independent living, adoption, or guardianship. Proposed changes to the NCR tool are included in the attachment.

Recommendation: The Level of Care Workgroup recommends that the proposed changes to the NCR be adopted to increase caregiver knowledge of responsibilities to teach children developmentally appropriate life skills and support the child's permanency plan.

Disparity between Children's Level of Need and Placement

The group discussed the consequences of placing a child in a home where the child has a higher level of need than provided for by the foster parents, and the agency provides the services necessary for the child to stay in the home. This creates two potential issues: the inability to determine if children's placement matches their needs on an aggregate level and the possible need for increased administrative payments to the agencies when they provide services to meet the gap between the level of care needed by the child and the care provided by the foster parents.

The Subcommittee agreed that it was important to have a very clear understanding of the limitations of the NCR. The NCR functions essentially as a placement agreement between the agency and the foster parent, and not a child assessment. The NCR cannot be used as an aggregate level population management as it cannot provide information about the level of care the child needs, only the level of care the child is currently receiving from the foster parent. The group identified this as a gap in available data, and will continue work to determine a solution.

The group further determined that the issue of administrative payments would be discussed at a meeting of the Foster Family-based Treatment Association. Providers have noted that they provide services to meet the gap between level of care needed by children and that provided by the foster home, but it not clear how often this happens or the fiscal impact to the providers. The group will continue to monitor this issue.

Creation of Additional Level of Care

The group also considered whether an additional level of care should be created for children who have needs outside of those currently measured by the tool. Currently, DHHS and NFC treat the children who fall outside of the tool on a case by case basis. The number of children who fall outside of the tool is very small, and custom agreements are created to provide for their care. Custom agreements have the benefit of providing detail and requiring administrative approval, but are not eligible for IV-E reimbursement due to not having a set methodology for arriving at the payment amount.

Recommendation: The LOC workgroup recommends that the Foster Care Reimbursement Rate Committee consider the issue of creating an additional level of care for children who have needs outside of the current tool. If the FCRRC determines that recommendations surrounding this issue should be created, it should identify the group that should create the recommendations.

Nebraska Caregiver Responsibilities
(NCR)

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

Today's Date: _____ Last Assessment Date: _____ Previous Score: _____

Assessment Type:

- ☐ Initial
- ☐ Reassessment (6 months from date of previous tool)
- ☐ Request of Foster Parent
- ☐ Request of Agency/Department
- ☐ Change of Placement
- ☐ Permanency Plan Change
- ☐ Change of Child Circumstance

Worker Completing Tool: _____ Service Area: _____

Caregiver(s): _____

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 or when there are changes that may impact the responsibilities of the caregiver as defined above.**

Forms should be filled out during a face-to-face meeting with the foster parent, the assigned worker, and the child placing agency worker (if applicable). Foster parents and the child placing agency worker (if applicable) should receive copies of the tool.

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 (based on results of SDM and CANS). 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.

CIRCLE ONE ONLY

LOC 1 Medical/Physical Health & Well-Being	
L1	Caregiver arranges and participates, as appropriate in routine medical and dental appointments; Provides basic healthcare and responds to illness or injury; administers prescribed medications; maintains health records; shares developmentally appropriate health information with child. Definition: Caregiver follows established policies to ensure child's physical health needs are met by providing basic healthcare and response to illness or injury. Caregiver contributes to ongoing efforts to meet the child's needs, by arranging, transporting* and participating in doctor's appointments that is reflected in required ongoing documentation. Caregiver will administer medications as prescribed, keep a medication log of all prescribed and over-the-counter medication, understand the medications administered, and submit the medication log monthly.
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. Definition: Additional health concerns must be documented and caregiver's role in meeting these additional needs will be reflected in the child's case plan and/or treatment plan. Caregiver will transport* and participate in additional medical appointments, including monthly medication management, physical or occupational therapy appointments, and monitor health concerns as determined by case professionals.
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. Definition: Any specialized interventions provided by the caregiver should be reflected in the child's case plan and/or treatment plan. Case management records should include narrative as to the training and/or certification of the caregiver to provide specialized levels of intervention specific to the child's heath needs. Caregiver will provide specific documentation of specialized interventions utilized to manage chronic health and/or personal care needs.
Outline the caregiver responsibilities:	

*Please detail transportation arrangements in responsibilities section. If the caregiver is unable to provide transportation, alternate arrangements must be discussed in detail at this time and documented in the responsibilities section.

CIRCLE ONE ONLY

LOC 2 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. Definition: Caregiver follows established visitation plan and supports ongoing child-parent and sibling contact as outlined in case plan. Caregiver provides opportunities for the child to participate in culturally relevant experiences and activities including transporting* children/youth to such activities. Caregiver works with parents and youth in ongoing development of youth's life book.
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. Definition: Caregiver provides and facilitates parenting time in accordance with the established parenting time plan and case plan. Caregiver provides regular instruction to parent outlining parenting strategies. This feedback must be reflected in Caregiver's required ongoing documentation.
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. Definition: Caregiver partners and collaborates with parents to ensure both caregiver and parent attends child's appointments and activities. Caregiver allows parental interaction in the foster home and provides support to the parent while the child is in the parent's home. Caregiver allows the parent to participate in daily routine of the child in the foster home (i.e. dinner, bedtime routine, morning routine). Documentation should illustrate caregiver's efforts to engage parent and shows examples of a transfer of learning to the parent.
Outline the caregiver responsibilities:	

*Please detail transportation arrangements in responsibilities section. If the caregiver is unable to provide transportation, alternate arrangements must be discussed in detail at this time and documented in the responsibilities section.

CIRCLE ONE ONLY

LOC 3 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. Definition: Caregiver provides age and developmentally appropriate supervision, structure, and behavioral and/or emotional support. Caregiver utilizes constructive discipline practices that are fair and reasonable and are logically connected to the behavior in need of change. Caregiver can provide examples of strategies and interventions implemented.
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. Definition: Caregiver provides beyond age and developmentally appropriate supervision, structure, and behavioral and/or emotional support in accordance with a formal treatment or behavioral management plan as identified by the child's needs. Caregiver can provide examples of strategies and interventions implemented.
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. Definition: Caregiver follows established treatment plan to ensure child's safety and well-being. Treatment plan requires immediate and ongoing (more than once daily) monitoring and interaction. Strategies and interventions are developed in accordance with treatment plan and in consultation with case manager and must be followed to ensure child's immediate and ongoing safety and well-being. If plan is not followed child is at risk of imminent danger. Caregiver maintains frequent contact with mental health professionals and actively participates in services and monitoring. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.
Outline the caregiver responsibilities:	

CIRCLE ONE ONLY

LOC 4 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 the IEP development and review. Definition: Caregiver ensures child meets established education goals. Routine educational support includes providing transportation* to and from school, providing a structured homework routine and help with homework; maintaining regular, ongoing contact with school to ensure age-appropriate performance and progress. This includes participation in regularly scheduled parent- teacher conferences with the parents (as appropriate). For non-school age children, the caregiver will ensure the child is working on developmental goals (i.e. colors, ABCs, counting, etc.)
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. Definition: Educational goals may include both school-based as well as job training goals (for older youth). Caregiver implements monitoring in the home to reflect established learning plan objectives or collaborates with professionals to ensure child's educational goals are met. Caregiver provides examples of efforts to support education. Caregiver provides support and structure for child if suspended or expelled from school.
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. Definition: Caregiver implements interventions per an established alternative education plan, IEP or 504 plan which involves specialized activities and/or strategies outside of the educational setting. Implementation of this plan requires regular communication with school and is not considered routine educational support. Caregiver may require specialized training or certification in order to meet the child's educational and cognitive needs.
	Outline the caregiver responsibilities:

*Please detail transportation arrangements in responsibilities section. If the caregiver is unable to provide transportation, alternate arrangements must be discussed in detail at this time and documented in the responsibilities section.

CIRCLE ONE ONLY

LOC 5 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 everyday experiences to help child learn and develop appropriate social skills. Definition: Caregiver encourages and provides opportunities for child to participate in age-appropriate peer activities at least once per week. Caregiver can give examples of the child's participation the activity. Caregiver *transports to activity if needed. Caregiver monitors negative peer interactions. Examples may include: school-based activities, sports, community-based activities, etc.
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. Definition: Caregiver's intervention and participation further ensures child's participation in the activity. The child may not be able to participate without adult support. Caregiver can give examples of the child's participation in the activity.
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. Definition: Caregiver must participate and fully supervise child during all community and enrichment activities. Participation in the community and enrichment activities provides a normalized child experience. Caregiver can provide examples of child's normalized involvement in the activity.
	Outline the caregiver responsibilities:

CIRCLE ONE ONLY

LOC 6 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. Definition: Caregiver meets child's established basic needs to assure well-being. Caregiver understands and responds to the child's needs specific to removal from their home. Caregiver transports* and participates in 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 a sense of safety on a daily basis. Definition: Caregiver follows established treatment plan to ensure child's safety and well-being are addressed. Strategies and interventions are developed in accordance with the treatment plan and in consultation with case manager. Caregiver has regular contact with mental health professionals and participates in mental health services for the child. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.
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. Definition: Treatment plan requires immediate and ongoing (more than once daily) monitoring and interaction. Therapeutic strategies and interventions are developed in accordance with treatment plan and in consultation with case management staff and must be followed to ensure the child's well-being. If plan is not followed child is at risk of imminent danger. Caregiver maintains frequent contact with mental health professionals and actively participates in services and monitoring. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.
	Outline the caregiver responsibilities:

*Please detail transportation arrangements in responsibilities section. If the caregiver is unable to provide transportation, alternate arrangements must be discussed in detail at this time and documented in the responsibilities section.

CIRCLE ONE ONLY

LOC 7 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. Definition: Caregiver works to ensure placement stability. Caregiver communicates openly and regularly with case manager, provides required monthly documentation and participates in family team meetings. Caregiver must actively participate in developing a support plan to eliminate placement disruption.
L2	The child's/youth's needs require caregiver expertise that is developed through fostering experience, participation in support group and/or mentor support, and consistent relevant in-service training. Definition: Caregiver must utilize specialized knowledge, skills, and abilities to maintain child's placement. Child's needs warrant specialized knowledge, skills, and abilities. Interventions provided by caregiver must be in collaboration and consultation with other professions and case managers. Caregiver should provide examples of their specialized knowledge, skill, and abilities to ensure placement and participation in in-service training.
L3	The child's/youth's needs require daily or weekly involvement/participation by the caregiver with intensive in-home services as defined in case plan and/or treatment team. Definition: Caregiver must collaborate with external supports in order to maintain placement. These external supports provide intensive interventions within the caregiver's home, without which child could not safety be maintained. Interventions must be selected and implemented in collaboration with the case manager. Caregiver collaborates with intensive service interventions and demonstrates specialized knowledge, skills, and abilities to maintain child's placement. Caregiver provides examples of their role in the intensive in-home service provision. Caregiver may require additional training to eliminate placement disruption.
	Outline the caregiver responsibilities:

CIRCLE ONE ONLY

LOC 8	Transition To Permanency and/or Independent Living
L1	For all children/youth regardless of their permanency objective, 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 life book. Definition: Caregiver collaborates with case manager and other community resources to ensure child's/youth's permanency goal is met. Caregiver works with child/youth in ongoing development of life book in preparation for permanency. Caregiver addresses developmentally appropriate daily life skills with the child/youth.
L2	Caregiver actively provides age-appropriate adult living preparation and life skills training for child/youth. For children/youth age 14 and above, training should be outlined in the written Independent Living Plan and determined through completion of the Ansell Casey Life Skills Assessment. **For children/ youth whose permanency objective is adoption or guardianship**, the caregiver (with direction from their agency and in accordance with the case plan), cooperates and works with team members, potential adoptive parents, therapists and specialists to ensure the child/youth -achieves permanency. Definition: **For children 8 and above** caregiver develops and monitors daily life skills activities. For children/youth 14 and above, caregiver assists the youth in completing the Ansell Casey Life Skills Assessment and uses the results to inform daily activities that promote development of independent living skills. Caregiver also supports efforts to maintain family relationships where appropriate. **For children/youth whose permanency objective is adoption or guardianship**, the Caregiver regularly collaborates with team members to ensure child's permanency goals are met. If the caregiver will be providing permanency for the child, the caregiver actively participates in adoption preparation activities (examples include training, support groups, mentor support, respite care).
L3	Independent Living Focus: Caregiver supports active participation of youth age 14 or above in services to facilitate the development of life skills and the transition to independent living. Definition: Caregiver partners with independent living resources to ensure youth is prepared for transition to live independently as an adult. Caregiver provides assistance and interventions on an ongoing basis and in accordance with established Independent Living Plan to include assistance with budgeting, education, self care, housing, transportation, employment, community resources and lifelong connections. Additionally, caregiver regularly collaborates with youth's PALS Specialist to ensure a smooth transition out of care. Caregiver demonstrates role in preparing youth for independent living by providing concrete examples of provided intervention and youth's skill acquisition.

CIRCLE ONE ONLY

	Outline the caregiver responsibilities:

SIGNATURES:

NAME: _____

Foster Parent

DATE: _____

NAME: _____

Foster Parent

DATE: _____

NAME: _____

CFS/FPS Worker

DATE: _____

NAME: _____

CFS/FPS Supervisor

DATE: _____

NAME: _____

CPA Representative (if involved)

DATE: _____

NAME: _____

Other Participant

DATE: _____

Group Home Rate Sub-Committee

Report to the Foster Care Reimbursement Rate Committee

September 25, 2015

The Group Home Rate Sub-Committee was created by the Nebraska Children's Commission ("Commission") and Foster Care Reimbursement Rate Committee ("FCRRC") for the purposes of developing a methodology for unbundling group home rates at the request of the Department of Health and Human Services. The Sub-Committee completed this task and presented its report (attached) to the FCRRC and Commission. The Commission requested the Sub-Committee to continue their work and calculate the actual costs of providing group home services using the methodology established to unbundle the rates. The Sub-Committee presents this report as an educational document intended to highlight the difference between the rates paid and the provider's actual expense to begin the process of bringing payment in line with cost.

Group Home Definitions

Emergency Shelter: Services are provided by trained staff that are awake and providing supervision to youth 24 hours a day and 7 days a week

Group Home A: Services are provided by trained staff that are awake and providing supervision to youth 24 hours a day.

Group Home B: Services are provided by trained staff that provide supervision during awake hours.

Process

The group's first step was to review the variables used in the recent work of establishing methodology for unbundling current group home rates for Title IV-E reporting purposes. The group home providers were in agreement that the most significant gap was in staffing ratios. During the group's initial work to review Title IV-E adjustments, the staffing ratios that were utilized reflected *minimum licensing standards* as follows:

Average ratio in 24 hour period

Staff	Clients	Hours	Note	Calculation
1	6	18	Awake hours	108
1	12	6	Sleep hours	72
		24		180
				180 / 24 = 7.5

Since minimum licensing standards are the same for Emergency Shelter, Group Home A, and Group Home B, the same ratio of 1 staff to every 7.5 clients was used in previous work for all services.

The current DHHS-CFS Contracts require Service Providers to meet the minimum Direct Care Staff to Youth ratios required by licensing standards. All providers involved in the sub-committee feel that the current ratios of one staff to six clients during awake hours, and one staff to twelve clients during sleep hours are too low, and have chosen to employ direct care staff at significantly higher levels than called for by licensing standards.

The group homes represented at the Sub-Committee ranged from large organizations with approximately 400 beds to community based homes with six beds. Ultimately the group chose to use a weighted average to reach the staffing ratios found in the report. The group discussed their staffing ratios, and arrived at the weighted average as follows:

Emergency Shelter	1 staff to every 4.25 clients
Group Home A	1 staff to every 4.7 clients
Group Home B	1 staff to every 5.06 clients

Clarification on Hourly Pay Rate

The Sub-Committee arrived at the average hourly rate of pay for a direct care worker after gathering input from providers based on their actual experience. While it might appear at first glance that the staff at Group Home B would have a reduced hourly wage due to sleep hours, the Sub-Committee found that the difference between the services is found not necessarily in the hourly rate of pay for a direct care worker, but in the staffing ratio.

Provider Survey Tool

The group recognized that the survey tool used to collect non salary costs contains a minor flaw in collecting data from different agencies that utilize different models of providing services. Due to the relatively small (+ or - $5 a day) range of error, the group chose not to delve deeper to rectify this minimal error.

Results of Cost Calculation

The Sub-Committee's calculation of actual costs is attached to this report. The current group home payment rate and calculated actual costs are below:

	Current DHHS Contracted Payment Rate Per Day	Current Probation Payment Rate Per Day	Calculated Actual Costs Per Day
Emergency Shelter	$ 146.00	$ 180.00	$ 276.48
Group Home A	$ 116.00	$ 135.00	$ 268.75
Group Home B	$ 89.50	$ 100.00	$ 254.41

The Group Home Sub-Committee presents this information as a first step in the process of bringing awareness to the significant gap between current payment rates and current costs of providing care.

GROUP HOME RATE SUBCOMMITTEE

8/12/2015

Direct Care Specialist

a	b	c	d	e	f	g	h	i	j
	(a * %)			8760/2080=4.21fte's	(d * e)	(f * %)	((f + g) * %)	(f + g + h)	(i / b / 365)
				365*24 = 8760		+6/52 11.5%	Ann + Adj * .34	Total	
Wghttd Avg Provider Act	85%			4.212 fte		(6 wks =2 hol+4 vac ill &train)	0.34	Wages	Per Placement
Avg ratio per 24 hr	Adj for occupancy %		Hourly $	Hrs per year	Annual $	Adj for pd leave	Benefits	Taxes Bens	Per Day Calc
4.250	3.61	**Shelter**	13.50	8,760	118,260	13,645	44,848	176,753	134.05
4.700	4.00	**Group Home A**	13.50	8,760	118,260	13,645	44,848	176,753	121.22
5.059	4.30	**Group Home B**	13.50	8,760	118,260	13,645	44,848	176,753	112.62

Direct Care Supervisor

7*7.5*.85/(4.21*1.115)								Total	(i / a / 365)
Ratio	Ratio						0.34	Wages	Per Placement
to children	to dir care wrkrs		Hourly $	hrs per year	Annual $		Benefits	Taxes Bens	Per Day Calc
5.39	7.00	**Shelter**	23.30	2,080	48,464		16,478	64,942	33.04
5.96	7.00	**Group Home A**	23.30	2,080	48,464		16,478	64,942	29.88
6.41	7.00	**Group Home B**	23.30	2,080	48,464		16,478	64,942	27.76

					(d+e+f+g)	h * 20%	(h + i)
	Direct Care IV E Maintenance Staffing	Supervisor IV E Mnt Staffing	provider survey non-sal IV E Maint	provider survey non-sal IV E Facility Operations	**IV E Sub Total**	**0.2 Indirect**	**TOTAL**
Shelter	134.05	33.04	53.28	10.03	**230.40**	**46.08**	**$ 276.48**
Group Home A	121.22	29.88	68.24	4.63	**223.96**	**44.79**	**$ 268.75**
Group Home B	112.62	27.76	63.72	7.91	**212.01**	**42.40**	**$ 254.41**

[1*] sup ratio * dir care ratio * occ % /(dir care fte's * (1+pd leave %))