Foster Care Reimbursement Rate Committee Meeting
December 9, 2015

HANDOUT TABLE OF CONTENTS

Agenda Item IV

Agenda Item VII

Nebraska Children's Commission
Foster Care Reimbursement Rate Committee
Eleventh Meeting
September 25, 2015
9:00 AM – 12:00 PM
Airport Country Inn & Suites
1301 West Bond Circle
Lincoln, NE 68521

I. Call to Order

The Foster Care Reimbursement Rate Committee (FCRRC) Chair, Peg Harriott, called the meeting to order at 9:03 a.m.

II. Roll Call

Committee Members present (11):

Jodie Austin	Peg Harriott	Lana Temple-Plotz
Jude Dean (9:08)	Anne Hobbs	Julia Tse
Corrie Edwards	Felicia Nelsen (9:27)	Michaela Young
Leigh Esau	Dave Newell	

Committee Members absent (6):

Steven Bauer	Vanessa Humaran	Jackie Meyer
Susan Henrie	Bobby Loud	Sherry Moore

Ex Officio Members present (5):

Jeanne Brandner	Karen Knapp	Nanette Simmons
Jodi Hitchler	Stacy Scholten	

Ex Officio Members absent (4):

Michele Anderson	Sherrie Spilde
Jerrilyn Crankshaw	Doug Weinberg

A quorum was established.

Guests in Attendance (9):

Bethany Connor Allen	Nebraska Children's Commission
Amanda Felton	Nebraska Children's Commission
Doug Kreifels	DHHS, Division of Children and Family Services
Cindy Rudolph	CEDARS

a. *Notice of Publication*
Recorder for the meeting, Amanda Felton, indicated that the notice of publication for this meeting was posted on the Nebraska Public Meetings Calendar website on August 26, 2015 in accordance with the Nebraska Open Meetings Act. The publication will be kept as a permanent attachment with the meeting minutes.

b. *Announcement of the placement of Open Meetings Act information*
A copy of the Open Meetings Act was available for public inspection and was located at the head table of the meeting room.

III. Approval of Agenda

Chair Harriott presented the agenda to the Committee. A motion was made by Jodie Austin to approve the agenda as presented. The motion was seconded by Leigh Esau. No further discussion ensued. Roll Call vote as follows:

FOR (8):

Jodie Austin	Peg Harriott	Julia Tse
Corrie Edwards	Dave Newell	Michaela Young
Leigh Esau	Lana Temple-Plotz	

AGAINST (0):

ABSTAINED (1):

Anne Hobbs

ABSENT (8):

Steven Bauer	Vanessa Humaran	Sherry Moore
Jude Dean	Bobby Loud	Felicia Nelsen
Susan Henrie	Jackie Meyer	

MOTION CARRIED

IV. Approval of Minutes of the Previous Meeting

Chair Harriott brought the minutes from the previous July 7, 2015 meeting to the Committee's attention. She inquired as to if there were any corrections. No corrections were provided. Jodie Austin moved to approve the July 7, 2015 FCRRC meeting minutes as presented. Corrie Edwards seconded the motion. There was no discussion. Roll Call vote as follows:

FOR (8):

Jodie Austin	Peg Harriott	Julia Tse
Corrie Edwards	Dave Newell	Michaela Young
Leigh Esau	Lana Temple-Plotz	

AGAINST (0):

ABSTAINED (1):

Anne Hobbs

ABSENT (8):

Steven Bauer	Vanessa Humaran	Sherry Moore
Jude Dean	Bobby Loud	Felicia Nelsen
Susan Henrie	Jackie Meyer	

MOTION CARRIED

V. Chairperson's Report

Peg Harriott invited everyone in attendance to introduce themselves and mention the role they fill on the FCRRC. The Chair let the members know that she had met with the new Director of the Division of Children and Family Services (DCFS), Doug Weinberg. She summarized the purpose and history of the FCRRC for Director Weinberg. He indicated that he had experience with a similar tool and was familiar with the topics that this Committee covers.

The Chair reminded the members that a legislative report is due in July 2016. The report must first go through the Nebraska Children's Commission for approval. Any recommendations that the FCRRC wished to make would need to be submitted to the Commission by their March 2016 meeting to allow time for any necessary alterations.

Peg directed the Committee to the previous report that was submitted in May of 2014. She explained that the report would be the base for the recommendations that the group will be working on over the next several months. Several of the reoccurring terms and topics used by the Committee were reviewed to assist in guiding discussion.

VI. Public Comment

Chair Harriott invited any members of the public forward. No public comment was offered.

VII. Base Rate Workgroup Report

The Chair welcomed Dave Newell to report on the Base Rate Workgroup. Mr. Newell explained that the Workgroup looked at the current practices regarding the Foster Care Rate across the three agencies, Probation, DCFS, and Nebraska Families Collaborative (NFC). He mentioned that the agencies had not received any complaints or concerns regarding the current rates, but that empirical evidence of this had not been completed. He clarified that this information was purely anecdotal, and that something such as a foster parent survey would provide hard data.

Mr. Newell explained that transportation causes many challenges to foster parents. Each of the three agencies had differing methods for how to reimburse for travel that goes above what would be considered the norm. He also noted that a significant way in which Nebraska differs from other states is that it does not differentiate between kinship care and licensed foster care. As a result of this change, kinship care providers are receiving substantially more reimbursement than previously. Overall, Nebraska falls in the top tier of states for reimbursement rates amounts.

The group delved into the transportation aspect of the reimbursement process. Mr. Newell indicated that while the financial aspect seemed to be operating well for the caregivers, it was the logistical issues that were causing problems. Caregivers have voiced that there is a struggle to get youth, especially if there a multiple in a household, to all of their activities. Agencies continue to struggle with how to address this issue.

Chair Harriott voiced a question that Director Weinberg had asked in their meeting. He had asked if it had been considered to add another age range for youth age 17-18 to encourage foster parents to take on older teens. Conversation lead the group to discuss that the barriers to permanency for older youth falls less so on financial reimbursement than it does for support systems available. The group discussed what kinds of issues and challenges that can occur when deciding to adopt an older youth and ways to combat the stigma associated.

The timeline of when recommendations need to be submitted was reviewed. Lana Temple-Plotz agreed to continue work on a survey to foster parents regarding their opinions of the current reimbursement rates. She would partner with Dave Newell to gather information to present at the next FCRRC meeting.

VIII. Level of Care Workgroup Report

Lana Temple-Plotz welcomed any of the FCRRC members who were interested to join the Level of Care (LOC) Workgroup to contact her. She directed the Committee members to the packet of information that was provided. Items that were reevaluated by the LOC Workgroup included transportation issues, clarification of LOC 8 on the Nebraska Caregiver Responsibilities (NCR) tool, disparity between children's level of need and placement, and the creation of an additional LOC. Ms. Temple-Plotz reminded the members that the NCR tool is made to focus on what the foster parent's responsibilities are and not the child's acuity or need.

Ms. Temple-Plotz reviewed the discussion of the LOC Workgroup members that led to their recommendations regarding transportation. The issue of logistics, once again, seemed to be a reoccurring problem voiced by foster parents. To ensure that the transportation needs of the child were addressed, the LOC Workgroup highlighted the issue in each relevant level of the tool.

Lengthy discussion occurred regarding the variations in travel reimbursement amongst the three agencies. It was addressed that a standardized method of reimbursement for travel that is above the norm could help eliminate confusion. Ms. Temple-Plotz clarified that the additional language of the NCR tool was made so that no matter the method used, the foster parent would be educated on the process.

LOC 8 within the NCR tool was the next item reviewed. Rather than separating LOC 8 into two categories, "Transition to Permanency" and "Transition to Independent Living," the Workgroup chose to further describe each area within the section. Ms. Temple-Plotz addressed the changes in age for performing the Ansel Casey Life Skills Assessment to reflect the agency standards. It was suggested to change the language from specifying the Ansel Casey assessment to a more generalized term to allow for flexibility assessments used across agencies.

Chair Harriott suggested looking into if the tool should include language from the Strengthening Families Act and the Reasonable and Prudent Parent Standard. Because of varying levels of mental and behavioral development, some of the common activities and experiences may not be appropriate for all involved youth. Using the Reasonable and Prudent Parent Standard would assist foster parents in assessing what activities would be suitable for the youth.

Jodi Austin cautioned the group on using the term "Independent Living." If language changed and this term was no longer used, then the NCR tool would lose relevancy. She agreed that shaping language around the Strengthening Families Act would ensure that the tool remains applicable regardless of terminology changes.

The next topic that the LOC Workgroup looked at was the discrepancy between a youth's level of need and their placement. When a child with a need higher than what the foster parent's level of care ability is, complications can arise. It can mean that the agency must compensate for any needs that the youth still needs, which increases the agency's cost of caring for the child. It also raises concern on determining what the aggregate levels are concerning the level of need vs. the level of care.

Ms. Temple-Plotz explained how the LOC Workgroup members debated on how to measure level of need in order to compare to the level of care. The Workgroup had looked into what the field currently used to measure youth needs. The Child and Adolescent Needs and Strengths (CANS) tool was no longer in use due to the duplication of information that was already gathered by the Family Strengths and Needs Assessment (FSNA). No consensus was reached by the Workgroup on what the best option for measuring youth need.

Stacy Scholten stated that she had spoken with Doug Beran, Research, Planning and Evaluation Administrator with DCFS. He had determined that there was a way to score the FSNA and pull the data for comparison with the NCR tool. Jodi Austin voiced that a crosswalk would most likely be possible, but was concerned if the FSNA could determine the acuity of each youth. She did not believe the FSNA could do such, which would prevent the ability to engage in outcome based contracting.

It was expressed that if a needs assessment instrument was selected, there would need to be an agency-wide commitment to the method of use, the data gathered, and the way in which data is used. Staff using the tools would need to recognize that they will not tell them what needs to be done, but rather serve as a resource to inform the staff member's decision. Lana Temple-Plotz commented that confusion could arise from the use of the term "LOC" referencing Level of Care, when in actuality it is the Level of Responsibility being measured. The Workgroup would look into altering this language within the NCR tool.

Jude Dean, a foster parent, agreed that a way to measure acuity would be a helpful tool for foster parents and agencies alike. She also discussed the various ways of caring for youth that may not be exemplified in the tool. Consequently, the higher level of responsibility that the caregivers take on may not be recognized by the tool. Ms. Dean also suggested that additional education be given to caregivers to help them realize the alternative ways they can encourage their foster youth to prosper. An example she gave included foster parents becoming more involved in the coordination and facilitation of birth parent visitations and team meetings.

Ultimately, the members of the FCRRC agreed that the NCR tool is not a way to measure the acuity of the involved youth. The Committee established that there could be benefit to a tool that assesses the acuity and needs of youth, including a move towards outcome based contracting. Addressing this issue, however, was beyond the scope of the FCRRC.

Discussion circled back to how to handle discrepancies in level of need and what the caregiver can provide in their level of responsibilities. Ms. Temple-Plotz informed the Committee that the LOC Workgroup had struggled with determining if the agencies that compensate for the disparity need to be given a higher reimbursement rate. The Workgroup came to the conclusion that it was an issue to take to the Foster Family-based Treatment Association (FFTA) for review. Information should be gathered from the FFTA as to what services are being compensated for, how often this issue arises, and what the financial impact is to the agencies.

The last issue addressed by the LOC Workgroup was the creation of an additional Level of Care (LOC) within the NCR tool. The current procedure handles youth with needs that fall outside of the tool on a case by case basis. This method allows for administration to create specialized plans and allows for each case to be closely monitored. However, without a standardized method for determining the payment level, IV-E funds cannot be utilized. Ms. Temple-Plotz informed the

FCRRC that if need for another LOC level was established, that the Committee must determine if the LOC Workgroup will examine the issue or if another group will be tasked with doing such.

Dave Newell reminded the group the Medicaid plans will change next year. The current Medicaid plan structure is incompatible for the foster care system to take advantage. With the upcoming changes to the Medicaid structure, having a Medicaid funded Treatment Foster Care could be possible. It was suggested that a decision be put on hold until the details of the Medicaid changes were released.

The Committee members also discussed the possibility of having a Professional LOC. This could potentially involve a parent staying home and fostering full time. Another suggestion was to create an educational or certificate level that would target community professionals such as counselors, medical professionals, and educators with skills and knowledge to assist the youth with intensive needs. It was also discussed how professionals have increased vulnerability as foster parents. Individuals making false allegations could cause irreparable damage to their career or license.

The Committee recessed at 10:23 a.m.

The Committee resumed business at 12:36 a.m.

IX. Group Home Rate Sub-Committee Report

Chair Harriott invited Doug Kreifels and Cindy Rudolph, Co-Chairs of the Group Home Rate Sub-Committee, to present. Mr. Kreifels summarized the history and process of the sub-committee. Previously, the Sub-Committee had worked to find a methodology to unbundle the group home rates. The same method was used to calculate the actual cost of running the various types of group homes. Ms. Rudolph then went through the cost of each group home and how the totals were calculated.

The final numbers showed a significant difference between the actual costs of running a group home to what the current reimbursement rates are. Below is a breakdown of the compared totals.

	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

Chair Harriott suggested that NFC be included in the current Payment Rates per Day chart to remain consistent with previous information. She then entertained any recommendations from the FCRRC members regarding the Group Home Rate Sub-Committee findings. Corrie Edwards let the Committee know that the Nebraska Association of Behavioral Health Organizations (NABHO) had not taken a position on the situation. Chair Harriott indicated that Children and Family Coalition of Nebraska (CAFCON) was waiting to see the results of the effort were before taking a position. She indicated that CAFCON was aware that it may be an issue that will need their attention.

Ms. Edwards stressed the importance of recognizing this disparity. With such high costs, it becomes difficult to establish much needed group homes, particularly in rural areas. She voiced that ratios of 1:7 for staff to clients cannot always guarantee a safe environment, making a ratio of 1:4 more realistic

for certain types of group homes. Conversely, requiring ratios of 1:4 for all group homes, as is being proposed under new licensing regulations, may be unnecessary and could force even greater costs on group homes. However a balance is to be found, the appropriateness of reimbursement rates should be evaluated.

Mr. Newell emphasized that quality group home care can do amazing things. One of the biggest hindrances to achieving quality care is inadequate funding. He recommended that there be dialog concerning actual costs incurred w providing quality care. After lengthy discussion, Dave Newell spoke on behalf of the FCRRC and commended the work of the sub-committee. He moved to advance the findings of the Group Home Rate Sub-Committee with the inclusion of the NFC rates to the Nebraska Children's Commission, noting a need for the issue be looked at further through a legislative review in order to measure quality of care, cost of care, and performance outcomes. The motion was seconded by Corrie Edwards. There was no further discussion. Roll Call vote as follows:

FOR (11):

Jodie Austin	Peg Harriott	Lana Temple-Plotz
Jude Dean	Anne Hobbs	Julia Tse
Corrie Edwards	Felicia Nelsen	Michaela Young
Leigh Esau	Dave Newell	

AGAINST (0):

ABSTAINED (0):

ABSENT (6):

Steven Bauer	Vanessa Humaran	Jackie Meyer
Susan Henrie	Bobby Loud	Sherry Moore

MOTION CARRIED

Jodi Austin addressed that the Group Home Rate Sub-Committee report may want to include general language cautioning that it does not take into account the acuity of the youth, and that to measure performance, those measures would need to be addressed. Ms. Austin moved to include cautionary language to the Group Home Rate Sub-Committee report regarding the importance of identifying the acuity of the child served when looking at outcome based performance. Leigh Esau seconded the motion. There was no further discussion. Roll Call vote as follows:

FOR (11):

Jodie Austin	Peg Harriott	Lana Temple-Plotz
Jude Dean	Anne Hobbs	Julia Tse
Corrie Edwards	Felicia Nelsen	Michaela Young
Leigh Esau	Dave Newell	

AGAINST (0):

ABSTAINED (0):

ABSENT (6):

Steven Bauer	Vanessa Humaran	Jackie Meyer
Susan Henrie	Bobby Loud	Sherry Moore

MOTION CARRIED

X. Review of Timeline and Update on July 2016 Legislative Report

All information regarding the timeline for the July 2016 Legislative Report was covered under previous Agenda Items.

XI. Review of Assignments/Action Plan

Chair Harriott reviewed the decisions and items to address when moving forward. Below is a list of the final assignments/action plans.

- The LOC Workgroup will address the following:
  - Anne Hobbs and Jodi Austin will be added as new members to the Workgroup.
  - A foster parent survey will be created to look at if the foster parents are completing the NCR tool with the agency staff, the consistency of responsibilities to what was outlined in the tool, and any concerns of foster parents regarding the current reimbursement rates. This survey will be completed, sent out, collected, and reviewed in time for a presentation at the next FCRRC meeting.
  - The Workgroup will look into adding language from the Strengthening Families Act to the NCR tool.
  - The Workgroup will address the discrepancy of language in the NCR tool and change the LOC (Level of Care) to reflect LOR (Level of Responsibility).
  - Lana Temple-Plotz will engage the FFTA in a discussion regarding the Administrative Reimbursement Rate.
  - Each LOC/LOR will more specifically address caregiver responsibilities that fall off of the NCR tool such as extracurricular activities.
  - A date for the next LOC Workgroup meeting will be scheduled by attendance survey with the location being the Nebraska Children's Society in Lincoln.
- The Base Rate Workgroup will await results from the foster parent survey to determine if more information needs to be added to their report prior to making a recommendation to the Nebraska Children's Commission.
- The Group Home Rate Sub-Committee will conclude their work after submitting their updated report to the Nebraska Children's Commission.

XII. New Business

There was no New Business to discuss.

XIII. Upcoming Meeting Planning

The next FCRRC meeting will be schedules sometime in early December. A doodle poll will be sent out to determine a date.

XIV. Adjourn

The meeting was adjourned at 11:21 a.m.

09/30/2015
AF

Foster Parent Survey

You completed an NCR for _____ on _____. To ensure that we are providing the best service possible to foster youth and their families, please take a moment to complete the following survey. For completing this survey you will be entered into a drawing/receive… (Incentive).

1. What county do you live in?
   a. Is this the same county that you resided in when you completed the NCR?

2. I completed the NCR with
   - ☐ My agency staff
   - ☐ My HHS worker
   - ☐ Neither
   - ☐ Both
   - ☐ On my own

3. At the time of completing this NCR, _____ (#) foster children were in my home?

4. I feel that the NCR captures all of the services that I am providing for _____:

(Youth Name)

Not at all	Only Somewhat	About half	For the Most Part	Completely
0	1	2	3	4

   a. Please list any additional services that you would like to see included in the NCR:

5. The NCR tool does an adequate job of describing foster parent responsibilities:

Not at all	Only Somewhat	About half	For the Most Part	Completely
0	1	2	3	4

6. We are aware that transportation can be challenging at times. Please give an example of how transportation has been an issue for you in the last 3-4 months.

7. Give an example of a time when you felt that you could not meet the needs of the child. Please explain.

8. In the above situation, did you ask for assistance from your agency, DHHS, or your informal supports? If no, please explain.

- Thank you for completing this survey. If you wish to be entered into a drawing to win __ ___, please select the link below to be directed to the entry page.

- **Alternatively- if possible:** To log your time spent completing this survey towards training requirements for renewal of your Foster Care License, please follow this link to obtain a certificate of completion. (Or something similar.)

Level of Responsibility Workgroup Report

Changing our Name

The workgroup changed our name to "Level of Responsibility" in keeping with our focus on foster parent responsibility versus youth level of care

Addressing the "Gap"

The following e-mail was sent to the 16 Nebraska FFTA member agencies on October 19, 2016:

> *The Foster Care Rate Reimbursement Committee (FCRRC) has requested FFTA member agencies assistance.*
>
> *As you know, the FCRRC has been reviewing the current NCR tool. Specifically, we have been discussing those instances when foster parents take on a lower level of responsibility than is required to meet the child's needs and the agency steps in to "close the gap".*
>
> ***Please review those youth you have served from July 1, 2015 to October 15, 2015 and assess the following:***
>
> *1. How often is this occurring? (# of children July 1 – October 15th)*
>
> *2. What kinds of things are agencies doing? (i.e., transportation, therapy appointments, school intervention, etc)*
>
> *3. How much additional time beyond what you would normally spend on a family/youth is this taking?*
>
> - *For example, a foster parent assumes an essential level of responsibility. In cases where the child's need is at the essential level, your agency would typically visit the home once a month, call weekly for 15-20 minutes, and attend 2 meetings a month for a total of 5 hours.*
>
> - *You currently have a case where the foster parent is assuming an essential level of responsibility but the child's needs warrant an intensive level of responsibility. Your agency staff are taking on foster parent responsibilities to maintain the placement. How much staff time above a typical essential level of support is needed?*
>
> *4. What is the estimated total cost to your agency (staff time, non reimbursed travel, etc) for those cases where this has occurred during July 1-October 15th?*

Three agencies responded with the following information:

Agency One (Urban):

"I'm sorry I didn't respond sooner. Truthfully, foster parents who accept higher level kids need to provide transportation, etc. when that is needed. Otherwise they need to stick to essential kids. There are times for all of our families that they are unable to provide these services, so of course XXXX fills in for them and completes the task. It would be impossible to put a dollar amount on those times. We have no way to track it. Sorry I wasn't more help"

Agency Two (Rural):

Number of Children - 15

Activities - Mainly transportation when foster parent can't (12 kids), hospitalization support to youth when foster parent couldn't (1), Crisis intervention (2)

Additional time required - 46 hours

Estimated cost - ~$1,000.00

Agency Three (Urban):

Number of Children - 2

Activities - Transportation to and from school, transportation to therapy as well as intense crisis support at school were supports that were necessary to maintain the child in the home.

Additional time required - Calls (school, case manager, and other team members), visits to the home and school, crisis intervention and transportation needs continue to require an additional three hours per week on average to maintain these children at the lower level.

Estimated cost - Three hours a week at $17.00/hour for crisis intervention and support calls. 40 miles a week at .48 cents a mile. Total: $70.20 per child x 2 children = $140.40 (weekly) x 15 weeks = $2,106.00

Total Impact: 17 children at ~$3,106.00 for 15 weeks of service

Changes to the NCR:

Initial changes are indicated in red, with new/additional changes are in blue.

Page 1, paragraph 2: Strengthening Families Act Language added

Page 1, paragraph 3: remove "service" insert "responsibility"

Pages 2 - 8: change LOC to LOR

Page 8: add transportation and insurance from original NCR back in

Addressing caregiver responsibilities not encompassed in the tool -

- The recommendation was made by foster parents on the workgroup to include examples of activities as an attachment and training tool for workers to use when completing the tool with foster parents and agency staff. Such examples may include: dance, athletics, drivers education, employment, school trips, etc.
- The group agreed that including multiple examples in the body of the tool would be cumbersome but examples of activities were necessary to further explain foster parent responsibilities and emphasize the reasonable and prudent parenting standard.

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.

In accordance with the Strengthening Families Act (SFA) the assigned worker, child placing agency worker (If applicable) and foster parent should exercise reasonable and prudent parenting standards. REASONABLE PRUDENT PARENT STANDARD means a standard characterized by careful and sensible parental decisions which maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the State to participate in extracurricular, enrichment, cultural, and social activities. 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 responsibility 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

LOR1 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

LOR2 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 transportation*. 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

LOR 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

LOR 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

LOR 5 Socialization/Age-Appropriate Expectations	
L1	In keeping with Reasonable and Prudent Parenting standards, Caregiver works with others to ensure child's successful participation in communityactivities; 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:

*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

LOR 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

LOR 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

LOR 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 LivingPlan 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 youths skill acquisition.

CIRCLE ONE ONLY

	Outline the caregiver responsibilities:

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 eligibility coverage for Foster Parents. For more information speak with your child's case worker and/or agency representative (Program Memo-Protection and Safety-#1-2001).

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: _____

NCR TOOL

LOC WG

11/17/15

09/18/15