

Nebraska Children's Commission – Foster Care Reimbursement Rate Committee

Fifth Meeting
February 18, 2014
1:00PM-4:00PM
Airport Country Inn and Suites, Platte Room
1301 West Bond Circle, Lincoln, NE 68521

Call to Order

Peg Harriott called the meeting to order at 1:16pm and noted that the Open Meetings Act information was posted in the room as required by state law.

Note: The meeting started late due to a lack of a quorum. After review of LB530, it was determined that Rhonda Newman could function as a voting member of the committee on behalf of David Newell.

Roll Call

Subcommittee Members present: Peg Harriott, Jena Davenport, Corrie Edwards, Shannon-Jo Hamilton, Jackie Meyer, Rhonda Newman (for David Newell), Barb Nissen, Ryan Suhr, and Lana Temple-Plotz.

Ex-Officio Members present: Lindy Bryceson, Karen Knapp, Richard Pope, and Thomas Pristow.

Subcommittee Member(s) absent: Leigh Esau, Susan Henrie, Bobby Loud, Sherry Moore, Alana Pearson, Katie McLeese Stephenson, and Bev Stutzman.

Ex-Officio Members absent: Michele Anderson, and Debbie Silverman.

Also attending: Bethany Connor and Leesa Sorensen from the Nebraska Children's Commission; and Jodi Allen from DHHS.

Approval of Agenda

A motion was made by Ryan Suhr to approve the agenda as written. The motion was seconded by Barb Nissen. Voting yes: Peg Harriott, Jena Davenport, Corrie Edwards, Shannon-Jo Hamilton, Jackie Meyer, Rhonda Newman (for David Newell), Barb Nissen, Ryan Suhr, and Lana Temple-Plotz. Voting no: none. Leigh Esau, Susan Henrie, Bobby Loud, Sherry Moore, Alana Pearson, Katie McLeese Stephenson, and Bev Stutzman were absent. Motion carried.

Approval of January 7, 2014 Minutes

A motion was made by Lana Temple-Plotz to approve the January 7, 2014 minutes as written. The motion was seconded by Shannon-Jo Hamilton. Voting yes: Peg Harriott, Jena Davenport, Corrie Edwards, Shannon-Jo Hamilton, Jackie Meyer, Rhonda Newman (for David Newell), Barb Nissen, Ryan Suhr, and Lana Temple-Plotz. Voting no: none. Leigh Esau, Susan Henrie, Bobby Loud, Sherry Moore, Alana Pearson, Katie McLeese Stephenson, and Bev Stutzman were absent. Motion carried.

Chair's Report

Peg Harriott informed the committee that she was planning to provide the committee with a draft Foster Care Reimbursement Rate Committee report that could be used for review, discussion, revision and approval and then be presented at the Nebraska Children's Commission meeting that was scheduled for February 19, 2014. However, Peg noted that Thomas had provided information just prior to the start of the meeting that he had arranged for a third-party evaluator to review the three categories of foster care rates and provide input to DHHS. The committee discussed Thomas's invitation to attend DHHS's meeting. After discussion of this change in plans, Peg indicated to the committee that the final recommendations would be delayed to take advantage of the opportunity to have the rates reviewed.

Public Comment

None.

Base Rate Implementation

Thomas Pristow provided a written Foster Care Rate Plan document that was created by DHHS to summarize the implementation milestones. Thomas also provided an update on the disallowance of federal funds. He noted that while this issue of IV-E was being dealt with, DHHS was planning to move ahead with agency supported foster care.

Thomas also provided an update on results based accountability (RBA) and the alternative response (AR) process. Thomas noted that a legislative hearing was held on February 12 regarding alternative response. Thomas also noted that alternative response was key to the IV-E waiver provisions being worked on with federal partners.

Thomas then provided information on the plan for Casey Family Services to work with DHHS and stakeholders to review the proposed foster care rates. Thomas noted that he was relying on this process to make sure that the rates were set properly before the July implementation process.

Level of Care Assessment Workgroup

Lana Temple-Plotz provided an update on the Level of Care (LOC) assessment workgroup. She noted that some changes were discussed related to the front of the form. The workgroup decided to add fields to the assessment tool to support the collection of data for evaluation at a later date. It was noted that the workgroup suggested that a report on the LOC tool be provide by DHHS,

NFC, and Probation by July 1, 2015 to assist the committee in evaluating the effectiveness and implementation of the LOC tool. The workgroup also discussed the need to assess the value of linking the SDM, CANs, and NCR tools and noted that this analysis would be done at a later date after more data had been collected.

The workgroup noted that additional discussions were needed on respite care and the difference in needs, especially for transportation, between urban and rural settings. It was also noted that the administrative rate and associated fees discussion needed to be finalized before final decisions could be made.

Recommendations to Children's Commission regarding Foster Parent Rates

Peg Harriott then reviewed the list of items for the Children's Commission report including the progress made by the Level of Care Workgroup and the delay in recommendations due to the timing of the administrative rate discussion. The group discussed further the "grandfathering" recommendation and the fact that the system needs to re-set. It was noted that the communication piece with families was critical to providing stability. Peg noted that Thomas had requested that a group be available to meet with the Casey representative to review the established rates. Lana Temple Plotz, Ryan Suhr, Jackie Meyer, and Barb Nissen volunteered to meet with DHHS and Casey.

Lana Temple-Plotz then moved that the Foster Care Reimbursement Rate Committee consider rates once they have been reviewed by DHHS and Casey. Jackie Meyer seconded the motion. Voting yes: Peg Harriott, Jena Davenport, Corrie Edwards, Shannon-Jo Hamilton, Jackie Meyer, Rhonda Newman (for David Newell), Barb Nissen, Ryan Suhr, and Lana Temple-Plotz. Voting no: none. Leigh Esau, Susan Henrie, Bobby Loud, Sherry Moore, Alana Pearson, Katie McLeese Stephenson, and Bev Stutzman were absent. Motion carried.

New Business

None.

Next Meeting Date

The next meeting is tentatively scheduled for March 4, 2014 from 1:00p.m. to 4:00p.m.

Adjourn

A motion was made by Lana Temple-Plotz to adjourn the meeting, seconded by Ryan Suhr. The meeting adjourned at 2:14 p.m.

**Level of Care Workgroup
Meeting Minutes
February 18, 2014
10:00 - 12:00**

Present: Lana Temple-Plotz, Karen Knapp, Ryan Suhr, Barb Nissen, Jenna Davenport, Jackie Meyer

Absent: Michelle Anderson, Katie McLeese Stephenson, Susan Henrie

Resources: Jodi Allen, Micaela Young (Cedars), Ronda Newman (NFC), Leesa Sorensen

Discussion:

1. Additions/changes to LOC tool
 - a. we have improved the definitions and discussed adding boxes to the front page to include:
 - i. initial
 - ii. reassessment (6 months from date of previous tool)
 - iii. change of child circumstance
 - iv. permanency plan change
 - v. request of foster parent
 - vi. request of agency/department
 - vii. change of placement
 - viii. Line to indicate the date of next review
 - b. Lana will clean up the definitions, add the boxes and weighting of LOC 1,3 and 7.
 - c. Group noted that the tool may be an effective tool to use when matching foster parents to the youth they'll potentially serve. By having foster parents complete the tool prior to any placements, DHHS and agencies will have a better understanding of what responsibilities foster parents are willing to assume.
2. Linking SDM/CANS/NCR - workgroup again discussed the importance of each of these tools being linked or "crosswalked." If the CANS is redone then the NCR should be redone.
3. Communication Plan - workgroup again discussed the importance of the new process and tools being communicated to foster parents and agencies by DHHS, NFC and Probation.
4. Training and Quality Assurance Plan - workgroup again discussed the need for a solid training and quality assurance plan and referenced the original Level of Care subcommittee report as a good resource.

Recommendations to Rate Committee:

1. DHHS implement LOC tool with changes effective July 1, 2014
2. DHHS implement parenting levels (essential, enhanced, intensive) and corresponding rates effective July 1, 2014:

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

3. DHHS implement Pre-Assessment Rates effective July 1, 2014:

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

4. DHHS work to link the SDM to the CANS to the LOC tool
5. Rate Committee determine if respite needs to be defined. Workgroup members discussed this definition but then determined defining respite was beyond the scope of our work. The definition included:
 - a. 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 supportive payment paid to the agency or the foster parent payment in cases where foster parents are supported by DHHS. Any costs associated with the respite care plan would be the responsibility of the agency or DHHS.
5. DHHS work with NFC and Probation to come up with a communication plan and process for rollout of training.
6. DHHS utilize the previous Level of Care subcommittee report as a reference when developing a training and quality assurance plan.
7. By July 1, 2015 a report be submitted by DHHS, Probation and the 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

Submitted by: Lana Temple-Plotz

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)
- Change of Child Circumstance
- Permanency Plan Change
- Request of Foster Parent
- Request of Agency/Department
- Change of Placement

Completed by: _____ Service Area: _____ Caregiver _____

Child Placing Agency: _____ CPA Worker: _____

The Nebraska Caregiver Responsibility document is to be completed within the **first 30 days of a child's placement in out-of-home care. For identified children on the cohort list, who are already in out of home care the form should be completed by September 15, 2013, or within 30 days of being assigned to a worker.**

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

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

LOC 1 Medical/Physical Health & Well-Being (weighted category)		
L1	<p>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.</p> <p>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.</p>	
L2	<p>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.</p> <p>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.</p>	
L3	<p>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.</p> <p>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 health needs. Caregiver will provide specific documentation of specialized interventions utilized to manage chronic health and/or personal care needs.</p>	
<p>Outline the caregiver responsibilities:</p>		

LOC 2 Family Relationships/Cultural Identity		
L1	<p>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.</p> <p>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.</p>	
L2	<p>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.</p> <p>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.</p>	
L3	<p>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.</p> <p>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.</p>	
<p>Outline the caregiver responsibilities:</p>		

LOC 3 Supervision/Structure/Behavioral & Emotional (weighted category)		
L1	<p>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.</p> <p>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.</p>	
L2	<p>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.</p> <p>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.</p>	
L3	<p>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.</p> <p>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.</p>	
Outline the caregiver responsibilities:		

LOC 4 Education/Cognitive Development		
L1	<p>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.</p> <p>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.)</p>	
L2	<p>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.</p> <p>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.</p>	
L3	<p>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.</p> <p>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.</p>	
	Outline the caregiver responsibilities:	

LOC 5 Socialization/Age-Appropriate Expectations		
L1	<p>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.</p> <p>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.</p>	
L2	<p>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.</p> <p>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.</p>	
L3	<p>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.</p> <p>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.</p>	
	Outline the caregiver responsibilities:	

LOC 6 Support/Nurturance/Well-Being		
L1	<p>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.</p> <p>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.</p>	
L2	<p>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.</p> <p>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.</p>	
L3	<p>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.</p> <p>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.</p>	
	Outline the caregiver responsibilities:	

LOC 7 Placement Stability (weighted category)		
L1	<p>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.</p> <p>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.</p>	
L2	<p>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.</p> <p>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.</p>	
L3	<p>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.</p> <p>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 safely 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.</p>	
	Outline the caregiver responsibilities:	

LOC 8 Transition To Permanency and/or Independent Living		
L1	<p>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.</p> <p>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.</p>	
L2	<p>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.</p> <p>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.</p>	
L3	<p>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.</p> <p>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.</p>	
	Outline the caregiver responsibilities:	

SIGNATURES

Youth: _____

NAME: _____

Foster Parent

DATE: _____

NAME: _____

CFS Supervisor

DATE: _____

NAME: _____

CPA Representative (if involved)

DATE: _____

Date: _____

NAME: _____

Foster Parent

DATE: _____

NAME: _____

RD worker

DATE: _____

NAME: _____

Other Participant

DATE: _____

Foster Care Reimbursement Rate Committee

Recommendations Draft Document

XXX X, 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”.
- 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, Probation, the Foster Care Reimbursement Rate Committee, and other related industry groups to ensure that: base rates; level of parenting rates; and agency support rates are established
 - 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.
- C. 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

- D. Recommend the implementation of the Nebraska Caregiver Responsibilities (NCR) tool effective July 1, 2014.
- E. Recommend the adjustments highlighted in red on the NCR tool be made prior to implementation (attachment).
- F. Recommend the following tools SDM/CANS/NCR be linked together for implementation when making a determination regarding foster parent rate.

G. 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

H. 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

I. Recommend DHHS, NFC and Probation 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 (attach grandfathering language).

J. 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 supportive payment paid to the agency or the foster parent payment in cases where foster parents are supported by DHHS. Any costs associated with the respite care plan would be the responsibility of the agency or DHHS.

K. Recommend that transportation costs for foster parents and agency support services be reimbursed in the following level for transportation that exceeds an xx mile limit.

a. xxxxx

L. 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, NFC and Probation. It is recommended that the initial Level of Care subcommittee report be used as a reference when developing the training and quality assurance plan.

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, NFC and Probation to meet the needs of children with unexpected and unusual circumstances.

- 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.
- O. 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 report be submitted by DHHS, Probation 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

Revised Recommendations to Rate Committee:

1. DHHS implement LOC tool with changes effective ~~July 1, 2014~~
2. DHHS implement parenting levels (essential, enhanced, intensive) and corresponding rates ~~following or in conjunction with administrative/support rates:~~

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

3. DHHS implement Pre-Assessment Rates ~~following or in conjunction with administrative/support rates:~~

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

4. DHHS work to link the SDM to the CANS to the LOC tool
5. Rate Committee determine if respite needs to be defined. Workgroup members discussed this definition but then determined defining respite was beyond the scope of our work. The definition included:
 - a. 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 supportive payment paid to the agency or the foster parent payment in cases where foster parents are supported by DHHS. Any costs associated with the respite care plan would be the responsibility of the agency or DHHS.
5. DHHS work with NFC and Probation to come up with a communication plan and process for rollout of training.
6. DHHS utilize the previous Level of Care subcommittee report as a reference when developing a training and quality assurance plan.
- 8.7. By July 1, 2015 a ^{written} report be submitted by DHHS, Probation and the 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



March 25, 2014

Dear Child Welfare Service Providers,

With the passage of LB 269, the Department of Health and Human Services has to take new measures before entering into a child welfare service contract. Specifically, LB 269, Sec. 10 (1) states the following:

Any entity seeking to enter into a contract with the Department of Health and Human Services to provide child welfare services shall provide evidence of financial stability and liquidity prior to executing such a contract.

In order to meet this statutory requirement, I'm asking that all of you please submit your most recently completed audited financial statements when you send in the signed contract and service attachments.

For those of you who have already signed and submitted your child welfare service contract with the effective date of April 1, 2014, please submit your most recently completed financial statements before April 1, 2014.

All contractual documents should be sent to the following:

Mark Mitchell, Program Specialist
Nebraska Department of Health and Human Services
301 Centennial Mall South
Nebraska State Office Building, 3rd Floor
P.O. Box 95026
Lincoln, NE 68509

Because this process is so important, no child welfare service contracts will be signed and executed by the Department until the documents we ask for are received and reviewed.

Thank you for your attention to this.

Respectfully,

Thomas Pristow, Director
Nebraska Department of Health and Human Services
Division of Children and Family Services

*Providers -
Give me or
Mandi Alley a call
if you have any questions.
We're moving in the right
direction!*

Residential Child-Care Contract Attachment "A"

24-Hour Residential Child-Care Rates
 The following rates will be effective through the Contract term:

Rate Structure	FY 2014-FY 2015 Rates
Basic CPA	\$41.94
Basic Foster Family	\$23.10
Basic Facility	\$45.19
Moderate CPA	\$76.31
Moderate Foster Family	\$40.44
Moderate Facility	\$103.03
Specialized CPA	\$101.65
Specialized Foster Family	\$51.99
Specialized Facility	\$148.11
Intense CPA	\$186.41
Intense Foster Family	\$92.43
Intense Facility	\$260.17
Emergency Care Services	\$122.20

The amounts below are the minimum amounts that a Child-Placing Agency must reimburse its foster families for Children receiving services under a Contract with the Department.

Service Level	Minimum Daily Amount to be Reimbursed to a Foster Family
Basic	\$23.10
Moderate	\$40.44
Specialized	\$51.99
Intense	\$92.43

A Report to the Nebraska Children's Commission

Foster Care Reimbursement Rate Committee

Submitted by

Nebraska Families Collaborative

April 1, 2014

NFC guiding principles for rate implementation of LB 530:

1. The driving force of implementing this change process should be to ensure the stability and continuity of care for foster children. System changes must be done flexibly to ensure placement stability and permanency for children. For these reasons, foster parents and Child Placing Agencies (CPAs)ⁱ should be held financially harmless while implementing these system changes.
2. Implemented changes in foster parent reimbursements and CPA rates must be consistent within the legal parameters and legislative intent of LB 530 (see LB 530 citations).
3. The new aged-based rates are the *minimum* standard for foster care reimbursement rates in Nebraska. Foster parents may receive reimbursement *higher* than these minimum rates based upon the best interests of the child or historical placement agreements that occurred prior to July 1, 2014. As the Nebraska Caregiver Responsibility Tool (NCR) is an untested tool, both DHHSⁱⁱ and NFC must be able to over-ride the tool if determined to be in the child's best interests. NFC also recommends that this variable be taken into consideration when determining adoption subsidies during this transition period.
4. Consistent with LB 530, existing NFC CPA-based rates should not be decreased. (Note: DHHS CPA rates are \$32 [Level 1], \$50 [Level 2], and \$69 [Level 3] per day.)
5. CPA payments, while not decreasing, must be "unbundled" into three categories so that tracking of Title IV-E expenses can be accurately reported. These categories are: administrative, program support, and maintenance. CPA rates should be increased to compensate for any increase in CPA costs due to implementation of either age-based rates or level of care (LOC) rates.

6. Foster parents should not be subjected to a decrease in foster care reimbursements for children placed in their care prior to July 1, 2014, unless it is based on a Nebraska Caregiver Responsibility (NCR) Tool re-assessment beginning February 1, 2015, or thereafter.
7. Contingent upon DHHS providing necessary financial data to CPAs, CPAs must be classified as sub-recipients. CPAs receiving \$500,000 or more of federal funding must complete an A-133 annual audit.
8. NFC must receive an increase in its contract funding for SFY 2015 in order to compensate for the financial impact of LB 530 implementation.

NFC IMPLEMENTATION TIMELINE:

- March 2014: Letter sent to all Child Placing Agencies (CPAs) and foster parents announcing the implementation of the Nebraska Caregiver Responsibility (NCR) Tool.
- April 2014: All Family Permanency Specialists (FPSs) are trained in the use of the Child and Adolescent Needs and Strengths (CANS) Tool. (Note: CANS training has already been announced to all FPS staff and scheduled throughout April.)
- May 2014: One webinar training session regarding the NCR Tool will be scheduled in early May. The session will be 1½ hours in length and administered by DHHS. (Note: A final version of the NCR Tool is not yet available.)
- June 2014: Two (2) additional webinar training sessions regarding the NCR Tool are scheduled in June 2014.
- July 2014: Implementation of the NCR and CANS tools begins. (Note: There has not yet been a decision about whether NFC will be required to have all youth scored on the NCR Tool by July 2014.)
- Ongoing NFC will conduct an ongoing audit and Continuous Quality Improvement process post-implementation of the NCR Tool to evaluate its impact on foster children, foster parents, and CPAs.

SUPPLEMENTAL MATERIALS:

1. LB 530 Excerpts
2. NFC Foster Care CPA Rates (eff. July 2010)
3. NFC Foster Care Rate Analysis (eff. July 2014)
4. DHHS Letter to Providers & Foster Parents Re: Foster Care Rates (Feb. 28, 2014)
5. NFC Letter to Child Placing Agencies (Mar. 4, 2014)
6. NFC Letter to Kinship Families (Mar. 31, 2014)

ⁱ Nebraska Families Collaborate is a licensed Child Placing Agency.

ⁱⁱ "DHHS" refers to the Nebraska Department of Health and Human Services.

Selected Provisions of Nebraska Law Relative to Foster Care Reimbursement Rates

43-4214

(2) The Legislature further finds that Nebraska's foster care system has begun to stabilize. In recognition of the essential contributions of foster parents and foster care providers to foster children in Nebraska, it is the intent of the Legislature to continue existing contractual arrangements for payment. . . Neb. Rev. Stat. § 43-4214(2) (2013 Supp.)

(3) It is the intent of the Legislature:

...

c) To ensure that contracted foster care service provider agencies do not pay increased rates out of budgets determined in contracts with the Department of Health and Human Services prior to any change in rates; Neb. Rev. Stat. § 43-4214 (3) (c) (2013 Supp.)

43-4217

(1) . . . In making recommendations to the Legislature, the committee shall use the then-current foster care reimbursement rates as the beginning standard for setting reimbursement rates. The committee shall adjust the standard to reflect the reasonable cost of achieving measurable outcomes for all children in foster care in Nebraska. The committee shall (a) analyze then-current consumer expenditure data reflecting the costs of caring for a child in Nebraska, (b) identify and account for additional costs specific to children in foster care, and (c) apply a geographic cost-of-living adjustment for Nebraska. The reimbursement rate structure shall comply with funding requirements. . . Neb. Rev. Stat. § 43-4217 (1) (2013 Supp.)



Agency Foster Care Rates by Supplemental Level Rates
Effective date: July 1, 2010

Level	Per diem	Per month (30.42 days/mo.)
Basic		
0-5 years	\$27	\$818
6-12 years	\$32	\$965
13-18 years	\$36	\$1,079
Minimal		
0-5 years	\$32	\$982
6-12 years	\$38	\$1,159
13-18 years	\$43	\$1,296
Moderate		
0-5 years	\$39	\$1,186
6-12 years	\$46	\$1,401
13-18 years	\$51	\$1,566
Intensive		
0-5 years	\$54	\$1,636
6-12 years	\$64	\$1,932
13-18 years	\$71	\$2,160

Pre-Assessment Rate: \$38.00 per day regardless
of age
(first 10 days of placement)

NFC Foster Care Rate Analysis - Kinship Foster Care

Current Rates (January 2014)				
Actual Foster Care Payments from FamCare System	Average Number of Youth	Total January 2014 Payments	Average Payment/month per Age group	Average Payment/Day per Age Group
Ages 0 - 5	240	78,155	325	10.49
Ages 6 - 11	158	62,196	394	12.71
Ages 12 - 18	146	73,715	505	16.30
Total Current Kinship Population	544	214,067	393	12.69

With New Base Rates Beginning 7/1/14				
^*Calculated by Applying New Base Rates to be Implemented on 7/1/14 to actual population and number of care days from January, 2014	Average Number of Youth	Total Projected Payments**	Average Payment/month per Age group	Average Payment/Day per Age Group
Ages 0 - 5	240	149,770	623	20.10
Ages 6 - 11	158	113,153	717	23.13
Ages 12 - 18	146	118,901	815	26.29
Total Current Kinship Population	544	381,825	702	22.64

Current Total Monthly Payments	214,067
Projected Total Monthly Payments Beginning 7/1/14	381,825
Increase to Kinship FC Payments Based on Current Population	167,758
Annualized Increase***	2,013,094.10

***NFC expects Kinship Foster Care population to remain steady or increase with strong focus on family finding in order to keep out of home youth in family homes whenever possible



February 28, 2014

Dear Provider/Foster Parent:

The Nebraska State Legislature passed LB 530 in June 2013, providing for standardized rates of payment for foster care beginning July 2014. The rates include a base payment which will more accurately reflect the cost of raising a child in the Midwest. The base payment will be:

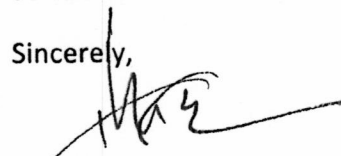
- Age 0-5 \$20.00/day
- Age 6-11 \$23.00/day
- Age 12-18 \$25.00/day.

The Division of Children and Family Services is continuing to work collaboratively with providers, foster parents and Casey Family Services to develop rates for **Enhanced parenting, Intensive parenting and Administrative support**. We anticipate those rates to be finalized shortly.

The Division of Children and Family Services will have all staff, including Nebraska Families Collaborative staff, trained to utilize the two new assessment tools; the Child and Adolescent Needs and Strengths (CANS), and the Nebraska Caregiver Responsibility Tool (NCR). The training of all staff will be completed by July 2014. These assessments will be utilized to determine additional caregiving a foster parent will provide based on the child's needs. The NCR will be completed with the foster parent.

Thank you for your dedication to Nebraska's children. I appreciate your patience as we strive to ensure Nebraska's foster parents receive the support they need to fulfill their special responsibility. If you should have any questions or concerns, please contact Nanette Simmons at 402-471-9457.

Sincerely,



Thomas D. Pristow, MSW, ACSW, Director
Division of Children & Family Services
Department of Health and Human Services

cc: Vicki Maca
Nathan Busch
Camas Steuter
Mike Puls
Lindy Bryceson
Kathleen Stolz
Debbie Silverman

March 4, 2014

RE: Foster Care Reimbursement Rates

Dear NFC Network Provider:

Enclosed you will find a copy of a letter sent to Nebraska child placing agencies and foster parents by Director Thomas Pristow last Friday explaining the status of foster care reimbursement rates for state fiscal year 2015 from the DHHS's perspective.

As you know LB 530 (2013) requires DHHS to implement the reimbursement rate recommendations of the Foster Care Reimbursement Rate Committee. The base rate recommendations are included in Director Pristow's letter. In addition to the foster parent base rates there may be an additional amount paid to foster parents for higher levels of parenting. There will also be an amount paid to the child placing agencies for their administration and support services. These rates have yet to be determined.

Please be advised that NFC continues in active negotiations with DHHS regarding extension of its contract beginning July 1, 2014, which will include the new foster care reimbursement rates. We understand that these negotiations will impact the child placing agencies in our network, and therefore will keep you advised of any developments as they occur. It is NFC's intent in its negotiations with DHHS not to decrease payments to child placing agencies contingent on available funding in NFC's contract.

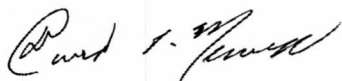
It is also important to remember that Nebraska's Title IV-E claiming process must be corrected at the same time as we begin operating under this new rate structure. NFC is committed to being part of the solution to Nebraska's Title IV-E claiming difficulties. In that regard, an administrative cost structure must be developed and allocated in such a manner that it complies with federal law and allows Nebraska to claim Title IV-E funds at the maximum possible rate. NFC submitted its proposed Cost Allocation Plan to DHHS in June of 2013 and is working with DHHS to finalize the plan.

Thank you for the work you do every day to ensure that Nebraska's children and families are



safe, healthy and thriving. If you have any questions or concerns please feel free to contact me at (402) 492-2500.

Sincerely,

A handwritten signature in cursive script, appearing to read "David P. Newell".

David P. Newell
President & CEO

C: Thomas Pristow
Bob Pick



March 31, 2014

Dear NFC Kinship Parent:

We have good news! Due to a new state law that was passed (LB 530), the base foster care payments for all children placed in foster care will be changing to help foster families better meet the needs of the children they are caring for. Beginning with your August 2014 foster care payment, you will see the following minimum rates applied to your payment:

Age 0-5 yrs: \$20.00/day	Age 6-11 yrs: \$23.00/day	Age 12-18 yrs: \$25.00/day
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We will also be making a slight change to the payment schedule. Starting July 1, 2014, your full payment will be received by you no later than the 10th of the following month of service. This will continue to be the payment schedule moving forward.

In order to make up for this change, you will receive half of your payment early in July, on or around July 25th. The payment for the second half of the month will be received by you on or before August, 10th.

We felt this was the best time to make this change to our payment schedule in order to have the least amount of impact on you and your family. We hope this transition will be a smooth one and appreciate your understanding and patience during this process. If you have questions or concerns about your reimbursement, please feel free to contact Stacy Giebler, Director of Accounting and Finance, at 402-492-2517.

We cannot thank you enough for all that you are doing for the children in your care. We know that when kids are unable to live with their parents, the next best place is to be with people they know and trust. The love and care you provide is one of the most important supports they will receive while they are away from their parents.

We are honored to have you as a part of the Nebraska Families Collaborative extended family as we work together to help make sure children and families are safe, healthy and thriving.

Respectfully,

David Newell, CSW, ACSW
President & CEO

