

Nebraska Children's Commission – Foster Care Reimbursement Rate Committee

Sixth Meeting

April 1, 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 1:00pm and noted that the Open Meetings Act information was posted in the room as required by state law.

Roll Call

Subcommittee Members present: Peg Harriott, Corrie Edwards, Leigh Esau (1:02 p.m.), Susan Henrie, Bobby Loud (1:32 p.m.), Jackie Meyer, David Newell, Barb Nissen, Alana Pearson, Katie McLeese Stephenson (1:18 p.m.), Bev Stutzman, Ryan Suhr, and Lana Temple-Plotz.

Ex-Officio Members present: Michele Anderson, Jeanne Brandner, Lindy Bryceson, Thomas Pristow, Debbie Silverman, and Nanette Simmons.

Subcommittee Member(s) absent: Jena Davenport and Sherry Moore.

Ex-Officio Members absent: Karen Knapp

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

Approval of February 18, 2014 Minutes

A motion was made by Ryan Suhr to approve the February 18, 2014 minutes as written. The motion was seconded by Corrie Edwards. Voting yes: Peg Harriott, Corrie Edwards, Leigh Esau, Susan Henrie, Jackie Meyer, David Newell, Barb Nissen, Alana Pearson, Bev Stutzman, Ryan Suhr, and Lana Temple-Plotz. Voting no: none. Jena Davenport, Bobby Loud, Sherry Moore, and Katie McLeese Stephenson were absent. Motion carried.

Chair's Report

Peg Harriott informed the committee that Shannon-Jo Hamilton had resigned from her committee position because of a job change. Peg noted that an application for membership to fill the representative opening on the committee would be provided to committee members in the near future. Peg then provided the committee with a recommendations draft document and requested that the committee begin the process of working through the document to determine if any of the recommendations could be finalized. It was noted that the document begins with the legislative intent language from LB530. Peg noted that part of the issue with finalizing the document was the fact that there has not been a final decision on the part of DHHS to finalize the agency rates.

Public Comment

None.

DHHS and Casey Consultant Meeting

Thomas Pristow provided an update on the meeting with the Casey Consultant to review the foster care reimbursement rates. He noted that the consultant indicated that the rates that have been proposed are consistent with what other states have been using as foster care rates. Thomas noted that reports from foster care agencies are due to his office by April 18 and he would be working from those reports to establish the administrative rate. Thomas also noted that he will have information on the rates including the rates reviewed by the Casey consultant by April 28, 2014, and will provide that information to both Peg Harriott and Leesa Sorensen on April 28, 2014. Thomas also noted that he would be meeting with Senator Kathy Campbell and Senator Annette Dubas on April 2, 2014, to provide an update on DHHS progress on setting the foster care reimbursement rates.

Foster Care Rate Implementation Planning

DHHS Update

Thomas Pristow and Nanette Simmons provided an update on the DHHS implementation plan. Thomas indicated that he will be talking with Senator Campbell and Senator Dubas on April 2, 2014, and will be informing them of the plan to delay implementation of the foster care reimbursement rates until August 1 instead of the July 1 date. Thomas noted that LB530 requires that the base rates be implemented by July 1, but did not require that the other rates be in place by that time. Thomas indicated that DHHS does not want to implement the rates piecemeal, so a suggestion was going to be made to delay implementation for a month. Thomas

indicated that he would prefer to have the rates delayed by 30 days to implement both the base rate and level of care rate together in a more healthy way. A committee member questioned Thomas and Nanette on this plan since some parents have already received notice of the rate change effective July 1. Thomas indicated that he felt it was a fluid situation and that they would work with foster parents to communicate the changes.

Thomas indicated that a provider meeting was also planned for April 2 in Kearney to discuss the rate changes. He also noted that CAFCON was scheduled to meet the week of April 7. Thomas stated that he would work with stakeholders to make the transition work the best way possible.

Thomas also noted that DHHS would need to address the transportation issue for rural areas. He also noted that there was additional work to do on the blending of rates. It was noted that the true cost of administration needed to be determined so that the base rate, parenting rate and agency support rate works with the IV-E waiver requirements. He felt that the 9 levels of payments were in range and that there were pros and cons of the committee recommending rates. Thomas noted that the executive branch is in charge of operationalizing the change.

NFC Update

David Newell provided an update on NFC's plan for implementation of the new rates that are effective July 1, 2014. David provided a handout with information on residential child-care rates from Texas. The Texas rates provide four levels of care – Basic, Moderate, Specialized, and Intense.

Dave then provided a second handout that included NFC's guiding principles for rate implementation of LB530; selected provisions of Nebraska law relative to foster care reimbursement rates; NFC's agency foster care rates by supplemental level rates; NFC foster care rate analysis – kinship foster care; the February 28, 2014, DHHS letter to providers and foster parents; and NFC's March 4, 2014, letter to NFC Network Providers on the foster care reimbursement rates. Dave directed the committee's attention back to the intent of the legislation and noted that the rate changes will have a significant impact on kinship foster care.

NFC also noted that DHHS will be doing the training on the NCR tool. The training will also be made available by webinar. The training will be scheduled in the next couple of months after rate decisions have been finalized.

Probation Update

Jeanne Brandner provided an update on Probation's plan for implementation of the new rates. Jeanne indicated that Probation is planning to stay in line with what NFC and DHHS are doing. She indicated that the discussion of transportation will be extremely important. Jeanne noted that there is no indication that probation's rates will be changing and they intend to continue with utilizing the standard and intensive probation rates that are currently being used. It was noted that Probation is not planning to implement the NCR tool at this time but will continue to monitor the issue.

Level of Care Assessment Workgroup

Lana Temple-Plotz provided an update on the Level of Care (LOC) assessment workgroup. Lana reported that the workgroup met from 10:30am to 12:00pm on April 1, 2014, to continue the work on the NCR tool. Lana noted that the workgroup is still waiting for pilot results from DHHS. The February 18, 2014, meeting notes were provided to the group. A copy of the NCR tool was not distributed because the group is continuing to fine tune elements 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. Lana noted that an updated version of the tool will be provided at a future meeting.

The workgroup noted that additional discussions were needed on transportation and respite issues. The workgroup is still discussing issues related to the definition of "respite". The group was not sure if the USDA base rates included money for transportation and respite. The group further discussed "regular respite" vs "unique respite" which usually applies to medically fragile children. There was also a question as to what the real cost of respite would be. The workgroup is suggesting that a better understanding of respite issues would be helpful.

It was also noted that the administrative rate and associated fees discussion needed to be finalized before final decisions could be made. However, the workgroup is continuing to develop recommendations. Lana noted that the group will be going back to the original report to the legislature and making recommendations related to training, implementation and quality assurance as noted on page 4 and 5 of the original November 2012 Level of Care Assessment Subcommittee report.

Agency Support/Service Rates

Thomas Pristow indicated that the information that he had regarding rates was covered under the plan for implementation of new rates report.

Recommendations to Children's Commission regarding Foster Parent Rates

Peg Harriott then reviewed the list of draft recommendations for the Children's Commission that was handed out at the beginning of the meeting. The committee reviewed Recommendation A which included the legislative intent language from LB530. Peg noted that she had left off the final statement of intent as it related to funding that would be handled by DHHS. After some discussion, the committee decided to add the final intent state in as the committee felt it was important for funds to be available to permanently replace the foster care bridge funding.

A motion was made by Katie McLeese Stephenson to approve Recommendation A with the addition of the final intent language from LB530. The motion was seconded by Barb Nissen. Voting yes: Peg Harriott, Corrie Edwards, Leigh Esau, Susan Henrie, Bobby Loud, Jackie Meyer, David Newell, Barb Nissen, Katie McLeese Stephenson, Bev Stutzman, Ryan Suhr, and Lana Temple-Plotz. Voting no: none. Jena Davenport, Sherry Moore, and Alana Pearson were absent. Motion carried.

The committee reviewed Recommendation B. The committee discussed the need to strike the reference to Probation; change “agency support rates” to “Child Placement Agency rates” and add the phrase “and implemented:” after the word “established” which appears before sub-bullet “a.”.

A motion was made by Lana Temple-Plotz to approve Recommendation B with the additions as noted above. The motion was seconded by Jackie Meyer. Voting yes: Peg Harriott, Corrie Edwards, Leigh Esau, Susan Henrie, Bobby Loud, Jackie Meyer, David Newell, Barb Nissen, Katie McLeese Stephenson, Bev Stutzman, Ryan Suhr, and Lana Temple-Plotz. Voting no: none. Jena Davenport, Sherry Moore, and Alana Pearson were absent. Motion carried.

The committee then discussed Recommendation C and no changes to the language were suggested. A motion was made by David Newell to approve Recommendation C as written. The motion was seconded by Katie McLeese Stephenson. Voting yes: Peg Harriott, Corrie Edwards, Leigh Esau, Susan Henrie, Bobby Loud, Jackie Meyer, David Newell, Barb Nissen, Katie McLeese Stephenson, Bev Stutzman, Ryan Suhr, and Lana Temple-Plotz. Voting no: none. Jena Davenport, Sherry Moore, and Alana Pearson were absent. Motion carried.

Recommendation D was discussed next. The committee discussed the need to change and enhance the language of Recommendation D. The committee agreed that Recommendation D should read as follows: “Recommend the implementation of the Nebraska Caregiver (NCR) Tool for all youth placed July 1, 2014, or after. As the NCR is a newly developed tool, DHHS and NFC may override the NCR tool administration results if determined to be in the child’s best interest.”

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

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. The committee then agreed to table the discussion on Recommendation E until the next meeting; strike Recommendation F; and postpone discussion on Recommendation G and H until Child Placement Agency Rates are provided by DHHS. The committee then agreed that due to time constraints the discussion of the remaining recommendations would be handled at the May meeting.

New Business

None.

Next Meeting Date

The next meeting is tentatively scheduled for May 6, 2014 from 1:00p.m. to 4:00p.m.

Adjourn

A motion was made by Jackie Meyer to adjourn the meeting, seconded by Corrie Edwards. The meeting adjourned at 4:04 p.m.

DRAFT

Level of Care Workgroup Meeting Minutes April 1, 2014

Present: Lana Temple-Plotz, Ryan Suhr, Barb Nissen, Jackie Meyer, Michelle Anderson, Susan Henrie

Absent: Katie McLeese Stephenson, Jenna Davenport, Karen Knapp

Resources: Leesa Sorensen, Jodi Allen, Ronda Newman

Discussion:

1. Review and approval of February 18, 2014 meeting minutes
 - a. Minutes approved
2. Update/discussion of March 19, 2014 meeting with DHHS and Casey Consultant
 - a. Lana, Ryan, Jackie and Barb provided an overview of the March 19, 2014 meeting with DHHS and the Casey Consultant. Some questions during this meeting regarding the mileage reference in the original tool. Workgroup agreed to leave this reference as well as the respite and liability insurance in the tool we advance to the larger committee.
3. Additions/changes to LOC tool
 - a. Reviewed Barb's changes to the tool and agreed to include all changes. Additional changes to the tool the group agreed upon include: removing the "weighted category" language in LOC 1, LOC3 and LOC 7; including the references to respite, liability insurance and mileage on the last page; and including the separate scoring tool we developed.
4. Discuss previous recommended timelines for tool and rates (see February 18, 2014 minutes).
 - a. Group discussed at length whether to advance the parenting level and pre-assessment rates given DHHS has not yet determined an agency rate. Group agreed the focus of the LOC workgroup is to recommend changes to the Nebraska Caregiver Responsibilities Tool and to recommend foster parent rates. While the administrative rate is an important piece of the overall picture, it is not within the responsibility of the Level of Care Workgroup.
 - b. Group voted and agreed to advance the level of parenting and pre-assessment rates to the larger committee.

Final Recommendations to Rate Committee:

1. DHHS implement LOC tool with changes as identified in red.
2. DHHS implement parenting levels (essential, enhanced, intensive) and corresponding rates:

<u>Age</u>	<u>Essential Parenting</u>	<u>Enhanced Parenting</u>	<u>Intensive Parenting</u>
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:

<u>Age</u>	<u>Daily</u>
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:
- c. 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.
6. DHHS work with NFC and Probation to come up with a communication plan and process for rollout of training.
7. DHHS utilize the previous Level of Care subcommittee report (November 2012) as a reference when developing an implementation process, training and quality assurance plan.
8. 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:
- d. 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.
 - e. 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?
 - f. Lessons learned, trends identified and recommendations for future consideration

Nebraska Caregiver Responsibilities (NCR)

Child's Name: _____

Child's Master Case # _____

Today's Date: _____

Last Assessment Date: _____

Previous Score: _____

Assessment Type:

- | | | |
|---|---|---|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Request of Foster Parent | <input type="checkbox"/> Change of Placement |
| <input type="checkbox"/> Reassessment (6 months from date of previous tool) | <input type="checkbox"/> Request of Agency/Department | <input type="checkbox"/> Permanency Plan Change |
| | | <input type="checkbox"/> Change of Child Circumstance |

Worker Completing Tool: _____

Service Area: _____

Caregiver(s): _____

Child Placing Agency: _____

CPA Worker: _____

The Nebraska Caregiver Responsibility document is to be completed within the **first 30 days of a child's placement in out-of-home care or when there are changes that may impact the responsibilities of the caregiver as defined above.**

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

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

LOC 1 Medical/Physical Health & Well-Being	
L1	Caregiver arranges and participates, as appropriate in routine medical and dental appointments; Provides basic healthcare and responds to illness or injury; administers prescribed medications; maintains health records; shares developmentally appropriate health information with child.

	<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</p>	

	the child to participate in culturally relevant experiences and activities. Caregiver works with parents and youth in ongoing development of youth's life book.	
L2	<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>	
Outline the caregiver responsibilities:		

LOC 3 Supervision/Structure/Behavioral & Emotional		
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	Caregiver works with other professionals to develop, implement and monitor specialized behavior management or intervention strategies to address ongoing	

	<p>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 regimens 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>	
<p>Outline the caregiver responsibilities:</p>		

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>	

<p>L2</p>	<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>	
<p>L3</p>	<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>	
	<p>Outline the caregiver responsibilities:</p>	

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

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>	
	<p>Outline the caregiver responsibilities:</p>	

LOC 7 Placement Stability		
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 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</p>	

	examples of their role in the intensive in-home service provision. Caregiver may require additional training to eliminate placement disruption.	
	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</p>	

	prepared for transition to independent living. Caregiver provides assistance and interventions on an ongoing basis and in accordance with established IL plan (for youth over age 15). Caregiver demonstrates role in preparing youth for independent living by providing concrete examples of provided intervention and child's skill acquisition.	
	Outline the caregiver responsibilities:	

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

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

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

SIGNATURES:

Youth: _____

Date: _____

NAME: _____
Foster Parent

NAME: _____
Foster Parent

DATE: _____

DATE: _____

NAME: _____
CFS Worker

NAME: _____
CFS Supervisor

DATE: _____

DATE: _____

NAME: _____
CPA Representative (if involved)

NAME: _____
Other Participant

DATE: _____

DATE: _____

Nebraska Caregiver Responsibilities Summary and Level of Parenting

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

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

Assessment Type:

- | | | |
|---|---|---|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Request of Foster Parent | <input type="checkbox"/> Change of Placement |
| <input type="checkbox"/> Reassessment (6 months from date of previous tool) | <input type="checkbox"/> Request of Agency/Department | <input type="checkbox"/> Permanency Plan Change |
| | | <input type="checkbox"/> Change of Child Circumstance |

Worker Completing Tool: _____ Service Area: _____

Caregiver(s): _____

Child Placing Agency: _____ CPA Worker: _____

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

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

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

Agency Supported Foster Care Rate Structure

Foster Care Rate Committee Meeting
May 6, 2014



Background

- Due to ACF Nebraska is being required to clearly allocate IV-E dollars between maintenance and administrative costs
- Disallowances due to lack of source documentation to support claims likely to continue until concerns are resolved
- Title IV-E law requires “reasonable administration rates” be established
- Maintenance payments must comply with federal Title IV-E law and regulations
- Initial review of Provider’s Administrative rates ranged from 6% to 60% depending on the agency

Determining ASFC Rate Structure

- In determining the Agency Supported Foster Care (ASFC) Rate Structure the following was taken into account:
 - A sample population of children in Out-of-Home care in 2013
 - Staff to child ratio
 - Supervisor to staff ratio
 - Number of licensed homes
 - The average salary and fringe benefits for Provider Staff compared to comparable DHHS Staff

DHHS Daily Rate Structure

DHHS Daily Rate Structure

<i>Maintenance Payments</i>	<i>Age</i>	<i>Essential Daily Rate</i>	<i>Enhanced Daily Rate</i>	<i>Intensive Daily Rate</i>	<i>Administrative/Support Daily Rate</i>
	<i>0 - 5</i>	\$20.00	\$27.50	\$35.00	\$10.26 (45% of Average Rate)
	<i>6 - 11</i>	\$23.00	\$30.50	\$38.00	\$12.22 (40% of Average Rate)
	<i>12 - 18</i>	\$25.00	\$32.50	\$40.00	\$15.06 (40% of Average Rate)
	<i>Average Rate</i>	\$22.67	\$30.17	\$37.67	

<i>Administrative Payments</i>	<i>Essential</i>	<i>Enhanced</i>	<i>Intensive</i>
<i>Foster Care Specialist</i>	\$5.43	\$6.84	\$8.88
<i>Foster Care Supervisor</i>	\$0.85	\$1.07	\$1.40
<i>License/Tng Recruit</i>	\$2.27	\$2.27	\$2.27
<i>+ 20% Indirect Rate</i>	\$1.71	\$2.04	\$2.51
Total Administrative Payment	\$10.26	\$12.22	\$15.06

DHHS Daily Rate Structure, Effective July 1, 2014

<i>Maintenance Payments</i>	<i>Age</i>	<i>Essential Daily Rate</i>	<i>Enhanced Daily Rate</i>	<i>Intensive Daily Rate</i>	<i>Administrative/Support Daily Rate</i>
	<i>0 - 5</i>	20.00	27.50	35.00	10.26 (45% of Average Rate)
	<i>6 - 11</i>	23.00	30.50	38.00	12.22 (40% of Average Rate)
	<i>12 - 18</i>	25.00	32.50	40.00	15.06 (40% of Average Rate)

<i>Administrative Payments</i>	<i>Essential</i>	<i>Enhanced</i>	<i>Intensive</i>
<i>Foster Care Specialist</i>	5.43	6.84	8.88
<i>Foster Care Supervisor</i>	0.85	1.07	1.40
<i>License/Tng Recurit</i>	2.27	2.27	2.27
<i>+ 20% Indirect Rate</i>	1.71	2.04	2.51
Total Administrative Payment	10.26	12.22	15.06

May 5, 2014

To: Foster Care Reimbursement Rate Committee (FCRRC)

From: Warren and Casie Kittler, foster parents in Lincoln through KVC

Re: Foster Care Reimbursement

Thank you for taking the time to think through this complex issue and guide our state toward making positive changes in the way it incentivizes decisions in foster care. We were encouraged to apply to be on the FCRRC, but we found out that our schedules will not allow us to participate. In lieu of our direct participation, we respectfully submit this letter to you for your consideration.

To give you a sense of our experience, we have been foster parents through KVC for almost two and a half years. We have had seven foster children in our care: four brothers who were successfully reunited with their mother last June, a brother and sister whom we hope to adopt this summer, and a baby who joined our family a month ago.

Like many foster parents, we believe in the importance of building deep relationships with the children in our home, as well as helping them develop safe behaviors. We believe that children in foster care need stability, security, and love in order to thrive. To provide this environment for the young, preschool-age foster children in our home, we have made the decision for Casie to stay home fulltime with the children. She invests hours of quality time with our children, transports them to doctor's appointments, therapy sessions, and family visits, and attends family team meetings, court sessions, and a multitude of meetings with case workers, attorneys, foster care specialists, and other foster care professionals. Her daily presence in our children's lives helps them form healthy bonds of attachment and gives them a valuable sense of security.

We realize that not every foster parent can choose to stay home with their foster children, especially single parents. Not only that, but we also recognize and appreciate that many working foster parents still provide safe, secure, and loving homes for their foster children. However, we would suggest that it would be wise to incentivize more homes with a stay-at-home parent to enter into foster care.

From our perspective, the current foster reimbursement rate system offers little incentive for parents to stay home with their foster children. When the foster parent works, the state pays for daycare. When the foster parent is too busy to drive the children to appointments or visits, the state pays for transportation. However, all foster parents receive the same reimbursement regardless of the amount of time spent with the children in their homes or the level of care their children receive. A family who sees their foster child for three hours between the end of daycare and bedtime is reimbursed as if they had cared for the child all day long and transported him or her to all appointments and visits.

To be clear, we used state-provided transportation and daycare as foster parents when we needed extra help, and we are thankful for these services. However, we believe that changes can and should be made.

Here are the two changes we suggest:

- 1) Transportation Incentive - give an extra stipend to foster families who provide transportation for their children. This will:
 - a. Save the state money on subcontractors who provide transportation
 - b. Build safer habits in foster children. How do you teach a three-year-old not to get in a car with a stranger when you have them do it three times a week to go visit their mom?

- 2) Stay-Home Incentive – give an extra stipend to foster families who do not use day care. This will:
 - a. Save the state money on day care expenses
 - b. Give foster children more stability and security by helping them build deeper family relationships with their foster family

We are certainly thankful for the current reimbursement that we receive from the state of Nebraska, as well as supplemental supports like WIC and Medicaid. Without them, we would not be able to afford to be foster parents. If we are to receive any increase this summer as a result of the committee's actions, we look forward to providing an even brighter future for our children.

Thank you for taking the time to consider our point of view. We realize that as relatively new foster parents, we have a very limited perspective of the system as a whole, but we hope that this is a helpful contribution to your discussion. We are more than happy to answer any questions you may have about our situation or experiences.



Warren Kittler
warren.kittler@gmail.com
402.318.6489



Casie Kittler
yepitsmekc@gmail.com
402.318.6472

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.)

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	Monthly Totals at NFC Current FC Rates			Monthly Totals at Proposed Level of Care Rates with Proposed Admin		
	Current Total Payment to Foster Parents	Current Total Admin and Support to Agencies	Total Current Payments to Agencies	Payments to Foster Parents with Minimum Level of Care Rates	Proposed Admin and Support to Agencies	Proposed Total Payment to Agencies
Service						
FC - Intensive FC - Intensive (0-5) Total	63,185	43,431	106,616	70,593	28,876	99,469
FC - Intensive FC - Intensive (13-18) Total	106,981	114,777	221,758	125,864	44,106	169,970
FC - Intensive FC - Intensive (6-12) Total	137,584	132,280	269,864	157,682	62,146	219,828
FC - Minimal FC - Minimal (0-5) Total	65,597	50,698	116,295	83,830	42,203	126,033
FC - Minimal FC - Minimal (6-12) Total	41,921	45,837	87,758	59,792	25,553	85,345
FC - Minimal FC - Minimal(13-18) Total	13,324	16,994	30,318	19,275	7,910	27,185
FC - Moderate FC - Moderate (0-5) Total	24,163	18,191	42,354	29,865	13,271	43,136
FC - Moderate FC - Moderate (13-18) Total	25,945	22,913	48,858	32,285	11,943	44,228
FC - Moderate FC - Moderate (6-12) Total	31,081	27,201	58,282	38,644	15,483	54,126
FC - Pre-Assessment Total	8,405	8,847	17,252	12,124	7,271	19,395
Professional Foster Care Total	27,916	31,124	59,040	27,916	31,124	59,040
Total	546,101	512,294	1,058,395	657,869	289,886	947,756
Days in January (month of Data used)	+31	+31	+31	+31	+31	+31
Days per Year	x 365	x 365	x 365	x 365	x 365	x 365
Annualized amounts	6,429,900.28	6,031,844.35	12,461,744.64	7,745,880.47	3,413,178.11	11,159,058.58

	per Month	per Year
Total admin and support currently paid to agencies	512,294	6,031,844.35
Proposed admin and support	289,886	3,413,178.11
Change in Admin and Support	(222,407)	(2,618,666.24)

	# of Days in ASFC 2013	Average Rate Paid 2013	Amount Paid to Agency in Calendar Year 2013
Apex	1,471	\$60.18	\$88,530.00
Behavioral Health	23,057	\$38.73	\$892,914.00
Better Living	4,534	\$38.52	\$174,650.00
Building Blocks	40,830	\$42.49	\$1,735,032.00
Cedars	74,473	\$42.09	\$3,134,240.00
Child Saving Institute	1,434	\$40.16	\$57,588.00
Christan Heritage	42,641	\$41.21	\$1,757,130.00
Christian Home Assn.	859	\$37.87	\$32,530.00
COMPASS	5,208	\$40.80	\$212,484.00
Cornerstone	149	\$42.59	\$6,346.00
Epworth	7,941	\$41.92	\$332,912.00
Father Flanagan's	7,081	\$41.23	\$291,925.00
Grace Children's Home	294	\$47.54	\$13,977.00
KVC	122,342	\$42.36	\$5,182,495.74
Lutheran Family Services	1,923	\$41.40	\$79,607.00
Mid-Plains	17,126	\$47.19	\$808,191.00
Nebraska Children's Home	6,849	\$38.10	\$260,927.00
NOVA	16,123	\$38.02	\$612,952.00
Omni	15,353	\$55.51	\$852,305.00
St. Francis	4,885	\$54.39	\$265,704.00
South Central	23,737	\$50.98	\$1,210,229.00
TFI Family Services	540	\$40.74	\$22,001.00
	418,850	\$43.82	\$18,024,669.74

Foster Care Reimbursement Rate Committee
 Recommendations Draft Document
 (with April 1, 2014 approved changes)
 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”.
 - e. to have funds appropriated to permanently replace the bridge foster care funding and provide the necessary additional funds to bring foster care reimbursement rates in compliance with the recommendations of the research and study completed by the Foster Care Reimbursement Rate Committee in 2012.

- 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~~ Child Placement Agency rates are established and implemented:
 - a. in accordance with the intent of LB530
 - b. in a timely manner so that training and communication about the new rates and rate establishment process can be adequately administered to all affected parties.

- 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 for all youth placed effective July 1, 2014, or after. As the NCR is a newly developed tool, DHHS and NFC may override the NCR tool administration results if determined to be in the child’s best interest.

- 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

Recommendation A

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

Recommendation 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 Child Placement Agency rates are established and implemented:
 - in accordance with the intent of LB530
 - 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.

Recommendation 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

Recommendation D

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

Recommendation E

- Recommend the adjustments highlighted in red on the NCR tool be made prior to implementation (attachment).

Recommendation F

- ~~Recommend the following tools SDM/CANS/NCR be linked together for implementation when making a determination regarding foster parent rate.~~

Recommendation 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

Recommendation 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

Recommendation 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).

Grandfathering Language

Recommended payment transition plan for "Grandfathering" current foster care placements:

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

Grandfathering Language

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

- the payment amount in effect on June 30, 2014 (inclusive of the stipend amount); or
- the Foster Care Reimbursement Base Rates effective July 1, 2014 (see rates above).
- The foster care payment rate determined under this method will be in effect from July 1, 2014 to January 31, 2015, and the foster parent will not receive a reduction in payment during this period. However, during this period the child's caregiver needs will be assessed using the Nebraska Caregiver Responsibilities (NCR) tool, as appropriate, and rates may be increased based on the level of parenting needed.

Grandfathering Language

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

Grandfathering Language

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

Grandfathering Language

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

Recommendation 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.

Recommendation 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.
 - xxxxx

Recommendation 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.

Recommendation 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.

Recommendation 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.

Recommendation 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:

Recommendation O

- 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.

Recommendation O

- Analysis of the assessment process to include answering the following questions:
 - 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?
 - Does the SDM provide adequate information to identify the needs of the child as they relate to the eight domains of the NCR?
 - Is the CANS needed given the information provided by SDM?
 - Does the NCR adequately identify the skills and responsibilities of the foster parent(s)?
 - Does the NCR adequately ensure the child's needs are being met?
 - Does the NCR meet the needs of DHHS, Probation and the NFC?
 - Does the NCR meet the needs of Child Placing Agencies?
 - How does the NCR impact subsidies?
 - Do the current rates work and are they reasonable?

Recommendation O

- Lessons learned, trends identified and recommendations for future consideration

Sorensen, Leesa

From: Hawekotte, Kim B.
Sent: Tuesday, May 06, 2014 10:56 AM
To: Sorensen, Leesa
Subject: FW: Proposed Foster Care Reimbursement Rate Concerns
Attachments: DHHS Foster Care Daily Rate Structure 2014.pdf; Foster Care Rates.doc
Importance: High

Kim B. Hawekotte J.D. - Director

Foster Care Review Office
521 South 14th Street, Ste 401
Lincoln NE 68508-1846
402-471-4423 (Phone)
402-430-6599 (Cell)
kim.hawekotte@nebraska.gov



From: Alicia Zuger [mailto:alicia.zuger@apexfostercare.com]
Sent: Tuesday, May 06, 2014 8:48 AM
To: Rogers, Julie; aeickholt@leg.ne.gov; Hruska, Liz; Hawekotte, Kim B.
Subject: Proposed Foster Care Reimbursement Rate Concerns
Importance: High

Hello, my name is Alicia Zuger and I am co-owner and Executive Director of Apex Foster Care here in Omaha. We have been a provider since 2000 serving many children and families in the area and our agency is very concerned about the current proposed rates for Foster Care Reimbursement as we believe they would prove to be catastrophic to children and families in the State of Nebraska.

We as providers offer youth and families daily essential support services that ensure the stability and success of the youth in care. The proposed rates would eliminate the possibility of providers being able to meet the needs of the youth and would lead to immediate placement disruption. This proposed payment structure would place many of Nebraska's youth and families in crisis and very likely put some, if not all, agencies out of business.

We are most certainly in favor of a standardized rate being paid to our Foster Parents as theirs is a thankless job that very few are willing to take on but we do not agree with the format in which it is being proposed at this time for many reasons:

- The new rates would likely require a reduction in staff to stay within the administrative budget and we as an agency cannot afford to reduce staff and leave us unable to continue to provide the level of support necessary to our families with fewer staff members

- If agencies are forced to close because of reduction in administrative funds the number of families providing Foster Care will be greatly reduced; from our experience, families were not happy doing Foster Care for DHHS and would not go back to them
- Using the new assessment tool along with the proposed rates, the majority of Foster Parents currently providing care for us will actually be reimbursed at a lower rate than they are currently receiving unless they take extremely difficult youth, which will likely result in a reduction in foster homes. We understand that we will have the option to pay above the required amount, however taking from already reduced administrative funds to reimburse Foster Parents would place even more stress on agency budgets.
- The 'extremely difficult' youth I am referring to would be better served in group homes and institutions so our Foster Parents would, in most cases, not accept placement for such difficult youth. Our Foster Parents have jobs and families of their own so for many of them this is not a commitment they are willing or able to make; This also leaves those particular youth with nowhere else to go due to the drastic reduction in mental health services, group homes, and shelters in Nebraska.
- The financial information listed on page 2 of the first attachment is incorrect for our agency; We were paid approximately \$1.9M from HHS & NFC collectively for 2013. I have to wonder, if this simple compilation of data is inaccurate, how accurate are the calculations that were used to determine the cost of running such a business?

As I stated previously, Apex is not against a standardization of rates for Foster Parents and we fully supported LB 530 but we also feel very strongly that the proposed rates are extremely dangerous to the Foster Care system as a whole and ***we hope that members of legislature are aware of the impact this payment structure could have on the State of Nebraska and the youth we are working so hard to serve.*** We all take great pride in the work we do and are very much afraid that it could all be effectively destroyed if these rates are approved.

I have provided our rate information as well as the rates we are currently being reimbursed by the NFC for your reference along with the proposed rates for the upcoming fiscal year.

I am currently on maternity leave and am only in the office part time but if you have any questions please feel free to contact me directly any time at (402) 871-5248 and I will be more than happy to talk with you; I will also be attending the meeting in Lincoln this afternoon.

Thank you for taking the time to 'hear' my concerns.

Sincerely,

Alicia Zuger

Owner, Executive Director

Apex Foster Care, Inc.

P: (402) 571-5400

Apex Youth Services, Inc.

P: (402) 933-2739

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	<u># of Days in ASFC 2013</u>	<u>Average Rate Paid</u>	<u>Amount Paid to Agency in Calendar Year 2013</u>
Apex	1,471	\$60.18	\$88,530.00
Behavioral Health	23,057	\$38.73	\$892,914.00
Better Living	4,534	\$38.52	\$174,650.00
Building Blocks	40,830	\$42.49	\$1,735,032.00
Cedars	74,473	\$42.09	\$3,134,240.00
Child Saving Institute	1,434	\$40.16	\$57,588.00
Christan Heritage	42,641	\$41.21	\$1,757,130.00
Christian Home Assn.	859	\$37.87	\$32,530.00
COMPASS	5,208	\$40.80	\$212,484.00
Cornerstone	149	\$42.59	\$6,346.00
Epworth	7,941	\$41.92	\$332,912.00
Father Flanagan's	7,081	\$41.23	\$291,925.00
Grace Children's Home	294	\$47.54	\$13,977.00
KVC	122,342	\$42.36	\$5,182,495.74
Lutheran Family Services	1,923	\$41.40	\$79,607.00
Mid-Plains	17,126	\$47.19	\$808,191.00
Nebraska Children's Home	6,849	\$38.10	\$260,927.00
NOVA	16,123	\$38.02	\$612,952.00
Omni	15,353	\$55.51	\$852,305.00
St. Francis	4,885	\$54.39	\$265,704.00
South Central	23,737	\$50.98	\$1,210,229.00
TFI Family Services	540	\$40.74	\$22,001.00
	<hr/> 418,850	<hr/> \$43.82	<hr/> \$18,024,669.74



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**CURRENT FOSTER CARE
RATE PAYMENTS**

LEVEL OF CARE/AGE		NFC RATE	APEX RATE
Intensive	13-18	\$71	\$33
Intensive	6-12	\$64	\$33
Intensive	0-5	\$54	\$33
Moderate	13-18	\$51	\$23
Moderate	6-12	\$46	\$23
Moderate	0-5	\$39	\$23
Minimal	13-18	\$43	\$17
Minimal	6-12	\$38	\$17
Minimal	0-5	\$32	\$17
Basic	13-18	\$36	\$14
Basic	6-12	\$32	\$14
Basic	0-5	\$27	\$14