

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

Nebraska Children's Commission – Foster Care Reimbursement Rate Committee

Seventh Meeting

May 6, 2014

1:00PM-4:00PM

Country Inn and Suites, Lighthouse Room
5353 North 27th Street, Lincoln, NE 68521

Call to Order

Peg Harriott called the meeting to order at 1:04pm 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, Leigh Esau (1:07 p.m.), Bobby Loud (1:42 p.m.), Jackie Meyer, David Newell, Barb Nissen, Alana Pearson, Bev Stutzman, Ryan Suhr, and Lana Temple-Plotz (1:07p.m.).

Ex-Officio Members present: Michele Anderson (1:28p.m.), Jeanne Brandner, Lindy Bryceson, Karen Knapp, Thomas Pristow, and Nanette Simmons.

Subcommittee Member(s) absent: Corrie Edwards, Susan Henrie, and Sherry Moore.

Ex-Officio Members absent: Debbie Silverman

Also attending: Bethany Connor and Leesa Sorensen from the Nebraska Children's Commission; and Anna Eickholt, Legislative Aide to Senator Annette Dubas.

Approval of Agenda

Peg solicited thoughts on where in the agenda public comments would be most effective. Dave Newell suggested in the beginning, before any votes on substantive recommendations are taken. Thomas Pristow requested a chance to lay out his methodology before comments are taken.

A motion was made by David Newell to approve the agenda with the revision that the Public Comment period be moved prior to the Recommendations to the Children's Commission regarding Foster Parent Rates. The motion was seconded by Ryan Suhr. Voting yes: Peg Harriott, Jackie Meyer, David Newell, Barb Nissen, Alana Pearson, Bev Stutzman, Ryan Suhr, and Lana Temple-Plotz. Voting no: none. Corrie Edwards, Leigh Esau, Susan Henrie, Bobby Loud, and Sherry Moore were absent. Motion carried.

Approval of April 1, 2014 Minutes

Due to a technical error, approval of the April 1, 2014 minutes was moved to the next Foster Care Reimbursement Rate Committee meeting.

Chair's Report

Peg Harriott informed the committee that applications for membership to fill the open committee positions would be reviewed with a goal of having position appointments for the May Children's Commission meeting. Peg also addressed an e-mail that was received after the April 1, 2014, meeting raising concerns that decisions impacting the committee were being discussed and voted on without the full committee being present. Peg noted that many of the committee members were involved in a variety of industry groups such as FFTA, CAFCON, or the Director's meeting with Thomas Pristow, that were also discussing the impact of foster care rates. Peg clarified that she is not aware of any vote-setting outside of the meeting and asked for members to comment if they wanted to discuss the issue further. No further comment was made.

Standardized Level of Care Work Group

Lana Temple-Plotz provided an updated Nebraska Caregiver Responsibilities (NCR) document. The Level of Care work group noted changes to the original document in red. The group added some information to the tool, including when the last assessment occurred, what type of assessment was happening, additional definitions, and further clarification on the responsibilities of foster parents, a summary of the levels of parenting and a scoring sheet. The updates to the tool were made to help with data collection and to clarify how the tool should be utilized. The work group also provided the scoring document for use with the tool. The work group was recommending that Level of Care 1 (Medical/Physical health and well-being; Level of Care 3 (Supervision/Structure/Behavioral & Emotional); and Level of Care 7 (Placement Stability) should be weighted for scoring purposes.

The groups other recommendations were provided in the minutes from the April 1, 2014, Level of Care work group meeting. These final recommendations involved a lengthy discussion of parenting levels and corresponding rates. Dave Newell commented that he would be unable to vote to advance the tool without the rates being set. Jeanne Bradner noted that probation does not contract through DHHS, and won't necessarily utilize the rates. Thomas Pristow stated his support for the LOC rates the group created.

DHHS Update

Thomas Pristow and Nannette Simmons provided a presentation on the agency supported foster care rate structure that DHHS was proposing. The presentation provided background of the issues DHHS considered when setting the rates and the financial information that was used. The presentation detailed the calculations that were used by DHHS to establish the proposed agency supported foster care rates. A handout was also provided with the DHHS Daily Rate Structure that was being proposed effective July 1, 2014. The committee asked a variety of question and expressed concern that the rate was calculated incorrectly and would result in substantial financial shortfalls for foster care agencies.

Thomas Pristow remarked that there had been a lack of “source documents” in setting the administrative rates, and after reviewing providers’ administrative rates, saw that the spread was between six and sixty percent. Related to the corrective action plan for the IV-E waiver money, the department must show “substantial progress” in correcting the problems.

Caseloads

DHHS looked at the number of children in Out-of-Home placement in 2013. This number totaled 418,850 children. The department then divided the number of children in out of home placements to arrive at the estimated daily population in out of home care { $418,850/365 = 1,147$ }.

This number was then converted into caseloads to determine how many Foster Care Specialists would be necessary to maintain caseloads for the children in out of home care.

Essential caseload (ratio workers to children):	1:24
Enhanced Caseload (ration workers to children):	1:20
Intensive caseload (ration workers to children):	1:16

The supervisor to staff ratio is 1:8, one supervisor to every eight staff members.

A member asked about mixed caseloads, Dave Newell stated that many systems use “point systems” where each month caseloads change, and factor in the amount of times the caseworker sees the child. Lana questioned whether the ratios are staff to youth or how many times the staff member visits the youth, DHHS replied that the ratio is staff member to child. Lana remarked that the assumption must be that the staff members only visit each child once a month. DHHS did not respond to this statement. Jackie stated that this system will result in moving children from worker to worker to decrease caseload. DHHS responded that many things go into this factor. Dave remarked that when someone reaches the cap, you have to stop assigning children to them. Jackie replied that she is unable to do that at her organization. Dave questioned whether DHHS consulted national caseload standards. Lana added that the accreditation standards for her organization are 1:16 youth, so a 1:24 will not work.

Basis for Administrative Rate

Ryan then asked DHHS what the percentages of the administrative rate are based on. DHHS responded that they are based on the average rate. Ryan repeated his question, asking what the percent is based on. DHHS responded that it is an average, as they do not know what age range the population will be or what the cost will be. Ryan then clarified his question, and asked why DHHS is suggesting that 45% of the payment will be the administrative cost.

The issue of whether the administrative rates are based on age or intensity was then raised. In the “DHHS Daily Rate Structure” on one graph it appears that the Administrative rate is based on age, and on the second it appears that the administrative rate was based on intensity. Lana asked why the rates change based on age. Thomas responded that the rates change based on intensity, and they change based on what agencies are asked to do.

Essential daily rate payments are 45% of the average daily essential maintenance payment. Enhanced and Intensive daily rate payments are 40% of the average maintenance payments. Lana pointed out that the higher the intensity of care, the lower the rate. Director Pristow responded that the agencies receive more money for higher intensity kids. Lana agreed, but reiterated that the rate is lower, as the administrative payment is a lower percentage of the maintenance payments. Thomas responded that he can adjust the formula so that the higher the intensity, the higher the administrative rate.

Indirect Rate

Peg then questioned what is covered by the indirect rate. DHHS responded that there is a category for Licensing Training and Recruitment specialist positions. Peg questioned what the expectations are for licensing staff. DHHS responded that the requirement is 6.5 homes average per month per licensing staff member.

Source Documents

Ryan questioned the use of old numbers when the maintenance has been increased. DHHS responded that the way these numbers are set up is how it should have been set up years ago. Ryan responded that DHHS is not looking at the numbers from 2013. DHHS responded that they are giving providers the maintenance. Ryan stated that DHHS needs to look at how much was being paid to foster parents. DHHS responded that they are unaware of how much providers paid their foster parents. Thomas stated that the source documents showing how much providers paid was not provided to DHHS. Lana asked how rates were set if source documents were not used in the setting of the rates. Director Pristow stated that they needed to start somewhere.

Lana clarified her concerns with the process. Her concern is the way in which the administrative support rates have been determined. FFTA wrote a letter with percentages and provided the same information to the Casey consultants. Lana noted that these rates are half of that amount. She struggles to understand how the agency will be able to maintain the level of support from the Children's Home Society that has been provided for 120 years. The foster parents will get more money, but they will get less support and will suffer for it.

Spread in Administrative Rate

Thomas stated that the spread in administrative rates is ridiculously inappropriate. Dave clarified that he sees two issues, the unbundling and the amount of money. Jackie stated that the rates do not cover anything, and she does not know if she can stay in business. Leigh Essau asked that the focus return to the children. If the agencies are not supported, incompetent workers will be hired, and there will be a bigger mess than we started with. Thomas Pristow stated that people need to work with the department, the IV-E corrections need to go into effect, and substantial progress needs to be made.

Ryan and Dave made comments on the legislative intent of LB5230, that is was to not reduce foster parent rates and not to change the rates at the expense of the agencies. Peg made a comment that the "spread" may be due to the muddying of definitions. When FFTA got providers around the table, there was not a significant spread, and this was due to clarity in the definition of the terms used. There may be some lack of clarity in administrative rates that have led to the appearance of a very large spread.

Public Comment

Jim Blue

Jim stated that the ultimate consequences of this is that Cedars will have \$250,000 in funding to the foster parents that is not funded, and the administrative rates are a cut of \$550,000, resulting in a \$800,000 cut to Cedars that will reveal itself in the interaction between workers, parents, and children. He credited Thomas Pristow and CFS staff with the recovery of the system, but stated that these rates would be devastating to the system. He further stated that the 60% administrative rate is most likely in a very small town where the director does most of the work and there is less staff to spread work around.

Kathy Grohs

Cathy is a foster parent for seven kids and a community liaison for Apex. The parents there stated that they would be unable to serve their kids without the service and support of the agency. Others stated that they stay with Apex because they are a family and not a docket number. Specialists give foster youth all the support they need.

Gregg Nichols

Gregg represented Christian Heritage and supplied members with a paper showing 22 different providers around the state and their payments from the Department. Christian heritage ranks third in funding from the Department, and they service 181 kids in foster care currently. This rate change would reduce them from payment of 1.7 million to 784,000, representing a 947,000 cut.

Jodi Austin

Jodi stated that KVC supports paying foster parents the highest amount possible, and KVC foster parents are the highest paid foster parents in Nebraska. They would be unable to continue this if these rates were put into effect.

Peg then closed the public comment time. Dave shared some information with the committee, including the fiscal impact of the proposed rates on NFC providers. The change in administrative and support rates would be over two million per year. Dave also provided excerpts from LB530.

It was noted that as of May 6 there are 55 days until the July 1 implementation date. Thomas indicated that DHHS would recalculate the rates and would work with a sub-committee to negotiate another proposal on rates.

Recommendations to Children's Commission regarding Foster Parent Rates

NCR Tool – Recommendation E

The committee reviewed the draft recommendations document to determine if there were other recommendations that could be finalized. The group started with recommendation E. Lana Temple-Plotz made a motion to approve recommendation E. The motion was seconded by Bobby Loud. During discussion, Dave voiced a concern that the rates cannot be separated out. The rates based on age do have to go into effect, but stakeholders need to be left in a position to move into negotiations. Ryan suggested moving forward recommendations upon the approval of

the Nebraska Children's Commission approving the Level of Care rates. Lana agreed to amend her motion to approve recommendation E with a friendly amendment of conditioning the recommendation on the Nebraska Children's Commission's approval of the LOC rates. Voting yes: Peg Harriott, Leigh Esau, Bobby Loud, David Newell, Barb Nissen, Alana Pearson, Ryan Suhr, and Lana Temple-Plotz. Voting no: none. Bev Stutzman abstained. Corrie Edwards, Susan Henrie, Jackie Meyer, and Sherry Moore were absent. Motion carried.

"Grandfathering" (Recommendation I)

Recommendation I had been approved by vote in a previous meeting, however the group did vote to remove the word "Probation" from the item. David Newell made a motion to strike "Probation" from recommendation I. The motion was seconded by Leigh Esau. Voting yes: Peg Harriott, Leigh Esau, Bobby Loud, David Newell, Barb Nissen, Alana Pearson, Bev Stutzman, and Lana Temple-Plotz. Voting no: none. Ryan Suhr abstained. Corrie Edwards, Susan Henrie, Jackie Meyer, and Sherry Moore were absent. Motion carried.

Respite (Recommendation J)

The LOC work group found that it is difficult to get to the definition of respite. The committee table further discussion on this issue and asked the LOC work group to work on the definition.

Transportation Costs (Recommendation K)

DHHS asked for additional time to work on transportation rates.

Training, Quality Assurance, and Communication Plan (Recommendation L)

Bobby Loud made a motion to strike "Probation" from recommendation L. The motion was seconded by Lana Temple-Plotz. During discussion, it was suggested that recommendation L also need the language "upon the approval of the Nebraska Children's Commission approving the Level of Care rates". Bobby and Lana agreed to the friendly amendment. Voting yes: Peg Harriott, Leigh Esau, Bobby Loud, Jackie Meyer, David Newell, Barb Nissen, Alana Pearson, Ryan Suhr, and Lana Temple-Plotz. Voting no: none. Bev Stutzman abstained. Corrie Edwards, Susan Henrie, and Sherry Moore were absent. Motion carried.

No Maximum Established (Recommendation M)

Bobby Loud made a motion to strike "Probation" from recommendation M. The motion was seconded by Lana Temple-Plotz. Voting yes: Peg Harriott, Leigh Esau, Bobby Loud, Jackie Meyer, David Newell, Alana Pearson, Bev Stutzman, Ryan Suhr, and Lana Temple-Plotz. Voting no: none. Barb Nissen abstained. Corrie Edwards, Susan Henrie, and Sherry Moore were absent. Motion carried.

"Unbundle" Rate Plan (Recommendation N)

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

Reporting Requirement (Recommendation O)

Bobby Loud made a motion to strike "Probation" from recommendation O and approve the recommendation upon the approval of the Nebraska Children's Commission approving the Level of Care rates. The motion was seconded by Lana Temple-Plotz. Voting yes: Peg Harriott, Bobby Loud, Jackie Meyer, David Newell, Barb Nissen, Alana Pearson, Ryan Suhr, and Lana Temple-Plotz. Voting no: none. Leigh Esau and Bev Stutzman abstained. Corrie Edwards, Susan Henrie, and Sherry Moore were absent. Motion carried.

The committee agreed to review the final recommendations at the next meeting after the new proposed rates have been negotiated with DHHS on the administrative rates.

New Business

None.

Next Meeting Date

The next meeting is scheduled for May 16, 2014 from 1:00p.m. to 4:00p.m.

Adjourn

A motion was made by Ryan Suhr to adjourn the meeting, seconded by Bobby Loud. The meeting adjourned at 3:03 p.m.

DRAFT

Agency Support and Services Rate Discussion
 DHHS, Level of Care Workgroup, Agency Representatives
 May 12, 2014

DHHS Representatives: Thomas Pristow, Lindy Bryceson, Doug Kreifels, Jodi Allen, Nanette Simmons, Nathan Busch, Mindi Alley

Level of Care Workgroup Members and Agency Representatives: Lana Temple-Plotz (LOC WG), Ryan Suhr (LOC WG), Barb Nissen (LOC WG), Julie Harmon (Boys Town), Stacy Giebler (NFC), Randy Ptacek (Boys Town), Cindy Rudolph (CEDARS), Dick Henrichs (LFS), Traci Taylor (Building Blocks), Rachel Kallhoff (Building Blocks), Gregg Nicklas (Christian Heritage), Kent Klute and Gary Pohlmann (Christian Heritage Finance), Jodie Austin (KVC), Susan Henrie (LOC WG)

Minutes:

The group discussed the administrative/support rate outlined by DHHS at the Reimbursement Rate Committee meeting on May 6, 2014 and reworked the numbers using the following salaries, ratios, and assumptions:

Salaries:

Provided by DHHS at May 6, 2014 meeting -

Foster Care Specialist

	<u>Hourly</u>	<u>Annual</u>	<u>Benefits</u>	<u># of Positions</u>	<u>Total Costs</u>
Essential	\$17.00	\$35,360.00	\$12,022.40	48	\$2,274,355.20
Enhanced	\$18.02	\$37,481.60	\$12,743.74	57	\$2,862,844.61
Intensive	\$18.53	\$38,542.40	\$13,104.42	72	\$3,718,570.75

Foster Care Specialist Supervisor (CFS Specialist Supervisor)

	<u>Hourly</u>	<u>Annual</u>	<u>Benefits</u>	<u># of Positions</u>	<u>Total Costs</u>
Essential	\$21.37	\$44,453.76	\$15,114.28	6	\$357,408.23
Enhanced	\$22.65	\$47,120.99	\$16,021.14	7	\$449,887.61
Intensive	\$23.30	\$48,454.60	\$16,474.56	9	\$584,362.46

Licensing/Training/Recruitment Specialist per 75 Homes

	<u>Hourly</u>	<u>Annual</u>	<u>Benefits</u>	<u># of Positions</u>	<u>Total Costs</u>	<u>per Day</u>
All	\$15.00	\$31,200.00	\$10,608.00	23	\$952,664.96	\$2.27

Ratios:

Level of Care	FC Specialist to Child	Supervisor to Staff
Essential	1:18	1:8
Enhanced	1:14	1:8
Intensive	1:10	1:8

Formulas used to Calculate Rates:

FC Specialist Salary & Benefits ÷ 365 ÷ case load ratio (1:18, 1:14, 1:10) = Rate per day

FC Specialist Supervisor Salary & Benefits ÷ 365 ÷ case load ratio (1:18, 1:14, 1:10) ÷ supervision ratio (8:1) = Rate per day

Licensing/Training/Recruitment Specialist = \$2.27 per day (see above)

For each level, the following were added:

FC Specialist rate per day
 + Supervisor rate per day
 + Licensing/Training/Recruitment (LTR) Specialist Rate per day
 Total Rate per day for Specialist, Supervisor and LTR

Total Rate per day for Specialist, Supervisor and LTR
 × 50% (Other Direct Costs)
 Total Other Direct Costs

Total Rate per day for Specialist, Supervisor and LTR
 + Total Other Direct Costs
 Total Direct Operating Costs

Total Direct Operating Costs
 × 20% (Indirect Cost)
 Total Indirect Cost

Total Direct Operating Costs + Total Indirect Cost = Rate per day

Rates:

Level	100% Capacity	85% Capacity	Rural* (80% of 85% Capacity)
Essential	\$19.11	\$21.76	\$26.18
Enhanced	\$24.56	\$28.17	\$34.19
Intensive	\$33.56	\$38.76	\$47.43

*rural was defined as 50 miles or more from FC Program Site of Agency Approved Satellite Office

85% Capacity - group agreed to 85% capacity rates as this is more realistic than a program being at 100% capacity 100% of the time.

Pre-Assessment - group agreed to accept the enhanced rate of \$28.17 as the pre-assessment rate.

Respite - group agreed that respite rates are included in the maintenance payment to foster parents.

The meeting adjourned with all workgroup members and providers agreeing to the rates outlined above.

DHHS' Response to Agreed Upon Rates Following Their Financial Analysis:

Director Pristow contacted Lana Temple-Plotz on May 13, 2014. DHHS reviewed the rates providers developed on May 12, 2014 and analyzed their impact on the budget.

Director Pristow proposed the following:

1. Accept the 85% capacity rates (Essential \$21.76, Enhanced \$28.17, Intensive \$38.76) and advance to the Reimbursement Rate Committee.
2. In place of a different daily rate for rural placements, utilize the same rate for all placements (Essential \$21.76, Enhanced \$28.17, Intensive \$38.76). To compensate for the additional mileage and travel time by agency providers, implement a payment of \$0.56/mile for distances over 50 miles roundtrip from the agency satellite office or foster care program site to the ASFC home and a payment of \$18.00/hr windshield/travel time.
3. Modify the pre-assessment rate to \$21.76 (essential).

On May 13, 2014 Lana Temple-Plotz sent an e-mail to all providers at the meeting on May 12, 2014 and they agreed to the modifications outlined by the Director.

respectfully submitted by Lana Temple-Plotz

Foster Care Reimbursement Rate Committee

Draft Recommendations Document

May 16, 2014

(with April 1, 2014 approved changes)

(with May 6, 2014 approved changes)

(with changes from LOC work group meeting/agency rate meetings with DHHS)

Final Recommendations:

- 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.
[Approved April 1, 2014]
- B. Recommend the Nebraska Children’s Commission continue to monitor the progress of the work being done by the Department of Health and Human Services (DHHS), NFC, ~~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.
[Approved April 1, 2014]
- 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.

<u>Age</u>	<u>Daily</u>	<u>Monthly</u>	<u>Annual</u>
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. [Approved April 1, 2014]
- E. Recommend the adjustments highlighted in red on the NCR tool be made prior to implementation (attachment).
[Approved May 6, 2014]
- F. ~~Recommend the following tools SDM/CANS/NCR be linked together for implementation when making a determination regarding foster parent rate. [Approved April 1, 2014]~~
- 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, and 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.
[Approved May 6, 2014]

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

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

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

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

(NCR) tool, as appropriate, and rates may be increased based on the level of parenting needed.

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

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

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

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 foster parent maintenance payment and any costs associated with the respite care plan are the responsibility of the foster parent. 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. as follows:

- a. ~~xxxx~~ **Foster Parents:** Foster parents are responsible for the first 100 miles per month of direct transportation for foster children in their home and are eligible for reimbursement for all miles beyond the initial 100 miles.
- b. **Agency Supported Foster Care Providers:** to compensate for the additional mileage and travel time required to support foster parents outside metropolitan areas, implement a payment of \$0.56/mile for distances over 50 miles roundtrip from the agency satellite office or foster care program site to the ASFC home. When travel of over 50 miles roundtrip occurs, a payment of \$18.00/hr windshield/travel time will also be available.

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, and 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.

[Approved May 6, 2014]

- M. Recommend that the base rate, level of parenting rate, and agency supportive rate added together create minimum foster care reimbursement rates but that no maximum rates are established. This allows DHHS, [and](#) NFC [and](#) Probation to meet the needs of children with unexpected and unusual circumstances.
[\[Approved May 6, 2014\]](#)
- N. Support the plan to “unbundle” foster care rates to allow for the tracking of Title IV-E expenses and in accordance the Nebraska’s IV-E waiver plan. The “unbundling” should not result in a decrease in foster parent or foster care agency rates overall. DHHS must provide necessary financial data to foster care agencies and NFC to support the completion of an A-133 annual audit when \$500,000 or more of federal funding is received.
[\[Approved May 6, 2014\]](#)
- O. Recommend the Nebraska Children’s Commission and the Foster Care Reimbursement Rate Committee continue to monitor the impact and effectiveness of the new foster care rates (foster parent and foster care agency). Recommend that by July 1, 2015 a [written](#) report be submitted by DHHS, [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
- [\[Approved May 6, 2014\]](#)
- P. Recommend the following rates for Agency Support Rates effective July 1, 2014:

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

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

Rural: To compensate for the additional mileage and travel time required to support foster parents outside metropolitan areas, implement a payment of \$0.56/mile for distances over 50 miles roundtrip

from the agency satellite office or foster care program site to the ASFC home. When travel of over 50 miles roundtrip occurs, a payment of \$18.00/hr windshield/travel time will also be available .

- Q. To assure equity for foster parents and agencies in the Eastern Region of the state, the Foster Care Rate Committee recommends that the July 1st contract DHHS has with NFC (which includes foster care services) accounts for the impact of the new foster care rates (foster parent and agency rates) and any increases are not taken out of the NFC budget determined in contracts with DHHS prior to any changes in rates.

DRAFT

Sorensen, Leesa

From: Karen Authier <kauthier@NCHS.ORG>
Sent: Tuesday, May 06, 2014 10:35 AM
To: Sorensen, Leesa
Subject: FW: Planned Action at Reimbursement Rate Committee Meeting tomorrow on behalf of FFTA
Attachments: Foster Care Rate Structure Comparison 5 14.docx
Importance: High

FYI, to keep you in the loop.

Karen Authier
Chief Executive Officer
Nebraska Children's Home Society
4939 S. 118th Street
Omaha, Nebraska 68137
402 898 7754
kauthier@nchs.org

Safe and loving care for children for 121 years.

From: Lana Temple Plotz
Sent: Monday, May 05, 2014 5:02 PM
To: Lana Temple Plotz; 'Erin Sanders'; 'Alisa Ryan'; Amy Sherbeck; Ashley Brown; Bernie Hascall (bhascall@midplainscenter.org); Brad Brown; Brooke Eggert; Corinne Crouch (corinne.crouch@blcsne.com); Corrie Edwards; 'Dave Newell'; 'Dave Reed'; Doug Jamison; garrett@epworthvillage.org; 'Heather Schulte'; Jacquelyn Meyer; 'Jennifer Sukup'; 'Jewel Schiffers'; 'Jim Blue'; 'Jodi Hitchler'; Jodie Austin; jvandercoy@lfsneb.org; Karen Authier; 'Katie McLeese Stephenson'; Kendal Osbahr; Lana Verbrigghe; Larry Crippen; 'Leah Struthers'; lisa.pierce@boystown.org; 'Matt Priest'; 'Melissa Lamkin'; 'Michaela Johans Young'; Michelle Moline; Mindy Marschman (mmarschman@omnibehavioralhealth.com); 'Peg Harriott'; 'Ryan Suhr'; 'Sharri Gregg'; Shelli Graves; Susan Henrie; 'Tammy Scott'; Traci Taylor; 'Whitney Hall'
Cc: 'Vacek, Margaret'; 'Mary A. Johnson'; pharriott@childsaving.org; Karen Authier; 'Anna Eickholt'; 'Annette Dubas'
Subject: Planned Action at Reimbursement Rate Committee Meeting tomorrow on behalf of FFTA
Importance: High

Good Afternoon All,

In looking more closely at the information provided by DHHS and hearing from a few of you regarding your concerns, I plan to make a motion at the meeting to ensure the concerns regarding the administrative/support rate are reflected in the meeting minutes.

My motion will be very similar to the following:

I move that the Reimbursement Rate Committee convey to the Children's Commission our grave concerns regarding the future of agency supported foster care in view of the Administrative Payments outlined by the department. It will be impossible to provide the level of service currently provided to countless foster parents across the state with these new rates, support which they rely upon to provide safe and loving care to the children they serve.

I have also made a change to the comparison chart I sent earlier to reflect the additional \$3.35 foster parents and agencies are currently receiving (thank you Cindy).

Please let me know if you have additional suggestions.

If you or a member of your agency are able, I encourage you to submit a public comment at tomorrow's meeting or at the Children's Commission meeting on May 20th.

Thank you

Lana Temple-Plotz
Chief Program Officer
NCHS
402-898-7756

"Problems worthy of attack prove their worth by fighting back"

From: Lana Temple Plotz
Sent: Monday, May 05, 2014 11:30 AM
To: Erin Sanders ; Alisa Ryan; Amy Sherbeck; Ashley Brown; Bernie Hascall (bhascall@midplainscenter.org); Brad Brown; Brooke Eggert; Corinne Crouch (corinne.crouch@blcsne.com); Corrie Edwards; Dave Newell; Dave Reed; Doug Jamison; garrett@epworthvillage.org; Heather Schulte; Jacquelyn Meyer; Jennifer Sukup ; Jewel Schiffers; Jim Blue; Jodi Hitchler; Jodie Austin; jvandercoy@lfsneb.org; Karen Authier; Katie McLeese Stephenson; Kendal Osbahr; Lana Verbrigghe; Larry Crippen; Leah Struthers; lisa.pierce@boystown.org; Matt Priest; Melissa Lamkin; Michaela Johans Young; Michelle Moline (mmoline@nchs.org); Mindy Marschman (mmarschman@omnibehavioralhealth.com); Peg Harriott; 'Ryan Suhr'; Sharri Gregg; Shelli Graves; Susan Henrie; Tammy Scott; Traci Taylor; Whitney Hall
Cc: 'Vacek, Margaret'; 'Mary A. Johnson'
Subject: FW: Foster Care Reimbursement Rate Committee Documents
Importance: High

Good Morning, FFTA Members

Attached please find information for the Reimbursement Rate Committee tomorrow afternoon.

You will see Director Pristow has provided administrative/support rates to the committee and you will note they are well below what we requested.

I have attached a quick chart I put together comparing the two rates (old and new)

He will be presenting information on this at the meeting tomorrow and I am certain we will want to respond in some way as an association.

Lana

Lana Temple-Plotz
Chief Program Officer
NCHS
402-898-7756

"Problems worthy of attack prove their worth by fighting back"

From: Sorensen, Leesa [<mailto:leesa.sorensen@nebraska.gov>]

Sent: Monday, May 05, 2014 11:19 AM

To: Alana Pearson (apearson@nebraskachildren.org); Allen, Jodi; Anderson, Michele; Anna Eickholt (aeickholt@leg.ne.gov); Barb Nissen (rbnissen@hamilton.net); Beverly Stutzman (bstutzman@pvsb.com) (bstutzman@pvsb.com); bloud@mccneb.edu; Brandner, Jeanne; Bryceson, Lindy; Connor, Bethany; Corrie Edwards (cedwards@midplainscenter.org); Jackie Meyer (jmeyer@inebraska.com); Jena Davenport (jenadavenport@gmail.com); Knapp, Karen; Lana Temple Plotz; Leigh Esau; Newell, David; Peg Harriott (pharriott@childsaving.org); Pristow, Thomas; Rogers, Julie; Ryan Suhr (rsuhr@lfsneb.org); Shannon-Jo Hamilton (shamilton@voicesforchildren.com); sherimoore@cox.net; Silverman, Debbie; Simmons, Nanette; Susan Henrie (shenrie@scbsne.com)

Subject: Foster Care Reimbursement Rate Committee Documents

Attached are the documents for the Foster Care Reimbursement Rate Committee meeting tomorrow. Please note that I have attached two e-mails that contain documents as well as the word file with the agenda. Each e-mail has an explanation of the document(s) included with that e-mail. I will have copies of these documents for you at the meeting. If you have any problems retrieving the attachments, please let me know.

Leesa Sorensen, Administrative Coordinator
Nebraska Children's Commission
(402) 471-4416
(402) 890-6510 (cell)

**Foster Care Rate Structure
 Combined Maintenance and Administrative Payments
 Old vs. New**

Old:

Age	Level 1	Level 2	Level 3
0-5	35.35	53.35	72.35
6-11	35.35	53.35	72.35
12-18	35.35	53.35	72.35

New:

Age	Essential	Enhanced	Intensive
0-5	30.26	39.72	50.06
6-11	33.26	42.72	53.06
12-18	35.26	44.72	65.06

 decrease

 increase

May 16, 2014

Karen Authier, Chairperson
Nebraska Children's Commission

Dear Karen Authier,

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

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

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

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

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

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

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

Respectfully,

Peg Harriott
Chairperson
Foster Care Reimbursement Rate Committee

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

Final Recommendations:

- A. Recommend changes and decisions for all aspects of foster care rate changes support the express intent of LB530 (2013)
- a. "to ensure that fair rates continue into the future to stem attrition of foster parents and to recruit, support, and maintain high-quality foster parents"
 - b. "foster care reimbursement rates accurately reflect the cost of raising the child in the care of the state"
 - c. "to ensure that contracted foster care provider agencies do not pay increased rates out of budgets determined in contracts with the Department of Health and Human Services prior to any changes in rates."
 - d. "to maintain comparable foster care reimbursement rates to ensure retention and recruitment of high-quality foster parents and to ensure that foster children's best interests are served".
 - e. to have funds appropriated to permanently replace the bridge foster care funding and provide the necessary additional funds to bring foster care reimbursement rates in compliance with the recommendations of the research and study completed by the Foster Care Reimbursement Rate Committee in 2012.
[Approved April 1, 2014]
- B. Recommend the Nebraska Children's Commission continue to monitor the progress of the work being done by the Department of Health and Human Services (DHHS), NFC, the Foster Care Reimbursement Rate Committee, and other related industry groups to ensure that: base rates; level of parenting rates; and Child Placement Agency rates are established and implemented:
- a. in accordance with the intent of LB530
 - b. in a timely manner so that training and communication about the new rates and rate establishment process can be adequately administered to all affected parties.
[Approved April 1, 2014]
- C. Recommend the implementation of the Nebraska Caregiver Responsibilities (NCR) tool for all youth placed July 1, 2014, or after. As the NCR is a newly developed tool, DHHS and NFC may override the NCR tool administration results if determined to be in the child's best interest.
[Approved April 1, 2014]
- D. Recommend the adjustments highlighted in red on the NCR tool be made prior to implementation (attachment).
[Approved May 6, 2014]
- E. Recommend the Nebraska Children's Commission require the development of a **solid training, quality assurance and communication plan** to support the implementation of the NCR tool and the change in foster parent rates and agency provider rates. Training, quality assurance and communication plans will need to be developed and implemented by DHHS and NFC. It is recommended that the initial Level of Care subcommittee report be used as a reference when developing the training and quality assurance plan.
[Approved May 6, 2014]
- F. To assure equity for foster parents and agencies in the Eastern Region of the state, the Foster Care Rate Committee recommends that the July 1st contract DHHS has with NFC (which includes foster care

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

[Approved May 16, 2014]

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

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

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

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

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

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

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

[Approved May 6, 2014]

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

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

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

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

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

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

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

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

K. Recommend that respite costs be addressed as follows:

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

[Approved May 16, 2014]

L. Recommend that transportation costs for foster parents and agency support services be reimbursed in line with the 2014 DHHS Administrative Memo on Transportation* as follows:

- a. **Foster Parents:** Foster parents are responsible for the first 100 miles per month of direct transportation for foster children in their home and are eligible for reimbursement for all miles beyond the initial 100 miles.
- b. **Agency Supported Foster Care Providers:** to compensate for the additional mileage and travel time required to support foster parents outside metropolitan areas, implement a payment of \$0.56/mile for distances over 50 miles roundtrip from the agency satellite office or foster care program site to the ASFC home. When travel of over 50 miles roundtrip occurs, a payment of \$18.00/hr windshield/travel time will also be available.

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

[Approved May 16, 2014]

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

[Approved May 6, 2014]

- N. Support the plan to “unbundle” foster care rates to allow for the tracking of Title IV-E expenses and in accordance the Nebraska’s IV-E waiver plan. The “unbundling” should not result in a decrease in foster parent or foster care agency rates overall. DHHS must provide necessary financial data to foster care agencies and NFC to support the completion of an A-133 annual audit when \$500,000 or more of federal funding is received. [Approved May 6, 2014]
- O. Recommend the following rates for Agency Support Rates effective July 1, 2014:

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

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

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

- P. Recommend the Nebraska Children’s Commission and the Foster Care Reimbursement Rate Committee continue to monitor the impact and effectiveness of the new foster care rates (foster parent and foster care agency). Recommend that by July 1, 2015 a written report be submitted by DHHS and NFC that provides summary data and outlines the role and effectiveness of the level of care tool (NCR) to include:
- a. Analysis of the Nebraska Caregiver Responsibilities tool to include: total number of tools completed; % in each category (essential, enhanced, intensive); % LOC1, LOC2, LOC3; intersection between frequency of review and score.
 - b. Analysis of the assessment process to include answering the following questions:
 - i. Does the CANS gather the necessary information to identify the needs of the child and the resources needed as identified in the eight domains of the NCR?
 - ii. Does the SDM provide adequate information to identify the needs of the child as they relate to the eight domains of the NCR?
 - iii. Is the CANS needed given the information provided by SDM?
 - iv. Does the NCR adequately identify the skills and responsibilities of the foster parent(s)?
 - v. Does the NCR adequately ensure the child’s needs are being met?
 - vi. Does the NCR meet the needs of DHHS, Probation and the NFC?
 - vii. Does the NCR meet the needs of Child Placing Agencies?
 - viii. How does the NCR impact subsidies?
 - ix. Do the current rates work and are they reasonable?
 - c. Lessons learned, trends identified and recommendations for future consideration
- [Approved May 6, 2014]

Nebraska Caregiver Responsibilities (NCR)

Child's Name: _____

Child's Master Case # _____

Today's Date: _____

Last Assessment Date: _____

Previous Score: _____

Assessment Type:

- | | | |
|---|---|---|
| <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>	
Outline the caregiver responsibilities:		

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:		

LOC3 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 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>	

	Definition: Caregiver’s intervention and participation further ensures child’s participation in the activity. The child may not be able to participate without adult support. Caregiver can give examples of the child’s participation in the activity.	
L3	Caregiver provides ongoing, one-to-one supervision and instruction (beyond what would be age appropriate) to ensure the child’s participation in community and enrichment activities AND caregiver is required to participate in or attend most community activities with other responsible adults, etc. Definition: Caregiver must participate and fully supervise child during all community and enrichment activities. Participation in the community and enrichment activities provides a normalized child experience. Caregiver can provide examples of child’s normalized involvement in the activity.	
	Outline the caregiver responsibilities:	

LOC 6 Support/Nurturance/Well-Being		
L1	Caregiver provides nurturing and caring to build the child’s self-esteem; engages the child in constructive, positive family living experiences; maintains a safe home environment with developmentally appropriate toys and activities; provides for the child’s basic needs and arranges for counseling or other mental health services as needed. Definition: Caregiver meets child’s established basic needs to assure well-being. Caregiver understands and responds to the child’s needs specific to removal from their home. Caregiver transports and participates in mental health services as needed.	
L2	Caregiver consults with mental health professionals to implement specific strategies of interacting with the child in a therapeutic manner to promote emotional well-being, healing and understanding, and a sense of safety on a daily basis. Definition: Caregiver follows established treatment plan to ensure child’s safety and well-being are addressed. Strategies and interventions are developed in accordance with the treatment plan and in consultation with case manager. Caregiver has regular contact with mental health professionals and participates in mental health services for the child. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.	
L3	Caregiver works with services and programs to implement intensive child-specific in-home strategies of interacting in a therapeutic manner to promote emotional well-being, healing, and understanding, and sense of safety on a constant basis.	

	<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 all miles beyond the initial 100 miles. (Insert 2014 DHHS Administrative Memo ####, previously 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	

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

Weighted Score: _____

Record the Total LOC Score from page 1: _____

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

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

Level of Parenting: _____

NAME: _____

CFS Worker

NAME: _____

CFS Supervisor

DATE: _____

DATE: _____