

Foster Care Reimbursement Rate Committee Historical Document Compendium

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43-4217. Foster Care Reimbursement Rate Committee; duties; subcommittees; reports.

(1) The Foster Care Reimbursement Rate Committee appointed pursuant to section 43-4216 shall review and make recommendations in the following areas: Foster care reimbursement rates, the statewide standardized level of care assessment, and adoption assistance payments as required by section 43-117. 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 related to Title IV-E of the federal Social Security Act, as amended, and other federal programs as appropriate to maximize the utilization of federal funds to support foster care.

(2) The committee shall review the role and effectiveness of and make recommendations on the statewide standardized level of care assessment containing standardized criteria to determine a foster child's placement needs and to identify the appropriate foster care reimbursement rate. The committee shall review other states' assessment models and foster care reimbursement rate structures in completing the statewide standardized level of care assessment review and the standard statewide foster care reimbursement rate structure. The committee shall ensure the statewide standardized level of care assessment and the standard statewide foster care reimbursement rate structure provide incentives to tie performance in achieving the goals of safety, maintaining family connection, permanency, stability, and well-being to reimbursements received. The committee shall review and make recommendations on assistance payments to adoptive parents as required by section 43-117. The committee shall make recommendations to ensure that changes in foster care reimbursement rates do not become a disincentive to permanency.

(3) The committee may organize subcommittees as it deems necessary. Members of the subcommittees may be members of the committee or may be appointed, with the approval of the majority of the committee, from individuals with knowledge of the subcommittee's subject matter, professional expertise to assist the subcommittee in completing its assigned responsibilities, and the ability to collaborate within the subcommittee.

(4) The Foster Care Reimbursement Rate Committee shall provide electronic reports with its recommendation to the Health and Human Services Committee of the Legislature on July 1, 2016, and every four years thereafter.

Source: Laws 2013, LB530, § 4.

Foster Care Reimbursement Rate Committee (FCRRC) Membership

Member Name	Member Type	Title and Organization	Representation
Vacant	Voting		foster parent who contracts directly with the Department of Health and Human Services
Jodie Austin	Voting	Executive Vice President , Institute for Health System Innovation	representative of a child welfare agency that contracts directly with foster parents from the Eastern service area
Phillip Burrell	Voting	Director of Youth Services , Project Everlast	representative from a child advocacy organization that supports young adults who were in foster care as children
Robin Chadwell	Voting	Operations Support Director / Social Worker , PromiseShip	representative of a Lead Agency
Peg Harriott (Co-Chair)	Voting	President & CEO , Child Saving Institute	representative of a child welfare agency that contracts directly with foster parents from the Eastern service area
Susan Henrie	Voting	CEO , South Central Behavioral Services	representative of a child welfare agency that contracts directly with foster parents from the Western service area
Dr. Anne Hobbs	Voting	Foster Parent with Christian Heritage Foster Care Program , Foster Parent / Juvenile Justice Institute	foster parent who contracts with a child welfare agency
Jessica Kroeker	Voting	Foster Parent with Nebraska Children's Home Society , Foster Parent / Project Harmony	foster parent who contracts with a child welfare agency
Bobby Loud	Voting	Foster Parent with Boys Town , Foster Parent / University of Nebraska Omaha	foster parent who contracts with a child welfare agency
Jackie Meyer	Voting	Executive Director , Building Blocks for Community Enrichment	representative of a child welfare agency that contracts directly with foster parents from the Northern service area
Felicia Nelsen	Voting	Executive Director , Nebraska Foster and Adoptive Parent Association	representative from a foster and adoptive parent association
Cindy Rudolph	Voting	CFO/Treasurer , CEDARS Youth Services	representative of a child welfare agency that contracts directly with foster parents from the Southeastern service area
Joan Schwan	Voting	Executive Director , St. Francis Community Services	representative of a child welfare agency that contracts directly with foster parents from the Central service area
Juliet Summers	Voting	Policy Coordinator for Child Welfare and Juvenile Justice , Voices for Children in Nebraska	representative from an advocacy organization, the singular focus of which is issues impacting children
Lana Temple-Plotz	Voting	Chapter Chairperson / Chief Program Officer , FFTA / Nebraska Children's Home Society	representative from an advocacy organization which deals with legal and policy issues that include child welfare

Foster Care Reimbursement Rate Committee (FCRRC) Membership

Member Name	Member Type	Title and Organization	Representation
Bill Williams (Co-Chair)	Voting	Chief Operating Officer , COMPASS	Co-Chair Representative from the Nebraska Children's Commission
Olivia Biggs	Ex-Officio	Program Specialist , DHHS, Division of Children and Family Services	representative from the Division of Children and Family Services from the Eastern service area
Jerrilyn Crankshaw	Ex-Officio	Service Area Administrator , DHHS, Division of Children and Family Services	representative from the Division of Children and Family Services from the Western service area
Rochelle Dotson	Ex-Officio	Foster Care Resource Developer Supervisor , DHHS, Division of Children and Family Services	representative from the Division of Children and Family Services from the Southeastern service area
Jennifer Potterf	Ex-Officio	Service Delivery Administrator , DHHS, Division of Children and Family Services	chief executive officer of the Department of Health and Human Services or designee
Mike Puls	Ex-Officio	Northern Service Area Administrator , DHHS, Division of Children and Family Services	representative from the Division of Children and Family Services from the Northern service area
Kari Rumbaugh	Ex-Officio	Assistant Deputy Administrator , Administrative Office of Probation, Juvenile Services Division	representative of the Administrative Office of Probation, Division of Juvenile Services
Kathleen Stolz	Ex-Officio	Central Service Area Administrator , DHHS, Division of Children and Family Services	representative from the Division of Children and Family Services from the Central service area

Foster Care Reimbursement Rate Committee

Historical Timeline

LR37 (2011) The FCRRC and the work charged to it are products of LR37 (2011), a legislative study created to review, investigate, and assess the effects of child welfare reform. LR37 found that foster parent compensation in Nebraska was inconsistent and lacking in a statewide standard. These findings indicated a need to create a basic statewide rate for compensation.

LB820 (2012) As a result of LR37, LB820 was introduced in January and signed April 2012. The Foster Care Reimbursement Rate Committee (FCRRC) was created under the Department of Health and Human Services.

- Make recommendations for a statewide standardized level of care assessment and foster care reimbursement rates.
- Base Rates recommended using USDA cost to raise a child in the Midwest
- Nebraska Care giver Responsibility (NCR) Tool established
- Focus moves from child's needs to the responsibilities of the Care Giver

Recommendations:

- Create base rates for foster parents and for the parents to be paid directly, instead of through child placing service agencies.
- New base rates and direct payment to foster parents must be adequate to recruit and retain quality foster homes and would not have an adverse impact on the agencies that provide foster parent support.

LB530 (2013) Signed by Governor in July 2013. The FCRRC was continued, followed the administrative moved under the Nebraska Children's Commission to the Foster Care Review Office and additional formal requirements of the FCRRC.

- NCR pilot was authorized as a "statewide standardized assessment tool"
- FCRRC was established under the Nebraska Children's Commission; Membership was also established including voting and non-voting ex-officio membership
- Three focus areas emerged:
 1. Foster Care Rates
 2. Level of Care tool
 3. Impact on Adoption Subsidies
- Rate recommendations due July 2016 and every 4 years thereafter
- DHHS to implement FCRRC Rate Recommendations by 7/2014

Foster Care Reimbursement Rate Committee

Historical Timeline

- Oct 2013** Rate Committee approves membership and holds its first meeting.
- NCR pilot results analyzed
 - Sub-workgroups established
- May 2014** The FCRRRC released its legislative report, following minor changes and approval by the Nebraska Children’s Commission.
Recommendations included:
1. Base Rate
 2. Level of Care Rate
 3. Pre-Assessment Rate
 4. Agency Support Rate
 5. Makes upgrades to NCR tool
 6. Makes recommendations for implementation and training
 7. Makes recommendations for ongoing monitoring and reporting
 8. Makes recommendations for transportation costs in rural areas
- 2015** The FCRRRC continued work to refine the NCR, assess the appropriateness of the rates through the use of surveys and took on a special project.
- The Group Home Rate Sub-Committee was formed to develop a methodology for unbundling group home rates at the request of DHHS.
- The Group Home recommendations:
- A legislative review of group home quality of care, cost of care, and performance outcomes.
 - The legislative review must also identify the acuity of children and youth served when considering outcome based performance measures.
- March 2016** The FCRRRC released a legislative report highlighting
- Results of a foster parent survey
 - Recommendation of a pre-assessment rate to be used during the first 30 days of placement
 - Recommendations included modifications to the NCR including the RPPS, foster parent liability insurance among other recommendations
 - Training needs were identified and recommendations were made to further the ongoing implementation of the NCR.
- April 2017** Treatment Foster Care Service Definition advanced and approved.
- 2018** Further work to monitor the implementation of the FCRRRC including the following activities:
- Treatment Foster Care Service Definition modifications,
 - NCR tool enhancements, and
 - The development of an Adoptive parent NCR
 - Separate workgroup reported out on Kinship licensing and training work completed for DHHS.
 - Requested and received information on a DHHS adoption subsidy pilot.

Nebraska Foster Parent Reimbursement Fact Sheet

Nebraska Foster Parent Base Rates

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

Nebraska Caregiver Levels of Responsibility Daily Rate

AGE	ESSENTIAL	ENHANCED	INTENSIVE
0-5	\$20.00	\$27.50	\$35.00
6-11	\$23.00	\$30.50	\$38.00
12-18	\$25.00	\$32.50	\$40.00

Foster Parent Pre-Assessment Daily Rate to Foster Parent

AGE	DHHS	PROMISESHIP	JUVENILE PROBATION
0-5	All ages receive	\$25.00	No Age Differential
6-11	Essential Rate.	\$28.00	\$40.00
12-18	No Pre-Assessment Rate.	\$30.00	

Agency Support Rate

Daily rate paid to the licensed child placing agency to support foster parent.

LEVEL OF RESPONSIBILITY	DHHS	PROMISESHIP	JUVENILE PROBATION
ESSENTIAL	\$21.76	\$21.76	No Pre-Assessment Differential
ENHANCED	\$28.17	\$28.17	\$38.76
INTENSIVE	\$38.76	\$38.76	
PRE-ASSESSMENT (Initial 30 days)	No Pre-Assessment Differential	\$21.76	

Professional Foster Parent Daily Rates

Professional foster parenting includes a daily rate to both the licensed child placing agency, and the foster parent.

	TOTAL DAILY RATE	AGENCY SUPPORT	FOSTER PARENT
PROMISESHIP	\$160.00	\$85.00	\$75.00
JUVENILE PROBATION	\$160.00 (pilot)	\$80.00 (pilot)	\$80.00 (pilot)

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LEGISLATIVE BILL 820

Approved by the Governor April 11, 2012

Introduced by Health and Human Services Committee: Campbell, 25, Chairperson; Bloomfield, 17; Cook, 13; Gloor, 35; Howard, 9; Krist, 10; Lambert, 2; McGill, 26; Nordquist, 7.

FOR AN ACT relating to child welfare services; to amend section 71-1902, Revised Statutes Supplement, 2011; to create committees; to provide powers and duties; to require an implementation plan, a demonstration project, and an application for a waiver of federal requirements; to require reports; to provide for a statewide level of care assessment system and a foster care reimbursement rate structure; to provide for a temporary stipend for foster parents; to change requirements for licensure to furnish foster care; to redefine a term; to provide operative dates; to repeal the original section; and to declare an emergency.

Be it enacted by the people of the State of Nebraska,

Section 1. (1)(a) The Title IV-E Demonstration Project Committee is created. The members of the committee shall be appointed by the Director of Children and Family Services or his or her designee and shall include representatives of the Department of Health and Human Services and representatives of child welfare stakeholder entities, including one advocacy organization which deals with legal and policy issues that include child welfare, one advocacy organization the singular focus of which is issues impacting children, two child welfare service agencies that provide a wide range of child welfare services, and one entity which is a lead agency as of March 1, 2012. Members of the committee shall have experience or knowledge in the area of child welfare that involves Title IV-E eligibility criteria and activities. In addition, there shall be at least one ex officio member of the committee, appointed by the State Court Administrator. The ex officio member or members shall not be involved in decisionmaking, implementation plans, or reporting but may attend committee meetings, provide information to the committee about the processes and programs of the court system involving children and juveniles, and inform the State Court Administrator of the committee's activities. The committee shall be convened by the director within thirty days after the operative date of this section.

(b) The committee shall review, report, and provide recommendations regarding the application of the Department of Health and Human Services for a demonstration project pursuant to 42 U.S.C. 1320a-9 to obtain a waiver as provided in 42 U.S.C. 1320a-9(b), as such section existed on January 1, 2012. The committee may engage a consultant with expertise in Title IV-E demonstration project applications and requirements.

(c) The committee shall (i) review Nebraska's current status of Title IV-E participation and penetration rates, (ii) review strategies and solutions for raising Nebraska's participation rate and reimbursement for Title IV-E in child placement, case management, replacement, training, adoption, court findings, and proceedings, and (iii) recommend specific actions for addressing barriers to participation and reimbursement.

(d) The committee shall provide an implementation plan and a timeline for making application for a Title IV-E waiver. The implementation plan shall support and align with the goals of the statewide strategic plan required pursuant to Legislative Bill 821, One Hundred Second Legislature, Second Session, 2012, including, but not limited to, maximizing federal funding to be able to utilize state and federal funding for a broad array of services for children, including prevention, intervention, and community-based, in-home, and out-of-home services to attain positive outcomes for the safety and well-being of and to expedite permanency for children. The committee shall report on its activities to the Health and Human Services Committee of the Legislature on or before July 1, 2012, September 1, 2012, and November 1, 2012, and shall provide a final written report to the department, the Health and Human Services Committee of the Legislature, and the Governor by December 15, 2012.

(e) If the Nebraska Children's Commission is created by the One Hundred Second Legislature, Second Session, 2012, the Title IV-E Demonstration Project Committee shall thereupon come under the commission's jurisdiction. The commission may make changes it deems necessary to comply with this subsection to facilitate the application for such demonstration project.

(2) The committee's implementation plan shall address the demonstration project designed to meet the requirements of 42 U.S.C. 1320a-9,

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including, but not limited to, the following:

(a) Increasing permanency for children by reducing the time in foster care placements when possible and promoting a successful transition to adulthood for older youth;

(b) Increasing positive outcomes for children and families in their homes and communities, including tribal communities, and improving the safety and well-being of children;

(c) Preventing child abuse and neglect and the reentry of children into foster care; and

(d) Considering the options of developing a program to (i) permit foster care maintenance payments to be made under Title IV-E of the federal Social Security Act, as such act existed on January 1, 2012, to a long-term therapeutic family treatment center on behalf of children residing in such a center or (ii) identify and address domestic violence that endangers children and results in the placement of children in foster care.

(3) The implementation plan for the demonstration project shall include information showing:

(a) The ability and capacity of the department to effectively use the authority to conduct a demonstration project under this section by identifying changes the department has made or plans to make in policies, procedures, or other elements of the state's child welfare program that will enable the state to successfully achieve the goal or goals of the project; and

(b) That the department has implemented, or plans to implement within three years after the date of submission of its application under this section or within two years after the date on which the United States Secretary of Health and Human Services approves such application, whichever is later, at least two of the child welfare program improvement policies described in 42 U.S.C. 1320a-9(a)(7), as such section existed on January 1, 2012.

(4) At least one of the child welfare program improvement policies to be implemented by the Department of Health and Human Services under the demonstration project shall be a policy that the state has not previously implemented as of the date of submission of its application under this section.

(5) For purposes of this section, long-term therapeutic family treatment center has the definition found in 42 U.S.C. 1320a-9(a)(8), as such section existed on January 1, 2012.

Sec. 2. The Department of Health and Human Services shall report to the Health and Human Services Committee of the Legislature by September 15, 2012, on the status of the application for the demonstration project under section 1 of this act.

Sec. 3. On or before September 30, 2013, the Department of Health and Human Services shall apply to the United States Secretary of Health and Human Services for approval of a demonstration project pursuant to 42 U.S.C. 1320a-9 to obtain a waiver as provided in 42 U.S.C. 1320a-9(b), as such section existed on January 1, 2012.

Sec. 4. The Legislature finds that:

(1) Surveys of foster parents demonstrate that the safety net provided by foster families is fragile and damaged;

(2) Increased focus on recruiting and retaining high quality, trained, and experienced foster parents should be a priority under reform of the child welfare system in Nebraska;

(3) A 2007 study entitled Foster Care Minimum Adequate Rates for Children completed by Children's Rights, the National Foster Parent Association, and the University of Maryland School of Social Work analyzed foster care maintenance payments under Title IV-E of the federal Social Security Act, as amended, which are defined as the cost of providing food, clothing, shelter, daily supervision, school supplies, personal incidentals, insurance, and travel for visitation with the biological family;

(4) The study set a basic foster care payment rate, calculated by (a) analyzing consumer expenditure data reflecting the costs of caring for a child, (b) identifying and accounting for additional costs specific to children in foster care, and (c) applying a geographic cost-of-living adjustment in order to develop rates for each of the fifty states and the District of Columbia. The rate includes adequate funds to meet a foster child's basic physical needs and the cost of activities such as athletic and artistic programs which are important for children who have been traumatized or isolated by abuse, neglect, and placement in foster care;

(5) The study found that Nebraska's foster care payment rates were the lowest in the country, with an average payment of two hundred twenty-six dollars per month for a child two years of age. The next lowest foster care payment rate was Missouri, paying two hundred seventy-one dollars per month;

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and

(6) Foster care placements with relatives are more stable and more likely to result in legal guardianship with a relative of the child. Children in relative placements are less likely to reenter the child welfare system after reunification with their parents and report that they feel more loved and less stigmatized when living with family.

Sec. 5. (1) The Department of Health and Human Services shall convene a Foster Care Reimbursement Rate Committee to develop a standard statewide foster care reimbursement rate structure for children in foster care in Nebraska. Such structure shall include a statewide standardized level of care assessment and shall tie performance with payments to achieve permanency outcomes for children and families.

(2) The committee shall include (a) the chief executive officer of the department or his or her designee, (b) representatives from the Division of Children and Family Services of the department from each service area designated pursuant to section 81-3116, including at least one division employee with a thorough understanding of the current foster care payment system and at least one division employee with a thorough understanding of the N-FOCUS electronic data collection system, (c) representatives from a child welfare agency that contracts directly with foster parents, from each of such service areas, (d) a representative from an advocacy organization which deals with legal and policy issues that include child welfare, (e) a representative from an advocacy organization the singular focus of which is issues impacting children, (f) a representative from a foster and adoptive parent association, (g) a representative from a lead agency, (h) a representative from a child advocacy organization that supports young adults who were in foster care as children, (i) a foster parent who contracts directly with the department, and (j) a foster parent who contracts with a child welfare agency. The members described in subdivisions (b) through (j) of this subsection shall be appointed by the chief executive officer of the department. The committee shall meet and organize as soon as possible after the operative date of this section.

(3) The committee shall use the study described in subdivision (3) of section 4 of this act as a 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 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 related to Title IV-E of the federal Social Security Act, as amended, and other federal programs as appropriate to maximize the utilization of federal funds to support foster care.

(4) The committee shall develop a statewide standardized level of care assessment containing standardized criteria to determine a foster child's placement needs and to appropriately identify the foster care reimbursement rate. The committee shall review other states' assessment models and foster care reimbursement rate structures in completing the statewide standardized level of care assessment and the standard statewide foster care reimbursement rate structure. The statewide standardized level of care assessment shall be research-based, supported by evidence-based practices, and reflect the commitment to systems of care and a trauma-informed, child-centered, family-involved, coordinated process. The committee shall develop the statewide standardized level of care assessment and the standard statewide foster care reimbursement rate structure in a manner that provides incentives to tie performance in achieving the goals of safety, maintaining family connection, permanency, stability, and well-being to reimbursements received.

(5) The committee shall provide written reports to the Health and Human Services Committee of the Legislature on July 1, 2012, and September 15, 2012, and a final report to the committee and the Governor, with recommendations for the statewide level of care assessment system and the foster care reimbursement rate structure, on December 15, 2012.

(6) If the Nebraska Children's Commission is created by the One Hundred Second Legislature, Second Session, 2012, the Foster Care Reimbursement Rate Committee shall immediately come under the commission's jurisdiction. The commission may make any changes necessary to comply with sections 4 to 6 of this act.

Sec. 6. In recognition of Nebraska foster parents' essential contribution to the safety and well being of Nebraska's foster children and the need for additional compensation for the services provided by

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Nebraska foster parents while the Foster Care Reimbursement Rate Committee completes its duties under section 5 of this act, beginning July 1, 2012, through June 30, 2013, all foster parents providing foster care in Nebraska, including traditional, agency-based, licensed, approved, relative placement, and child-specific foster care, shall receive an additional stipend of three dollars and ten cents per day per child. The stipend shall be in addition to the current foster care reimbursement rates for relatives and foster parents contracting with the Department of Health and Human Services and in addition to the relative and tiered rate paid to a contractor for agency-based foster parents. The additional stipend shall be paid monthly through the agency that is contracting with the foster parent or, in the case of a foster parent contracting with the department, directly from the department. The contracting agency shall receive an administrative fee of twenty-five cents per child per day for processing the payments for the benefit of the foster parents and the state, which administrative fee shall be paid monthly by the state. The administrative fee shall not reduce the stipend of three dollars and ten cents provided by this section.

Sec. 7. Section 71-1902, Revised Statutes Supplement, 2011, is amended to read:

71-1902 (1) Except as otherwise provided in this section, no person shall furnish or offer to furnish foster care for ~~two~~ one or more children from different families not related to such person by blood, marriage, or adoption without having in full force and effect a written license issued by the department upon such terms and conditions as may be prescribed by general rules and regulations adopted and promulgated by the department. The department may issue a time-limited, nonrenewable provisional license to an applicant who is unable to comply with all licensure requirements and standards, is making a good faith effort to comply, and is capable of compliance within the time period stated in the license. The department may issue a time-limited, nonrenewable probationary license to a licensee who agrees to establish compliance with rules and regulations that, when violated, do not present an unreasonable risk to the health, safety, or well-being of the foster children in the care of the applicant. No license shall be issued pursuant to this section unless the applicant has completed the required hours of training in foster care as prescribed by the department.

(2) All nonprovisional and nonprobationary licenses issued under sections 71-1901 to 71-1906.01 shall expire two years from the date of issuance and shall be subject to renewal under the same terms and conditions as the original license, except that if a licensee submits a completed renewal application thirty days or more before the license's expiration date, the license shall remain in effect until the department either renews the license or denies the renewal application. No license issued pursuant to this section shall be renewed unless the licensee has completed the required hours of training in foster care in the preceding twelve months as prescribed by the department. For the issuance or renewal of each nonprovisional and nonprobationary license, the department shall charge a fee of fifty dollars for a group home, fifty dollars for a child-caring agency, and fifty dollars for a child-placing agency. For the issuance of each provisional license and each probationary license, the department shall charge a fee of twenty-five dollars for a group home, twenty-five dollars for a child-caring agency, and twenty-five dollars for a child-placing agency. A license may be revoked for cause, after notice and hearing, in accordance with rules and regulations adopted and promulgated by the department.

(3) For purposes of this section:

~~(1)~~ (a) Foster family home means any home which provides twenty-four-hour care to children who are not related to the foster parent by blood, marriage, or adoption;

~~(2)~~ (b) Group home means a home which is operated under the auspices of an organization which is responsible for providing social services, administration, direction, and control for the home and which is designed to provide twenty-four-hour care for children and youth in a residential setting;

~~(3)~~ (c) Child-caring agency means an organization which is organized as a corporation or a limited liability company for the purpose of providing care for children in buildings maintained by the organization for that purpose; and

~~(4)~~ (d) Child-placing agency means an organization which is authorized by its articles of incorporation and by its license to place children in foster family homes.

Sec. 8. Sections 7 and 9 of this act become operative on July 1, 2012. The other sections of this act become operative on their effective date.

Sec. 9. Original section 71-1902, Revised Statutes Supplement, 2011, is repealed.

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Sec. 10. Since an emergency exists, this act takes effect when passed and approved according to law.

This final report includes the recommendations regarding Foster Care Reimbursement Rates and Level of Care Assessment Tools.

LB820 Final Legislative Report

Division of Children and Family
Services

Department of Health & Human Services



Background

LB 820, Sections 4 & 5 requires the Department of Health and Human Services to create a committee to develop a standard statewide foster care reimbursement rate structure. This will include a statewide standardized level of care assessment and tie performance with payments to achieve permanency outcomes for children and families.

The following committee was appointed by Kerry T. Winterer, CEO, Department of Health and Human Services.

Committee Members		
Name	Position, Organization	Representation
Thomas D. Pristow	Director, Children & Family Services	Designee of the chief executive officer of the department
Debbie Silverman	Administrator, Western Service Area	Representatives from the Division of Children and Family Services of the department from each service area.
Charlie Ponec	Resource Developer, Central Service Area	
Karen Knapp	Children & Family Services Specialist, Northern Service Area	
Jodi Allen	Children & Family Services Specialist Supervisor, Southeast Service Area	
Carrie Hauschild	Children & Family Services Specialist Supervisor, Eastern Service Area	
Carol Krueger	Nebraska Children's Home Society (Eastern)	
Gregg Nicklas	Christian Heritage (Southeast)	Representatives from a child welfare agency that contracts directly with foster parents, from each of such service areas.
Jackie Meyer	Building Blocks for Community Enrichment (Northern)	
Susan Henrie	South Central Behavioral Services (Central)	
Cory Rathbun	St. Francis Community (Western)	
Lana Temple-Plotz	Foster Family-Based Treatment Association, Boys Town	A representative from an advocacy organization which deals with legal and policy issues that include child welfare.
Leigh Esau	Foster Care Closet	A representative from an advocacy organization the singular focus of which is issues impacting children.
Barb Nissen	Nebraska Foster and Adoptive Parent Association	A representative from a foster and adoptive parent association.
David Newell	Nebraska Families Collaborative	A representative from a lead agency.
Rosey Higgs	Project Everlast	A representative from a child advocacy organization that supports young adults who were in foster care as children.
Bev Stutzman	Wood River, Nebraska	A foster parent who contracts directly with the department.
Joan Kinsey	Lincoln, Nebraska	A foster parent who contracts with a child welfare agency.
Sara Goscha	Administrator, DHHS Division of Children and Family Services, Special Projects	Director appointment.

The committee met once a month from June – November 2012. Two sub-committees were established to address the committee's legislative requirements: The Level of Care Assessment Sub-Committee and the Foster Care Rate Sub-Committee. The Nebraska Public Meeting Calendar was used for meeting notices. The committee's meeting agendas, minutes and information can be viewed at:

<http://dhhs.ne.gov/ChildrensCommission/Pages/Home.aspx>

The reports submitted to the legislature can be viewed on-line at:

<http://www.nebraskalegislature.gov/agencies/view.php>

Recommended Actions for Foster Care Reimbursement Rates

Goal: The committee was instructed to adjust the standard reimbursement rate to reflect the reasonable cost of achieving measurable outcomes for all children in foster care in Nebraska.

The committee shall

- (a) analyze 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 related to Title IV-E of the federal Social Security Act, as amended, and other federal programs as appropriate to maximize the utilization of federal funds to support foster care.

Rate discussion included analysis of:

- Nebraska FCPAY checklist (Foster Care Pay, currently in use)
- M.A.R.C. (Hitting the M.A.R.C. Establishing Foster Care Minimum Adequate Rates for Children) study and data, and
- USDA (US Department of Agriculture, Center for Nutrition Policy and Promotion, Expenditures on Children by Families, 2011).

These documents include similar information, although they are not directly parallel with each other. The USDA cost of raising children included additional expense categories already provided by DHHS for children in foster care (e.g. child care and medical insurance) which were excluded from the recommendation.

The sub-committee chose to use an average of two Midwest Urban two parent family categories as a baseline to calculate the minimum rate to care for a child in foster care. This average took into consideration food, clothing, shelter, normal family transportation, and miscellaneous costs related to children in a two parent family. The committee recommended a set of base foster care reimbursement rates by age grouping, which include a minimal amount of transportation. Foster care brings an additional layer of transportation needs to foster families so the committee also recommends a transportation reimbursement plan for families who use more than 100 miles extra in a month in the course of providing care.

Foster Care Reimbursement Rate Recommendations:

The following Foster Care Reimbursement rates were recommended:

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

Recommended Statewide Standardized Level of Care Assessment

Goal: The committee was instructed to develop a statewide standardized level of care assessment containing standardized criteria to determine a foster child's placement needs and to appropriately identify the foster care reimbursement rate.

The committee shall review other states' assessment models and foster care reimbursement rate structures in completing the statewide standardized level of care assessment and the standard statewide foster care reimbursement rate structure.

The statewide standardized level of care assessment shall be research-based, supported by evidence-based practices, and reflect the commitment to systems of care and a trauma-informed, child-centered, family-involved, coordinated process.

The committee shall develop the statewide standardized level of care assessment and the standard statewide foster care reimbursement rate structure in a manner that provides incentives to tie performance in achieving the goals of safety, maintaining family connection, permanency, stability, and well-being to reimbursements received.

The Level of Care sub-committee discussions centered on researching assessment tools within Nebraska and other states, evaluating their effectiveness, attributes and complications of each tool. Sub-committee members spent considerable time personally contacting experts in other states to gain insight into their assessments.

Ten tools researched and assessed from eight states. Thirteen experts were interviewed. The tools and experts are documented in committee minutes and available on the Nebraska Children's Commission webpage <http://dhhs.ne.gov/Pages/childrenscommission.aspx>.

Two assessment tools were recommended in order to better assess the level of care needs of the child, and level of responsibility required by the foster parent. Foster parents asked to provide a higher level of care which requires additional training would be paid an additional amount per day. The advanced care needs of medically fragile children who require special feeding, in-home health care, and transportation requirements would be an example. Children with severe mental health concerns which require additional programming, supervision or special services that the foster parent can be trained to provide would result in an additional payment to the foster parent.

Level of Care Assessment Tool Recommendations:

The Level of Care Assessment tool recommendations are:

- Child Needs Assessment: Child and Adolescent Needs and Strengths Comprehensive (CANS)
 - Caregiver Responsibilities: Nebraska Caregiver Responsibilities (NCR)
- Level of Care Assessment caution: Do not tie foster parent payment directly to the assessment of a child.

Potential Impact Items

The Level of Care Assessment sub-committee received strong recommendations from other states regarding the use of Level of Care Assessment tools, and their use in combination with establishing foster care reimbursement rates.

1. All states interviewed recommended not tying an assessment to foster care payments initially. Instead all states recommended a "hold harmless" phase where foster parents rates do not change for a period of time;
2. An ongoing quality assurance process is critical to success;
3. Other states recommended training, implementation, ongoing training support; and
4. Use caution when developing or choosing a tool to ensure the tool or subsequent payment methodology does not include behaviors or conditions that overlap with other services/funding streams (i.e., developmental disabilities, behavioral health, medically fragile, OJS).

LEGISLATIVE BILL 530

Approved by the Governor June 4, 2013

Introduced by Dubas, 34.

FOR AN ACT relating to foster care; to amend sections 43-4202, 43-4203, and 43-4213, Revised Statutes Cumulative Supplement, 2012; to state intent; to provide duties for the Division of Children and Family Services of the Department of Health and Human Services and the Nebraska Children's Commission; to change a termination date; to create the Foster Care Reimbursement Rate Committee; to provide powers and duties; to change provisions relating to stipends for foster parents; to eliminate a committee; to harmonize provisions; to repeal the original sections; to outright repeal section 43-4212, Revised Statutes Cumulative Supplement, 2012; and to declare an emergency.

Be it enacted by the people of the State of Nebraska,

Section 1. (1) The Legislature (a) finds that it was the intent of sections 43-4208 to 43-4213 to provide bridge funding to bring Nebraska's foster care reimbursement rates in line with foster care reimbursement rates in the rest of the country and (b) recognizes the importance of a stable payment to foster parents to ensure that families are able to budget for needs while caring for foster children.

(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 to ensure the continued stabilization of the foster care system in Nebraska.

(3) It is the intent of the Legislature:

(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) That 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 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;

(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; and

(e) To appropriate funds to permanently replace the bridge funding described in subsection (1) of this section 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 as required pursuant to section 43-4212 as such section existed before the effective date of this act.

Sec. 2. (1) On or before July 1, 2014, the Division of Children and Family Services of the Department of Health and Human Services shall implement the reimbursement rate recommendations of the Foster Care Reimbursement Rate Committee as reported to the Legislature pursuant to section 43-4212 as such section existed before the effective date of this act.

(2)(a) On or before July 1, 2013, the Division of Children and Family Services of the Department of Health and Human Services shall develop a pilot project as provided in this subsection to implement the standardized level of care assessment tools recommended by the Foster Care Reimbursement Rate Committee as reported to the Legislature pursuant to section 43-4212 as such section existed before the effective date of this act.

(b)(i) The pilot project shall comprise two groups: One in an urban area and one in a rural area. The size of each group shall be determined by the division to ensure an accurate estimate of the effectiveness and cost of implementing such tools statewide.

(ii) The Nebraska Children's Commission shall review and provide a progress report on the pilot project by October 1, 2013, to the department and electronically to the Health and Human Services Committee of the Legislature; shall provide to the department and electronically to the committee by December 1, 2013, a report including recommendations and any legislation necessary, including appropriations, to adopt the recommendations, regarding the adaptation or continuation of the implementation of a statewide standardized level of care assessment; and shall provide to the department and

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electronically to the committee by February 1, 2014, a final report and final recommendations of the commission.

Sec. 3. (1) On or before January 1, 2016, the Nebraska Children's Commission shall appoint a Foster Care Reimbursement Rate Committee. The commission shall reconvene the Foster Care Reimbursement Rate Committee every four years thereafter.

(2) The Foster Care Reimbursement Rate Committee shall consist of no fewer than nine members, including:

(a) The following voting members: (i) Representatives from a child welfare agency that contracts directly with foster parents, from each of the service areas designated pursuant to section 81-3116; (ii) a representative from an advocacy organization which deals with legal and policy issues that include child welfare; (iii) a representative from an advocacy organization, the singular focus of which is issues impacting children; (iv) a representative from a foster and adoptive parent association; (v) a representative from a lead agency; (vi) a representative from a child advocacy organization that supports young adults who were in foster care as children; (vii) a foster parent who contracts directly with the Department of Health and Human Services; and (viii) a foster parent who contracts with a child welfare agency; and

(b) The following nonvoting, ex officio members: (i) The chief executive officer of the Department of Health and Human Services or his or her designee and (ii) representatives from the Division of Children and Family Services of the department from each service area designated pursuant to section 81-3116, including at least one division employee with a thorough understanding of the current foster care payment system and at least one division employee with a thorough understanding of the N-FOCUS electronic data collection system. The nonvoting, ex officio members of the committee may attend committee meetings and participate in discussions of the committee and shall gather and provide information to the committee on the policies, programs, and processes of each of their respective bodies. The nonvoting, ex officio members shall not vote on decisions or recommendations by the committee.

(3) Members of the committee shall serve for terms of four years and until their successors are appointed and qualified. The Nebraska Children's Commission shall appoint the chairperson of the committee and may fill vacancies on the committee as they occur. If the Nebraska Children's Commission has terminated, such appointments shall be made and vacancies filled by the Governor with the approval of a majority of the Legislature.

Sec. 4. (1) The Foster Care Reimbursement Rate Committee appointed pursuant to section 3 of this act shall review and make recommendations in the following areas: Foster care reimbursement rates, the statewide standardized level of care assessment, and adoption assistance payments as required by section 43-117. 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 related to Title IV-E of the federal Social Security Act, as amended, and other federal programs as appropriate to maximize the utilization of federal funds to support foster care.

(2) The committee shall review the role and effectiveness of and make recommendations on the statewide standardized level of care assessment containing standardized criteria to determine a foster child's placement needs and to identify the appropriate foster care reimbursement rate. The committee shall review other states' assessment models and foster care reimbursement rate structures in completing the statewide standardized level of care assessment review and the standard statewide foster care reimbursement rate structure. The committee shall ensure the statewide standardized level of care assessment and the standard statewide foster care reimbursement rate structure provide incentives to tie performance in achieving the goals of safety, maintaining family connection, permanency, stability, and well-being to reimbursements received. The committee shall review and make recommendations on assistance payments to adoptive parents as required by section 43-117. The committee shall make recommendations to ensure that changes in foster care reimbursement rates do not become a disincentive to permanency.

(3) The committee may organize subcommittees as it deems necessary. Members of the subcommittees may be members of the committee

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or may be appointed, with the approval of the majority of the committee, from individuals with knowledge of the subcommittee's subject matter, professional expertise to assist the subcommittee in completing its assigned responsibilities, and the ability to collaborate within the subcommittee.

(4) The Foster Care Reimbursement Rate Committee shall provide electronic reports with its recommendation to the Health and Human Services Committee of the Legislature on July 1, 2016, and every four years thereafter.

Sec. 5. Section 43-4202, Revised Statutes Cumulative Supplement, 2012, is amended to read:

43-4202 (1) The Nebraska Children's Commission is created as a high-level leadership body to (a) create a statewide strategic plan for reform of the child welfare system programs and services in the State of Nebraska and (b) review the operations of the Department of Health and Human Services regarding child welfare programs and services and recommend, as a part of the statewide strategic plan, options for attaining the legislative intent stated in section 43-4201, either by the establishment of a new division within the department or the establishment of a new state agency to provide all child welfare programs and services which are the responsibility of the state. The commission shall provide a permanent forum for collaboration among state, local, community, public, and private stakeholders in child welfare programs and services.

(2) The commission shall include the following voting members:

(a) The chief executive officer of the Department of Health and Human Services or his or her designee;

(b) The Director of Children and Family Services or his or her designee; and

(c) Sixteen members appointed by the Governor within thirty days after April 12, 2012. The members appointed pursuant to this subdivision shall represent stakeholders in the child welfare system and shall include: (i) A director of a child advocacy center; (ii) an administrator of a behavioral health region established pursuant to section 71-807; (iii) a community representative from each of the service areas designated pursuant to section 81-3116. In the eastern service area designated pursuant to such section, the representative may be from a lead agency of a pilot project established under Legislative Bill 961, One Hundred Second Legislature, Second Session, 2012, section 68-1212 or a collaborative member; (iv) a prosecuting attorney who practices in juvenile court; (v) a guardian ad litem; (vi) a biological parent currently or previously involved in the child welfare system; (vii) a foster parent; (viii) a court-appointed special advocate volunteer; (ix) a member of the State Foster Care Review Board or any entity that succeeds to the powers and duties of the board or a member of a local foster care review board; (x) a child welfare service agency that directly provides a wide range of child welfare services and is not a member of a lead agency collaborative; (xi) a young adult previously in foster care; and (xii) a representative of a child advocacy organization that deals with legal and policy issues that include child welfare.

(3) The commission shall have the following nonvoting, ex officio members: (a) The chairperson of the Health and Human Services Committee of the Legislature or a committee member designated by the chairperson; (b) the chairperson of the Judiciary Committee of the Legislature or a committee member designated by the chairperson; (c) the chairperson of the Appropriations Committee of the Legislature or a committee member designated by the chairperson; and (d) three persons appointed by the State Court Administrator. The nonvoting, ex officio members may attend commission meetings and participate in the discussions of the commission, provide information to the commission on the policies, programs, and processes of each of their respective bodies, gather information for the commission, and provide information back to their respective bodies from the commission. The nonvoting, ex officio members shall not vote on decisions by the commission or on the direction or development of the statewide strategic plan pursuant to section 43-4204.

(4) The commission shall meet within sixty days after April 12, 2012, and shall select from among its members a chairperson and vice-chairperson and conduct any other business necessary to the organization of the commission. The commission shall meet not less often than once every three months, and meetings of the commission may be held at any time on the call of the chairperson. The commission shall be within the office of the chief executive officer of the Department of Health and Human Services. The commission may hire staff to carry out the responsibilities of the commission. The commission shall hire a consultant with experience in facilitating strategic planning to provide neutral, independent assistance in developing the statewide strategic plan. The commission shall terminate on June 30, 2014,

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2016, unless continued by the Legislature.

(5) Members of the commission shall be reimbursed for their actual and necessary expenses as members of such commission as provided in sections 81-1174 to 81-1177.

Sec. 6. Section 43-4203, Revised Statutes Cumulative Supplement, 2012, is amended to read:

43-4203 (1) The Nebraska Children's Commission shall work with administrators from each of the service areas designated pursuant to section 81-3116, the teams created pursuant to section 28-728, local foster care review boards, child advocacy centers, the teams created pursuant to the Supreme Court's Through the Eyes of the Child Initiative, community stakeholders, and advocates for child welfare programs and services to establish networks in each of such service areas. Such networks shall permit collaboration to strengthen the continuum of services available to child welfare agencies and to provide resources for children and juveniles outside the child protection system. Each service area shall develop its own unique strategies to be included in the statewide strategic plan. The Department of Health and Human Services shall assist in identifying the needs of each service area.

(2)(a) The commission shall create a committee to examine state policy regarding the prescription of psychotropic drugs for children who are wards of the state and the administration of such drugs to such children. Such committee shall review the policy and procedures for prescribing and administering such drugs and make recommendations to the commission for changes in such policy and procedures.

(b) The commission shall create a committee to examine the structure and responsibilities of the Office of Juvenile Services as they exist on April 12, 2012. Such committee shall review the role and effectiveness of the youth rehabilitation and treatment centers in the juvenile justice system and make recommendations to the commission on the future role of the youth rehabilitation and treatment centers in the juvenile justice continuum of care. Such committee shall also review the responsibilities of the Administrator of the Office of Juvenile Services, including oversight of the youth rehabilitation and treatment centers and juvenile parole, and make recommendations to the commission relating to the future responsibilities of the administrator.

(c) The commission may organize committees as it deems necessary. Members of the committees may be members of the commission or may be appointed, with the approval of the majority of the commission, from individuals with knowledge of the committee's subject matter, professional expertise to assist the committee in completing its assigned responsibilities, and the ability to collaborate within the committee and with the commission to carry out the powers and duties of the commission.

(d) ~~If the One Hundred Second Legislature, Second Session, 2012, creates the The Title IV-E Demonstration Project Committee or and the Foster Care Reimbursement Rate Committee, or both, such committees shall be under the jurisdiction of the commission.~~

(3) The commission shall work with the office of the State Court Administrator, as appropriate, and entities which coordinate facilitated conferencing as described in section 43-247.01. Facilitated conferencing shall be included in statewide strategic plan discussions by the commission. Facilitated conferencing shall continue to be utilized and maximized, as determined by the court of jurisdiction, during the development of the statewide strategic plan. Funding and contracting of facilitated conferencing entities shall continue to be provided by the Department of Health and Human Services to at least the same extent as such funding and contracting are being provided on April 12, 2012.

(4) The commission shall gather information and communicate with juvenile justice specialists of the Office of Probation Administration and county officials with respect to any county-operated practice model participating in the Crossover Youth Program of the Center for Juvenile Justice Reform at Georgetown University.

(5) ~~If the Nebraska Juvenile Service Delivery Project is enacted by the One Hundred Second Legislature, Second Session, 2012, the The commission shall coordinate and gather information about the progress and outcomes of the project- Nebraska Juvenile Service Delivery Project.~~

Sec. 7. Section 43-4213, Revised Statutes Cumulative Supplement, 2012, is amended to read:

43-4213 In recognition of Nebraska foster parents' essential contribution to the safety and well-being of Nebraska's foster children and the need for additional compensation for the services provided by Nebraska foster parents, ~~while the Foster Care Reimbursement Rate Committee~~

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completes its duties under section 43-4212, beginning July 1, 2012, through June 30, 2013, 2014, all foster parents providing foster care in Nebraska, including traditional, agency-based, licensed, approved, relative placement, and child-specific foster care, shall receive an additional stipend of three dollars and ten cents per day per child. The stipend shall be in addition to the current foster care reimbursement rates for relatives and foster parents contracting with the Department of Health and Human Services and in addition to the relative and tiered rate paid to a contractor for agency-based foster parents. The additional stipend shall be paid monthly through the agency that is contracting with the foster parent or, in the case of a foster parent contracting with the department, directly from the department. The contracting agency shall receive an administrative fee of twenty-five cents per child per day for processing the payments for the benefit of the foster parents and the state, which administrative fee shall be paid monthly by the state. The administrative fee shall not reduce the stipend of three dollars and ten cents provided by this section.

Sec. 8. Original sections 43-4202, 43-4203, and 43-4213, Revised Statutes Cumulative Supplement, 2012, are repealed.

Sec. 9. The following section is outright repealed: Section 43-4212, Revised Statutes Cumulative Supplement, 2012.

Sec. 10. Since an emergency exists, this act takes effect when passed and approved according to law.

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:

<u>Level of Care</u>	<u>FC Specialist to Child</u>	<u>Supervisor to Staff</u>
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

May 16, 2014

Karen Authier, Chairperson
Nebraska Children's Commission

Dear Karen Authier,

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

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

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

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

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

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

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

Respectfully,

Peg Harriott
Chairperson
Foster Care Reimbursement Rate Committee

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

Final Recommendations:

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

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

[Approved May 16, 2014]

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

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

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

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

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

Age	Daily
0-5	<i>\$ 25.00</i>
6-11	<i>\$ 28.00</i>
12-18	<i>\$ 30.00</i>

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

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

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

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

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

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

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

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

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

K. Recommend that respite costs be addressed as follows:

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

[Approved May 16, 2014]

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

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

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

[Approved May 16, 2014]

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

[Approved May 6, 2014]

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

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

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

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

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

Nebraska Caregiver Responsibilities (NCR)

Child's Name: _____

Child's Master Case # _____

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

Assessment Type:

- | | | |
|---|---|---|
| <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	<p>Caregiver arranges and participates, as appropriate in routine medical and dental appointments; Provides basic healthcare and responds to illness or injury; administers prescribed medications; maintains health records; shares developmentally appropriate health information with child.</p> <p>Definition: Caregiver follows established policies to ensure child's physical health needs are met by providing basic healthcare and response to illness or injury. Caregiver contributes to ongoing efforts to meet the child's needs, by arranging, transporting and participating in doctor's appointments that is reflected in required ongoing documentation. Caregiver will administer medications as prescribed, keep a medication log of all prescribed and over-the-counter medication, understand the medications administered, and submit the medication log monthly.</p>
L2	<p>Caregiver arranges and participates with additional visits with medical specialists, assists with treatment and monitoring of specific health concerns, and provides periodic management of personal care needs. Examples may include treating and monitoring severe cases of asthma, physical disabilities, and pregnant/parenting teens.</p> <p>Definition: Additional health concerns must be documented and caregiver's role in meeting these additional needs will be reflected in the child's case plan and/or treatment plan. Caregiver will transport and participate in additional medical appointments, including monthly medication management, physical or occupational therapy appointments, and monitor health concerns as determined by case professionals.</p>
L3	<p>Caregiver provides hands-on specialized interventions to manage the child's chronic health and/or personal care needs. Examples include using feeding tubes, physical therapy, or managing HIV/AIDS.</p> <p>Definition: Any specialized interventions provided by the caregiver should be reflected in the child's case plan and/or treatment plan. Case management records should include narrative as to the training and/or certification of the caregiver to provide specialized levels of intervention specific to the child's health needs. Caregiver will provide specific documentation of specialized interventions utilized to manage chronic health and/or personal care needs.</p>
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 the child to participate in culturally relevant experiences and activities. Caregiver works with parents and youth in ongoing development of youth's life book.</p>
L2	<p>Caregiver arranges and supervises ongoing contact between child and primary family and/or other significant people or teaches parenting strategies to other caregivers as outlined in the case plan.</p> <p>Definition: Caregiver provides and facilitates parenting time in accordance with the established parenting time plan and case plan. Caregiver provides regular instruction to parent outlining parenting strategies. This feedback must be reflected in Caregiver's required ongoing documentation.</p>
L3	<p>Caregiver works with primary family to co-parent child, sharing parenting responsibilities, OR supports parent who is caring for child AND works with parent to coordinate attending meetings AND appointments together. Examples include attending meetings with doctors, specialists, educators, and therapists together.</p> <p>Definition: Caregiver partners and collaborates with parents to ensure both caregiver and parent attends child's appointments and activities. Caregiver allows parental interaction in the foster home and provides support to the parent while the child is in the parent's home. Caregiver allows the parent to participate in daily routine of the child in the foster home (i.e. dinner, bedtime routine, morning routine). Documentation should illustrate caregiver's efforts to engage parent and shows examples of a transfer of learning to the parent.</p>
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	<p>Caregiver works with other professionals to develop, implement and monitor specialized behavior management or intervention strategies to address ongoing behaviors that interfere with successful living as determined by the family team.</p> <p>Definition: Caregiver provides beyond age and developmentally appropriate supervision, structure, and behavioral and/or emotional support in accordance with a formal treatment or behavioral management plan as identified by the child's needs. Caregiver can provide examples of strategies and interventions implemented.</p>
L3	<p>Caregiver provides direct care and supervision that involves the provision of highly structured Interventions such as using specialized equipment and/or techniques and treatment 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>
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>
	<p>Outline the caregiver responsibilities:</p>

LOC 5 Socialization/Age-Appropriate Expectations	
L1	<p>Caregiver works with others to ensure child's successful participation in community activities; ensures opportunities for child to form healthy, developmentally appropriate relationships with peers and other community members, and uses everyday experiences to help child learn and develop appropriate social skills.</p> <p>Definition: Caregiver encourages and provides opportunities for child to participate in age-appropriate peer activities at least once per week. Caregiver can give examples of the child's participation the activity. Caregiver transports to activity if needed. Caregiver monitors negative peer interactions. Examples may include: school-based activities, sports, community-based activities, etc.</p>
L2	<p>Caregiver provides additional guidance to the child to enable the child's successful participation in Community and enrichment activities AND provides assistance with planning and adapting activities AND participates with child when needed. Examples include shadowing, coaching social skills, sharing specific intervention strategies with other responsible adults, etc.</p> <p>Definition: Caregiver's intervention and participation further ensures child's participation in the activity. The child may not be able to participate without adult support. Caregiver can give examples of the child's participation in the activity.</p>
L3	<p>Caregiver provides ongoing, one-to-one supervision and instruction (beyond what would be age appropriate) to ensure the child's participation in community and enrichment activities AND caregiver is required to participate in or attend most community activities with other responsible adults, etc.</p> <p>Definition: Caregiver must participate and fully supervise child during all community and enrichment activities. Participation in the community and enrichment activities provides a normalized child experience. Caregiver can provide examples of child's normalized involvement in the activity.</p>
	<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 examples of their role in the intensive in-home service provision. Caregiver may require additional training to eliminate placement disruption.</p>
	<p>Outline the caregiver responsibilities:</p>

LOC 8 Transition To Permanency and/or Independent Living	
L1	<p>Caregiver provides routine ongoing efforts to work with biological family and/or other significant adults to facilitate successful transition home or into another permanent placement. Caregiver provides routine assistance in the on-going development of the child/youth life book.</p> <p>Definition: Caregiver collaborates with case manager and other community resources to ensure child's permanency goal is met. Caregiver works with youth in ongoing development of youth's life book in preparation for permanency. Caregiver addresses developmentally appropriate daily life skills with the child.</p>
L2	<p>Caregiver actively provides age-appropriate adult living preparation and life skills training for child/youth age 8 and above, as outlined in the written independent living plan and determined through completion of the Ansell Casey Life Skills Assessment. For those youth available for adoption or guardianship who have spent a significant portion of their life in out of home care, the caregiver (with direction from their agency and in accordance with the case plan), actively participates in finding them a permanent home including working with team members, potential adoptive parents, therapists and specialists to ensure they achieve permanency.</p> <p>Definition: For children 8 and above caregiver develops and monitors daily life skills activities. Caregiver assists the youth in completing the Ansell Casey Life Skills Assessment and uses the results to inform daily activities that promote development of independent living skills. Caregiver also supports efforts to maintain family relationships where appropriate. For children with goals of adoption and guardianship, the Caregiver regularly collaborates with the permanency staff to ensure child's permanency goals are met. If the caregiver will be providing permanency for the child, the caregiver is actively participating in adoption preparation activities. (examples include training, support group, mentor support, respite care) Caregiver can provide examples of ongoing efforts to ensure permanency.</p>
L3	<p>Caregiver supports active participation of youth age 14 or above in services to facilitate transition to independent living. Services including but not limited to assistance with finances, money management, permanence, education, self-care, housing, transportation, employment, community resources and lifetime family connectedness.</p> <p>Definition: Caregiver partners with independent living resources to ensure youth is prepared for transition to independent living. Caregiver provides assistance and interventions on an ongoing basis and in accordance with established IL plan (for youth over age 15). Caregiver demonstrates role in preparing youth for independent living by providing concrete examples of provided intervention and child's skill acquisition.</p>
	Outline the caregiver responsibilities:

SIGNATURES:

NAME: _____

Foster Parent

DATE: _____

NAME: _____

Foster Parent

DATE: _____

NAME: _____

CFS/FPS Worker

DATE: _____

NAME: _____

CFS/FPS Supervisor

DATE: _____

NAME: _____

CPA Representative (if involved)

DATE: _____

NAME: _____

Other Participant

DATE: _____

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: _____

Gregg Nicklas from Christian Heritage provided comments on behalf of CAFCON. Gregg noted that he wanted to thank Senator Dubas, the Health and Human Services Committee, the legislature, the media, and the Nebraska Children's Commission for the part each group played in coming to a positive resolution on the foster care reimbursement rates. He noted that he especially wanted to thank Thomas Pristow and the DHHS staff on working with providers to arrive at the revised rates. He also urged DHHS to provide adequate funding to NFC as a part of the contract negotiations to cover the cost of the rate increases.

Ashley Brown from KVC also shared her appreciation on behalf of the Nebraska Chapter of Foster Family Based Treatment Association (FFTA) for all the work that the Foster Care Reimbursement Rate committee had put into the recommendations that were approved at the May meeting. She also noted that KVC appreciated the work that DHHS did to revise the rates.

Foster Care Reimbursement Rate Committee Report

Peg Harriott provided Commission members with a cover letter, final recommendations document, Nebraska Caregiver Responsibilities tool document, and Nebraska Caregiver Responsibilities Summary and Level of Parenting score sheet, and asked that the Commission approve and advance the documents to DHHS and the Health and Human Services Committee. Peg noted to Commission members that the Foster Care Reimbursement Rate committee was made up of a good mix of foster parents, foster care providers, and DHHS staff and that the final recommendations included work by not only the committee but also the Level of Care workgroup. Peg noted that the workgroup met several times to finalize the Nebraska Caregiver Responsibilities (NCR) tool and score sheet. Peg then walked Commission members through the recommendations and NCR tool.

During the discussion period, suggestions were made by Commission members to modify the recommendations document, as follows:

On Item F, it was suggested that "2014" be inserted after "July 1st" so that it was clear that the recommendation only applied to the 2014 version of the NFC contract between DHS and NFC.

On Item L.b. and Item O, it was suggested that the reference to "\$0.56/mile" be changed to refer to the "current federal mileage rate" so that the recommendation reflects the annual adjustment that is made to mileage rates.

On Item P, that a letter d. be added that would require an analysis and reporting out of data on NCR/LOC tool overrides that are done by DHHS and NFC to further inform the lessons learned, trends identified and recommendations for future consideration as noted in letter c.

Add an Item Q to require that by July 1, 2014 a written report be submitted by Probation that summarizes foster parent rates paid and provides an analysis of outcomes of any tool used to establish foster parent rates that would be consistent with the report provided by DHHS and NFC in Item P.

At the end of the discussion of the report, Beth Baxter made a motion to approve and advance the Foster Care Reimbursement Rate Committee recommendations and report as presented, with the friendly amendments to Items F, L, O, P and Q as offered above, and to send the final version of the recommendations to DHHS and the Health and Human Services Committee. The motion was seconded by Gene Klein. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Kim Hawekotte, Gene Klein, Andrea Miller, David Newell, Mary Jo Pankoke, Dale Shotkoski, Becky Sorensen, and Susan Staab. Voting no: none. Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Norman Langemach, Jennifer Nelson, and John Northrup were absent for the vote. Motion carried.

Foster Care Reimbursement Rate Committee Membership

Peg Harriott provided a list of three nominees to consider for membership on the Foster Care Reimbursement Rate Committee. The nominees are:

Gregg Nicklas – Co-CEO of Christian Heritage to fill the position of “A child welfare agency that contracts directly with foster parents – SESA”.

Sarah Forrest – Policy Coordinator – Voices for Children in Nebraska to fill the position of “An advocacy organization, the singular focus of which is issues impacting children”.

Jodi Hitchler – Program Manager – CEDARS to fill the position of “A foster parent who contracts with a child welfare agency”.

A motion was made by Gene Klein to approve the Foster Care Reimbursement Rate Committee Nominations as presented. The motion was seconded by Mary Jo Pankoke. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Kim Hawekotte, Gene Klein, Andrea Miller, David Newell, Mary Jo Pankoke, Dale Shotkoski, Becky Sorensen, and Susan Staab. Voting no: none. Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Norman Langemach, Jennifer Nelson, and John Northrup were absent for the vote. Motion carried.

Bridge to Independence Membership and Report

Mary Jo Pankoke provided a list of two nominees to consider for membership on the Bridges to Independence Committee. The nominees are:

Betsy Vidlak – Director of Youth Programs, Community Action Partnership of Western Nebraska to fill the position of a “child welfare service agency”.

Andrew Paul – to fill the position of a “young adult currently/previously in foster care”.

A motion was made by Mary Jo Pankoke to approve the Bridges to Independence Nominations as presented. The motion was seconded by Becky Sorensen. Voting yes: Pam Allen, Karen Authier, Beth Baxter, Kim Hawekotte, Gene Klein, Andrea Miller, David Newell, Mary Jo Pankoke, Dale Shotkoski, Becky Sorensen, and Susan Staab. Voting no: none. Nancy Forney, Candy Kennedy-Goergen, Janteice Holston, Norman Langemach, Jennifer Nelson, and John Northrup were absent for the vote. Motion carried.

Nebraska Children's Commission
Foster Care Reimbursement Rate Committee



**Recommendations to the Nebraska Children's
Commission and the Health and Human Services
Committee of the Legislature**

March 15, 2016

Submitted Pursuant to Neb. Rev. Stat. §43-4217

Foster Care Reimbursement Rate Committee

March 15, 2016

The Foster Care Reimbursement Rate Committee (FCRRC) of the Nebraska Children's Commission (Commission) was created pursuant to Neb. Rev. Stat. §43-4214 for the purposes of making recommendations related to the statewide standardized level of care assessment and foster care reimbursement rates. A listing of FCRRC members and workgroup members can be found at Appendix A. The FCRRC provided its recommendations to the Commission and Health and Human Services Committee of the Legislature in May of 2014, and has continued to work to monitor and review the implementation of its recommendations. In addition to the 2014 recommendations report, the FCRRC has been tasked with submitting a report on July 1, 2016, and every four years thereafter. This report is submitted pursuant to Neb. Rev. Stat. §43-4217 to satisfy the July 1, 2016 reporting requirement.

History & Background

The FCRRC first began working on foster care reimbursement rates following its creation in 2012. The FCRRC and the work charged to it are products of LR37 (2011), a legislative study created to review, investigate, and assess the effects of child welfare reform. LR37 found that foster parent compensation in Nebraska was inconsistent and lacking in a statewide standard. These findings indicated a need to create a basic statewide rate for compensation.

As a result of the LR37 study, the FCRRC was established by LB820 in 2012. At the time, Nebraska foster care rates were among the lowest in the nation. LB820 (2012) required the creation of base rates for foster parents and for the parents to be paid directly, instead of through child placing service agencies. The FCRRC did significant work to ensure that the new base rates and direct payment to foster parents were adequate to recruit and retain quality foster homes and would not have an adverse impact on the agencies that provide foster parent support.

The FCRRC was continued in 2013 by LB530, which required the FCRRC to create a standard statewide assessment tool and foster parent reimbursement rates. The FCRRC released its legislative report containing the rate recommendations, Nebraska Caregiver Responsibilities Assessment Tool, and other recommendations to monitor the implementation process in May of 2014. This report and recommendations were the result of countless hours of work from the Department of Health and Human Services (DHHS), Nebraska Families Collaborative (NFC), child placing agencies, and many other organizations and individuals. Since that time, the FCRRC has continued to monitor

implementation of the rates and tool, accept additional assignments from DHHS and the Commission, and work to create its legislatively required report.

Rate Recommendations

The FCRRC set forth the below base rates and pre-assessment rates in 2014 after countless hours of discussion, research, and work. The Base Rate Sub-Committee was convened to review these rates to determine if any adjustment was necessary. Members considered the feedback received from their staff and foster parents and reviewed the rates of surrounding states and the United States Department of Agriculture's [Expenditures on Children by Families 2013](#). The Sub-Committee found no indication that the rates were unreasonable or unfair in any way, and identified additional processes for defraying other costs of foster parenting, including provisions for transportation reimbursement.

The FCRRC reviewed the results of the Foster Parent Survey, created to capture feedback from foster parents regarding the Nebraska Caregiver Responsibilities (NCR) Tool, and found that the responses of Foster Parents did not indicate that any adjustment of the payment rates was necessary.

The FCRRC additionally considered the daily rate paid to agencies through feedback from the agencies and a survey of Family Based Foster Treatment Association (FFTA) member agencies undertaken by the Level of Responsibility Workgroup to determine the prevalence of agencies providing higher levels of support to foster parents who undertake a lower level of responsibility than the child needs, and found that no adjustment to the agency support rates was necessary.

Foster Parent Base Rates

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

Foster Parent Rates

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

Foster Parent Pre-Assessment Rate

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

Agency Support Rate

Level of Parenting	Daily rate paid to agency to support foster parent
Essential	\$21.76
Enhanced	\$28.17
Intensive	\$38.76
Pre-assessment*	\$21.76

***Pre-assessment rate is for a period of 30 days or less when a child is new to the system.**

Recommendations:

- 1. The FCRRRC recommends that the above Foster Parent Base Rates continue to be implemented.** These rates are fair, adequately reflect the cost of raising a child in the care of the state, and will ensure retention and requirement of high-quality foster parents and ensure that foster children's best interests are served.
- 2. The FCRRRC recommends that the above Pre-Assessment Rates be implemented.** Upon review of the pre-assessment rates recommended in 2014, the FCRRRC believes that they adequately compensate foster parents until the child can be assessed.
- 3. The FCRRRC recommends that the Agency Support Rates above should continue to be implemented.** The FCRRRC found that the agency support rates are adequate, fair, and no changes are necessary at this time.
- 4. The FCRRRC and Commission, in partnership with DHHS, Nebraska Families Collaborative (NFC), Administrative Office of Probation (AOP), and child placing agencies, should continue to monitor the implementation and effectiveness of the base rates, level of parenting rates, and Child Placement Agency Rates.** This will allow the FCRRRC to achieve the intent of LB530, and ensure that the rates support the retention and recruitment of high quality foster homes and ensure that foster children's best interests are served.
- 5. The AOP should submit a written report to the FCRRRC by January 1, 2017, summarizing foster parent rates paid and providing an analysis of outcomes of any tool used to establish foster parent rates.** The AOP has been an active

partner in the FCRRRC, and has provided information as requested. The FCRRRC recognizes that it is imperative that all foster care services be coordinated and aligned, and accordingly requests to be kept informed of the AOP's foster care rates.

The NCR Tool

The Level of Responsibility workgroup consulted with stakeholders, performed a survey of FFTA member agencies, reviewed reports from DHHS and NFC regarding the effectiveness of the NCR, and survey of foster parents meant to gather information about the NCR Tool, in order to create its recommendations. Foster Parent survey highlights can be found on page six. The recommendations of the LOR workgroup and FCRRRC are below. The NCR Tool is attached to this document as Appendix B and reflects the recommended changes below.

Recommendations:

- 1. The FCRRRC continues to recommend that the NCR Tool should be implemented for all youth placed out of home by DHHS and NFC.** Feedback from DHHS, NFC, stakeholders and foster parents indicate that the NCR is working as intended, and should continue to be implemented with the changes recommended below.
- 2. The NCR should include a statement indicating steps foster parents should take if they disagree with the results of the assessment.** This change does not create a new process, but notifies foster parents in writing of how disagreement should be addressed.
- 3. The NCR should include information regarding the Reasonable and Prudent Parenting Standard (RPPS) of the Strengthening Families Act (SFA).** All caregivers will be responsible for acting as a reasonable and prudent parent in the care of their foster children, and this change clearly states this expectation.
- 4. The Levels should be changed from "Level of Care" to "Level of Responsibility" to more clearly communicate that the focus of the NCR is the caregiver's responsibilities.** As a result of the foster parent survey, the FCRRRC found that there is still confusion in foster parents over whether the NCR measures children's needs or foster parent responsibilities. This change will help clarify what the NCR Tool is meant to measure.
- 5. The NCR should be infused with information about transportation, including the foster parent's responsibility to transport foster children, and mileage reimbursement.** This change to the NCR Tool makes transportation a consultation point and provides information that will assist foster parents in accessing mileage reimbursement.
- 6. The NCR should clarify foster parent responsibilities to youth who are transitioning to living independently as an adult in LOR 8.** The proposed

changes to Level of Responsibility 8 clearly set forth foster parent responsibility regardless of the child or youth's permanency goal, and highlight the responsibilities that will support foster youth in gaining the life skills to live independently as an adult.

- 7. The NCR should include information about liability insurance for Foster Parents.** The intention is to make foster parents aware of the liability insurance policies of the state. This is not new policy, but the inclusion on the NCR will allow for the opportunity for consultation between the caseworker, agency support worker (if applicable), and foster parent.

Training Needs

Following the implementation of the Nebraska Caregiver Responsibilities (NCR) Tool, DHHS, NFC, and FFTA jointly conducted trainings on the NCR across the state to ensure that training was performed in a uniform manner. In an update to the FCRRC, DHHS notes that as a result of this training process, questions are rarely received regarding the NCR. The Foster Parent Survey results made it clear that the NCR appears to be working successfully and as intended, but identified a few minor areas for additional training.

Recommendations:

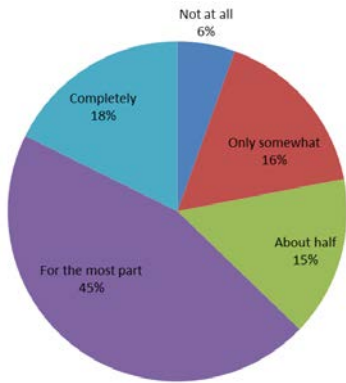
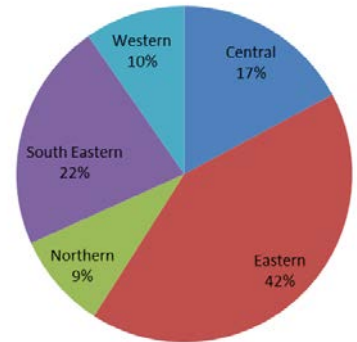
- 1. DHHS and partners should continue to implement a training and quality assurance plan to educate workers on the changes and requirements in the tool.** DHHS has engaged with partners to develop and provide training on the NCR for workers, and has indicated a willingness to continue this training. Additional training will be necessary to clarify the changes above, and prevent the natural drift that occurs after implementation of a new tool.

Foster Parent Survey Highlights

The FCRRRC undertook the Foster Parent Survey with the intention to gather information on the experiences of foster parents with the Nebraska Caregiver Responsibility Tool. This survey was distributed by DHHS, FFTA, and Nebraska Foster and Adoptive Parent Association (NFAPA) to foster parents. Foster Parents who did not have an NCR assessment in the past six months were disqualified from participation; accordingly it does not capture information related to Probation foster placements. Some highlights from the survey include:

Foster Parent Service Area of Residence

Foster parents reported residing in 43 counties. 36 counties had less than six foster parents reporting residence, and in an effort to maintain anonymity, data was reported by service area.

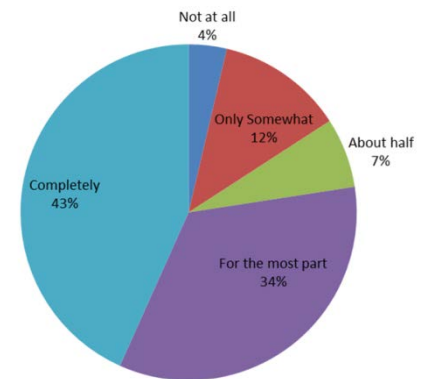


“I feel that the last time I filled out the NCR, it captured all of the services I provide for that child.”

164 foster parents responded with their level of agreement to the statement on a 1-5 weighted Likert scale. The weighted average was 2.53.

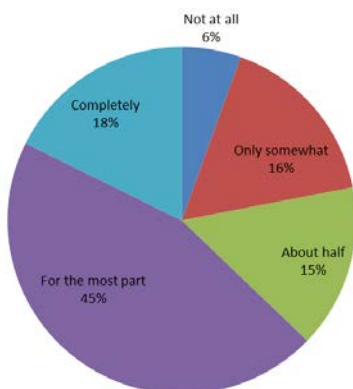
“The last time I filled out the NCR, I understood the purpose of the NCR.”

164 foster parents responded with their level of agreement to the statement on a 1-5 weighted Likert scale. The weighted average was 3.01.



“The last time I filled out the NCR, it adequately described foster parent responsibilities.”

164 foster parents responded with their level of agreement on a 1-5 weighted Likert scale. The weighted average was 2.53.



Foster Care Reimbursement Rate Committee Membership

Member Name	Member Type	Location	Representation
Jodie Austin	Voting	Omaha	A child welfare agency that contracts directly with foster parents - Eastern
Phillip Burrell	Voting	Omaha	Representative from a child advocacy organization that supports young adults who were in foster care as children
Jude Dean	Voting	Lincoln	A foster parent who contracts with a child welfare agency
Corrie Edwards	Voting	Grand Island	A child welfare agency that contracts directly with foster parents - Central
Leigh Esau	Voting	Lincoln	At Large
Peg Harriott (Co-Chair)	Voting	Omaha	A child welfare agency that contracts directly with foster parents - Eastern
Susan Henrie	Voting	Kearney	A child welfare agency that contracts directly with foster parents - Western
Dr. Anne Hobbs	Voting	Denton	A foster parent who contracts with a child welfare agency
Vanessa Humaran	Voting	Lincoln	A foster parent who contracts directly with the Department of Health and Human Services
Gene Klein (Co-Chair)	Voting	Omaha	Director of a Child Advocacy Center
Bobby Loud	Voting	Omaha	A foster parent who contracts with a child welfare agency
Jackie Meyer	Voting	O'Neill	A child welfare agency that contracts directly with foster parents - Northern
Sherry Moore	Voting	Elkhorn	A foster parent who contracts with a child welfare agency
Felicia Nelsen	Voting	Lincoln	Representative from a foster and adoptive parent association
David Newell	Voting	Omaha	Representative of a Lead Agency
Lana Temple-Plotz	Voting	Omaha	Representative from an advocacy organization which deals with legal and policy issues that include child welfare
Julia Tse	Voting	Omaha	Representative from an advocacy organization, the singular focus of which is issues impacting children
Michaela Young	Voting	Lincoln	A child welfare agency that contracts directly with foster parents - Southeastern
Michele Anderson	Ex-Officio	Lincoln	Representative from the Division of Children and Family Services - Central
Jeanne Brandner	Ex-Officio	Lincoln	Probation
Jerrilyn Crankshaw	Ex-Officio	North Platte	Representative from the Division of Children and Family Services - Western

Foster Care Reimbursement Rate Committee Membership

Jodi Hitchler	Ex-Officio	Lincoln	A child welfare agency that contracts directly with foster parents - Southeastern
Karen Knapp	Ex-Officio	Lincoln	Representative from the Division of Children and Family Services - Northern
Stacy Scholten	Ex-Officio	Lincoln	Representative from the Division of Children and Family Services - Eastern
Nanette Simmons	Ex-Officio	Lincoln	Representative from the Division of Children and Family Services - Central
Sherrie Spilde	Ex-Officio	Lincoln	Representative from the Division of Children and Family Services - Southeastern
Doug Weinberg	Ex-Officio	Lincoln	Designee of the chief executive officer of the Department of Health and Human Services

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 (NCR) 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. If the foster parent disagrees with the results of the NCR document, he/she should notify the case worker and/or child placing agency worker as applicable.

In accordance with the Strengthening Families Act (SFA) caregiver should exercise reasonable and prudent parenting standards. REASONABLE PRUDENT PARENT STANDARD (RPPS) means a standard characterized by careful and sensible parental decisions which maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the State to participate in extracurricular, enrichment, cultural, and social activities. The first level (LOR1) is considered essential for all placements and the minimum expectation of all caregivers. **For each of the responsibilities, indicate the level of responsibility (LOR) currently required to meet the needs of the child (based on results of the current assessment model). The focus is on the caregiver's responsibilities, not on the child's behaviors.** Each level is inclusive of the previous one. Outline caregiver responsibilities in the box provided for any area checked at a 2 or higher.

CIRCLE ONE ONLY

LOR1 Medical/Physical Health & Well-Being	
L1	<p>Caregiver arranges and participates, as appropriate in routine medical and dental appointments; Provides basic healthcare and responds to illness or injury; administers prescribed medications; maintains health records; shares developmentally appropriate health information with child.</p> <p>Definition: Caregiver follows established policies to ensure child's physical health needs are met by providing basic healthcare and response to illness or injury. Caregiver contributes to ongoing efforts to meet the child's needs, by arranging, transporting* and participating in doctor's appointments that is reflected in required ongoing documentation. Caregiver will administer medications as prescribed, keep a medication log of all prescribed and over-the-counter medication, understand the medications administered, and submit the medication log monthly.</p>
L2	<p>Caregiver arranges and participates with additional visits with medical specialists, assists with treatment and monitoring of specific health concerns, and provides periodic management of personal care needs. Examples may include treating and monitoring severe cases of asthma, physical disabilities, and pregnant/parenting teens.</p> <p>Definition: Additional health concerns must be documented and caregiver's role in meeting these additional needs will be reflected in the child's case plan and/or treatment plan. Caregiver will transport* and participate in additional medical appointments, including monthly medication management, physical or occupational therapy appointments, and monitor health concerns as determined by case professionals.</p>
L3	<p>Caregiver provides hands-on specialized interventions to manage the child's chronic health and/or personal care needs. Examples include using feeding tubes, physical therapy, or managing HIV/AIDS.</p> <p>Definition: Any specialized interventions provided by the caregiver should be reflected in the child's case plan and/or treatment plan. Case management records should include narrative as to the training and/or certification of the caregiver to provide specialized levels of intervention specific to the child's health needs. Caregiver will provide specific documentation of specialized interventions utilized to manage chronic health and/or personal care needs.</p>
<p>Outline the caregiver responsibilities:</p>	

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

CIRCLE ONE ONLY

LOR2 Family Relationships/Cultural Identity	
L1	<p>Caregiver supports efforts to maintain connections to primary family including siblings and extended family, and/or other significant people as outlined in the case plan; prepares and helps child with visits and other contacts; shares information and pictures as appropriate; supports the parents and helps the child to form a healthy view of his/her family.</p> <p>Definition: Caregiver follows established visitation plan and supports ongoing child-parent and sibling contact as outlined in case plan. Caregiver provides opportunities for the child to participate in culturally relevant experiences and activities including transportation*. Caregiver works with parents and youth in ongoing development of youth's life book.</p>
L2	<p>Caregiver arranges and supervises ongoing contact between child and primary family and/or other significant people or teaches parenting strategies to other caregivers as outlined in the case plan.</p> <p>Definition: Caregiver provides and facilitates parenting time in accordance with the established parenting time plan and case plan. Caregiver provides regular instruction to parent outlining parenting strategies. This feedback must be reflected in Caregiver's required ongoing documentation.</p>
L3	<p>Caregiver works with primary family to co-parent child, sharing parenting responsibilities, OR supports parent who is caring for child AND works with parent to coordinate attending meetings AND appointments together. Examples include attending meetings with doctors, specialists, educators, and therapists together.</p> <p>Definition: Caregiver partners and collaborates with parents to ensure both caregiver and parent attends child's appointments and activities. Caregiver allows parental interaction in the foster home and provides support to the parent while the child is in the parent's home. Caregiver allows the parent to participate in daily routine of the child in the foster home (i.e. dinner, bedtime routine, morning routine). Documentation should illustrate caregiver's efforts to engage parent and shows examples of a transfer of learning to the parent.</p>
<p>Outline the caregiver responsibilities:</p>	

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

CIRCLE ONE ONLY

LOR 3 Supervision/Structure/Behavioral & Emotional	
L1	<p>Caregiver provides routine direct care and supervision of the child, assists child in learning appropriate self-control and problem solving strategies; utilizes constructive discipline practices that are fair and reasonable and are logically connected to the behavior in need of change, adapts schedule or home environment to accommodate or redirect occasional outbursts.</p> <p>Definition: Caregiver provides age and developmentally appropriate supervision, structure, and behavioral and/or emotional support. Caregiver utilizes constructive discipline practices that are fair and reasonable and are logically connected to the behavior in need of change. Caregiver can provide examples of strategies and interventions implemented.</p>
L2	<p>Caregiver works with other professionals to develop, implement and monitor specialized behavior management or intervention strategies to address ongoing behaviors that interfere with successful living as determined by the family team.</p> <p>Definition: Caregiver provides beyond age and developmentally appropriate supervision, structure, and behavioral and/or emotional support in accordance with a formal treatment or behavioral management plan as identified by the child's needs. Caregiver can provide examples of strategies and interventions implemented.</p>
L3	<p>Caregiver provides direct care and supervision that involves the provision of highly structured Interventions such as using specialized equipment and/or techniques and treatment 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>
Outline the caregiver responsibilities:	

CIRCLE ONE ONLY

LOR 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 providing transportation* to and from school, providing a structured homework routine and help with homework; maintaining regular, ongoing contact with school to ensure age-appropriate performance and progress. This includes participation in regularly scheduled parent- teacher conferences with the parents (as appropriate). For non-school age children, the caregiver will ensure the child is working on developmental goals (i.e. colors, ABCs, counting, etc.)</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>
	<p>Outline the caregiver responsibilities:</p>

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

CIRCLE ONE ONLY

LOR 5 Socialization/Age-Appropriate Expectations	
L1	<p>In keeping with Reasonable and Prudent Parenting standards, Caregiver works with others to ensure child’s successful participation in community activities; ensures opportunities for child to form healthy, developmentally appropriate relationships with peers and other community members, and uses everyday experiences to help child learn and develop appropriate social skills.</p> <p>Definition: Caregiver encourages and provides opportunities for child to participate in age-appropriate peer activities at least once per week. Caregiver can give examples of the child’s participation the activity. Caregiver transports* to activity if needed. Caregiver monitors negative peer interactions. Examples may include: school-based activities, sports, community-based activities, etc.</p>
L2	<p>Caregiver provides additional guidance to the child to enable the child’s successful participation in Community and enrichment activities AND provides assistance with planning and adapting activities AND participates with child when needed. Examples include shadowing, coaching social skills, sharing specific intervention strategies with other responsible adults, etc.</p> <p>Definition: Caregiver’s intervention and participation further ensures child’s participation in the activity. The child may not be able to participate without adult support. Caregiver can give examples of the child’s participation in the activity.</p>
L3	<p>Caregiver provides ongoing, one-to-one supervision and instruction (beyond what would be age appropriate) to ensure the child’s participation in community and enrichment activities AND caregiver is required to participate in or attend most community activities with other responsible adults, etc.</p> <p>Definition: Caregiver must participate and fully supervise child during all community and enrichment activities. Participation in the community and enrichment activities provides a normalized child experience. Caregiver can provide examples of child’s normalized involvement in the activity.</p>
	<p>Outline the caregiver responsibilities:</p>

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

CIRCLE ONE ONLY

LOR 6 Support/Nurturance/Well-Being	
L1	<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>

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

CIRCLE ONE ONLY

LOR 7 Placement Stability	
L1	<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 examples of their role in the intensive in-home service provision. Caregiver may require additional training to eliminate placement disruption.</p>
	<p>Outline the caregiver responsibilities:</p>

CIRCLE ONE ONLY

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

CIRCLE ONE ONLY

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

Liability Insurance: Federal and state law mandate eligibility coverage for Foster Parents. For more information speak with your child's case worker and/or agency representative (Program Memo-Protection and Safety-#11-201)

SIGNATURES:

NAME: _____

Foster Parent

DATE: _____

NAME: _____

Foster Parent

DATE: _____

NAME: _____

CFS/FPS Worker

DATE: _____

NAME: _____

CFS/FPS Supervisor

DATE: _____

NAME: _____

CPA Representative (if involved)

DATE: _____

NAME: _____

Other Participant

DATE: _____

NCR TOOL

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 LOR categories on the Nebraska Caregiver Responsibilities tool and record them below:

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

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

Weighted Score: _____

Record the Total LOR Score from page 1: _____

Using the Total LOR 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: _____

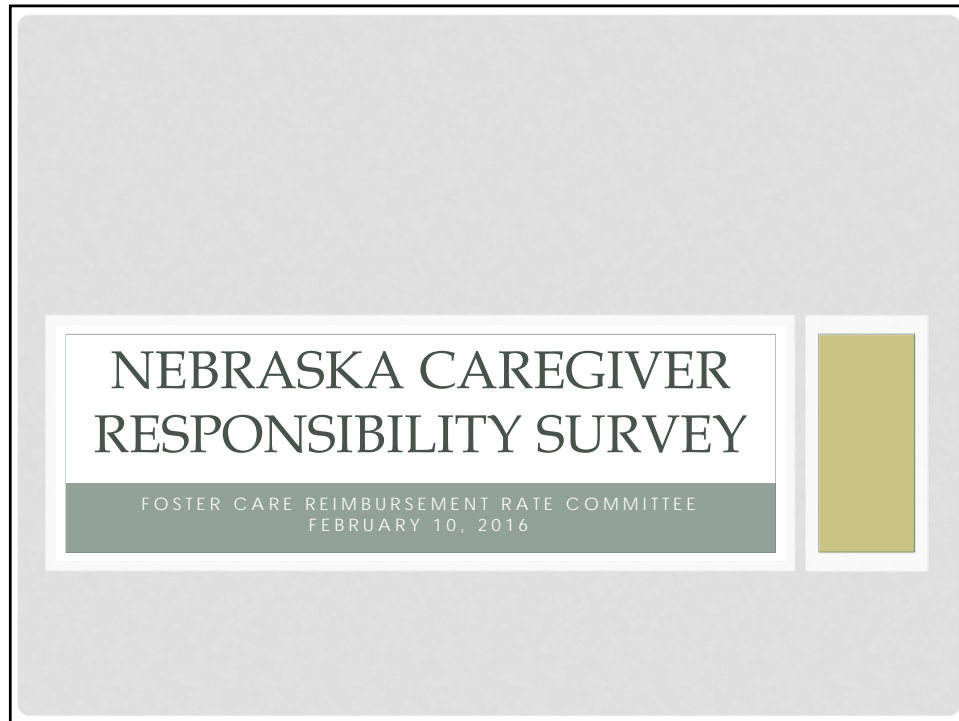
CFS Worker

NAME: _____

CFS Supervisor

DATE: _____

DATE: _____



PURPOSE AND DISCLAIMER

- This information has been gathered from a survey of foster parents and is intended to help inform the work and recommendations of the Foster Care Reimbursement Rate Committee.
- The information contained within this PowerPoint and any accompanying documents is meant to represent an aggregate of information received through the Nebraska Caregiver Responsibility Survey, and not meant to represent the viewpoints or recommendations of the Foster Care Reimbursement Rate Committee, its individual members, or staff.

BACKGROUND INFORMATION

- Survey planning began with the intention to gather information on the experiences of foster parents with the Nebraska Caregiver Responsibility (NCR) Tool.
- During survey planning, members identified a need to expand the scope of the survey to include more specific information regarding the NCR, and more general information about foster parent experiences.
- This survey does not capture information regarding Probation foster care placements.

SURVEY INFORMATION

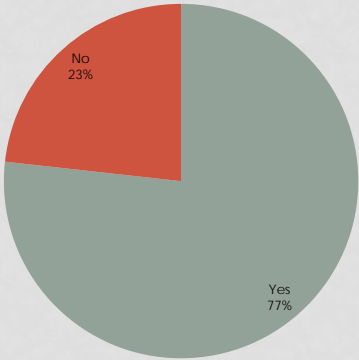
- The survey is 15 questions long, with sections including Foster Parent Information, Nebraska Caregiver Responsibility Tool, Transportation Experiences, and Foster Parent Experiences.
- The survey was administered through HHS, FFTA, and NFAPA. Responses were collected by NCC staff. No identifying information, including IP addresses, was collected.
- The survey opened on January 18, 2016, and closed on February 2, 2016.
- 232 foster parents responded to this survey.

FOSTER PARENT INFORMATION

SURVEY RESPONSES

Foster parents with a completed NCR within the past six months

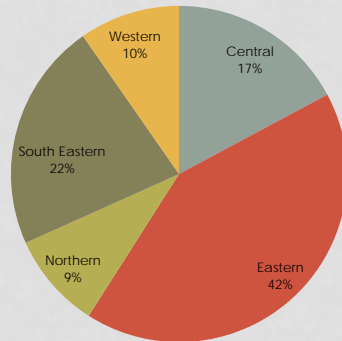
Foster Parent Response



- Have you had an NCR Tool completed on a child in your home in the last six months?

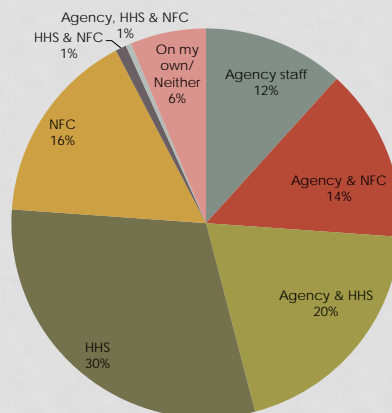
Foster parent service area of residence

Foster Parent Response



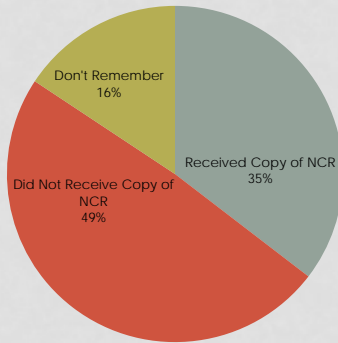
Who completed the NCR

Foster Parent Response



Distribution of NCR copies

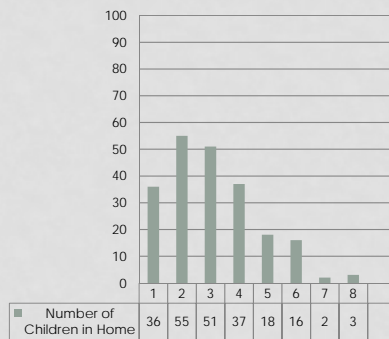
Foster Parent Response



Children in Home During Last NCR

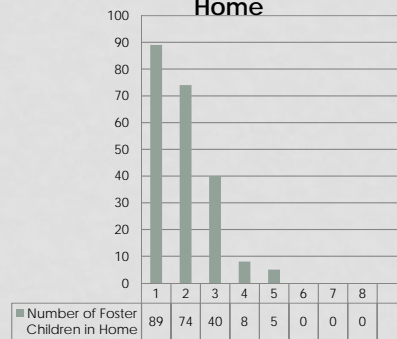
Children in Home

Number of Children in Home



Foster Children in Home

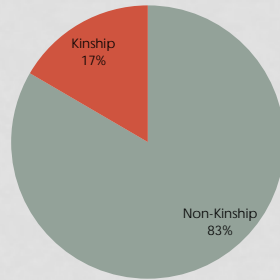
Number of Foster Children in Home



Kinship and Licensed Foster Parents

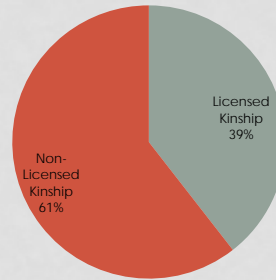
Kinship and Non-Kinship Foster Parents

Foster Placement Type



Licensed and Non-Licensed Kinship Foster Parents

Foster Placement Type



NEBRASKA CAREGIVER RESPONSIBILITIES TOOL

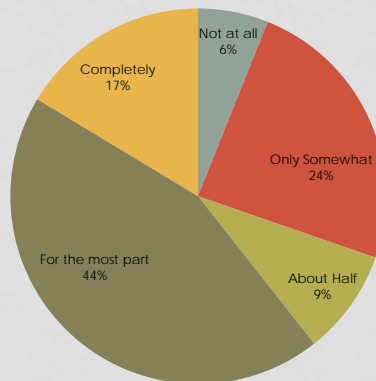
SURVEY RESPONSE INFORMATION

Likert Scale Weights

- Not at all = 0
- Only somewhat = 1
- About half = 2
- For the most part = 3
- Completely = 4

“I feel that the last time I filled out the NCR, it captured all of the services I provide for that child”

Foster Parent Response



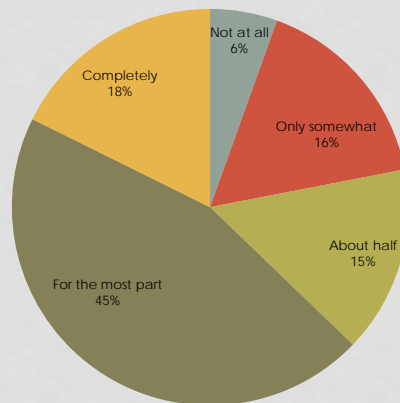
- Weighted Average – 2.41

“I feel that the last time I filled out the NCR, it captured all of the services I provide for that child.”

- Foster Parents reported that:
 - The NCR did not capture services provided for foster youth’s child
 - The NCR did not capture time off work to attend foster child’s appointments
 - Gap between rates is too wide
 - The NCR did not cover transportation to appointments and visits (2 comments) *(Note: changes to transportation in NCR have been made)*
 - The NCR did not capture care for infants
 - Foster parents do not have control over their payment rate

“The last time I filled out the NCR, it adequately described foster parent responsibilities”

Foster Parent Response



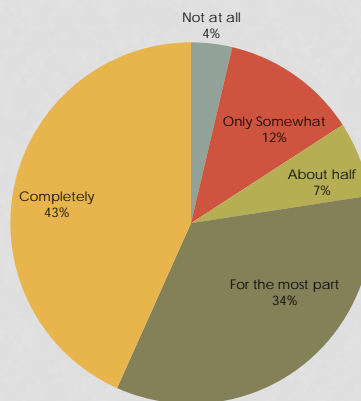
- Weighted average: 2.53

“The last time I filled out the NCR, it adequately described foster parent responsibilities”

- Foster Parents reported that
 - The NCR describes responsibilities too narrowly
 - The NCR needs additional place for more information
 - Infuse life skills and independent living skills throughout the tool *(Note: changes to the independent living section have been made)*
 - Build in costs of transportation *(Note: changes to transportation in NCR have been made)*
 - Foster parents often “fill in gaps” when professional help is unavailable to foster youth, and payment rates are not raised
 - Foster parents feel that when children have high needs but do not have a diagnosis, the high levels of foster parent care are not accurately reflected
 - Does not capture time spent navigating child welfare system

“The last time I filled out the NCR, I understood the purpose of the NCR.”

Foster Parent Response



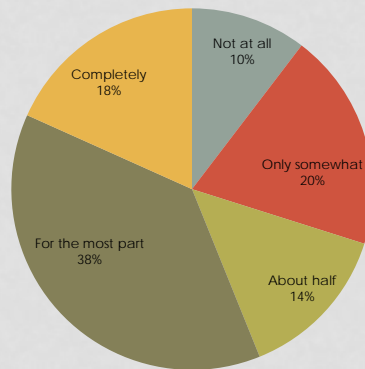
- Weighted Average – 3.01

“The last time I filled out the NCR, I understood the purpose of the NCR.”

- Foster Parents reported that
 - NCR levels selected did not reflect foster parent responsibility (3 comments)
 - Foster Parent did not believe NCR should be done on adoptive child
 - The NCR was filled out with limited knowledge about the youth (2 comments)

Medical/Physical Health and Well-Being

Foster Parent Response



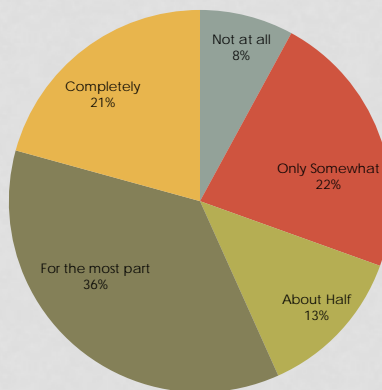
- Weighted Average – 2.34

Medical/Physical Health and Well-Being

- Foster Parents reported that:
 - The NCR does not reflect foster parent's lost sleep (2 comments)
 - The NCR does not reflect transporting youth to appointments
 - The NCR's categories are too broad and general
 - The NCR's categories are not broad enough
 - The NCR was filled out with limited information about the child (5 comments)
 - The NCR does not capture transportation to appointments
(Note: changes to transportation in the NCR have been made)

Family/Relationships/Cultural Identity

Foster Parent Response



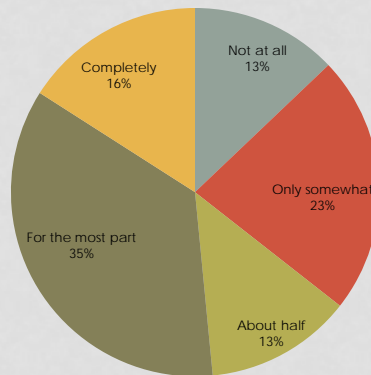
- Weighted Average – 2.39

Family/Relationships/Cultural Identity

- Foster Parents reported that
 - The NCR does not address services provided when biological parents are incarcerated
 - Some children require all contact with specific family members to be monitored, this means monitoring computers, phones, visits, and this is not reflected in NCR (2 comments)
 - The NCR was filled out with limited information on youth (2 comments)
 - Foster parents go beyond what is required and this is not reflected (3 comments)

Supervision/Structure/Behavioral and Emotional Services

Foster Parent Response



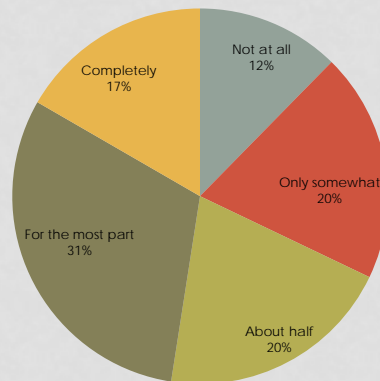
- Weighted Average – 2.19

Supervision/Structure/Behavioral and Emotional Services

- Foster Parents reported that:
 - Foster parent did not agree with worker's selections
 - Foster parent believed worker did not know where to put the services she provided in NCR categories
 - Foster parent believed that the only way to reach a higher score was to work with professionals
 - The NCR did not include extracurricular activities, lessons, trips to zoo and museums
 - The NCR was completed with limited information on child (2 comments)
 - Youth need counseling but none has been provided

Education/Cognitive Development

Foster Parent Response



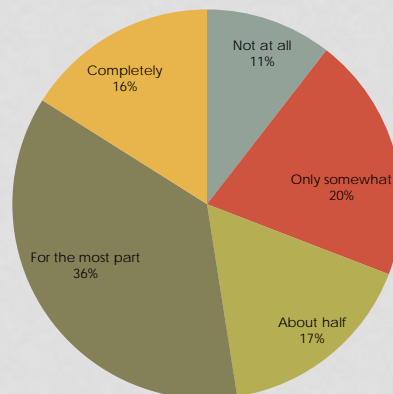
- Weighted Average – 2.20

Education/Cognitive Development

- Foster Parents reported that:
 - Foster Parent did not agree with worker’s LOR selection
 - The NCR did not capture level of contact with school staff due to student’s behaviors in school
 - Foster parents were able to raise grades with significant work at home, but did not receive a higher level payment because they did not require use of a professional (2 comments)
 - The NCR does not reflect that foster parents must work with biological parents on some educational aspects (parents retain educational rights)
 - The NCR was filled out with limited information on the youth

Socialization/ Age Appropriate Expectations

Foster Parent Response



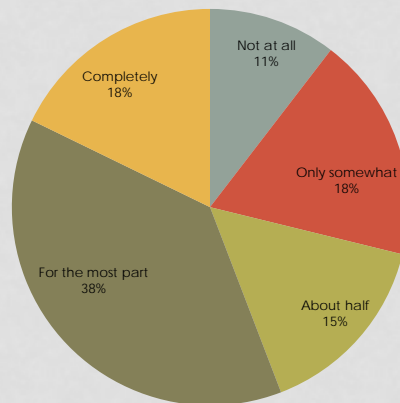
- Weighted Average – 2.27

Socialization/ Age Appropriate Expectations

- Foster Parents reported that:
 - Gap between levels is too large
 - The NCR should consider the context of children's behaviors in determining what is and is not age appropriate
 - The NCR was completed with limited information on youth (2 comments)
 - Foster youth with very limited social skills are not reflected on NCR

Support/Nurturance/Well-Being

Foster Parent Response



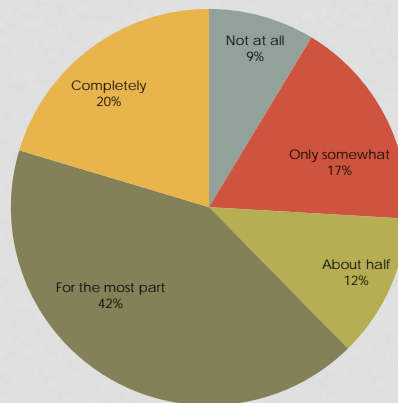
- Weighted Average - 2.34

Support/Nurturance/Well-Being

- Foster Parents reported that:
 - NCR was filled out with limited information about youth (3 comments)

Placement Stability

Foster Parent Response



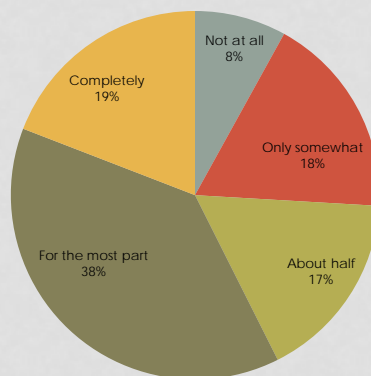
- Weighted Average – 2.48

Placement Stability

- Foster Parents reported that:
 - The NCR is too vague
 - Foster Parent feels abandoned for services after adopting
 - The NCR was filled out with limited information on youth

Transition to Permanency and/or Independent Living

Foster Parent Response



- Weighted Average – 2.43

Transition to Permanency and/or Independent Living

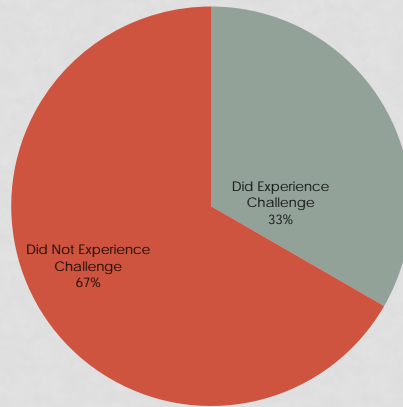
- Foster Parents reported that:
 - NCR should consider youth who will not be transitioning to independent living
 - The NCR does not cover all issues that come up with transitioning to permanency or independent living
 - The NCR filled out with limited information on the youth
 - Foster Parent was unsure of the permanency goal and unable to obtain a clear answer

TRANSPORTATION EXPERIENCES

SURVEY RESPONSE INFORMATION

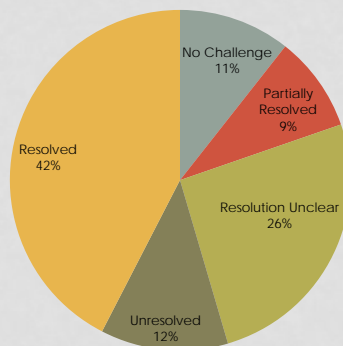
Foster parents experience with challenges providing transportation

Foster Parent Response



Foster parents experience with challenges providing transportation

Foster Parent Response



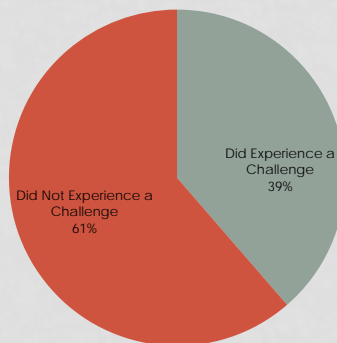
- 54 foster parents provided a narrative response about transportation challenges

Foster parents experience with challenges providing transportation

- Two foster parents requested mileage reimbursement and did not receive it
- One foster parent unable to take youth for visits with extended families
- One foster parent ended a placement due to transportation
- Three foster parents requested help and did not receive assistance
- One foster parent unable to take youth to therapy often enough

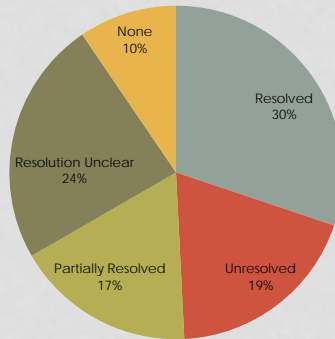
Foster parent experiences with challenges meeting the needs of the child

Foster Parent Response



Foster parent experiences with challenges meeting the needs of the child

Foster Parent Response



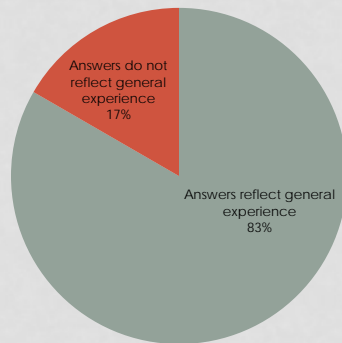
- 63 foster parents provided a narrative response to this question.

Foster parent experiences with challenges meeting the needs of children

- The majority of challenges included access to mental, behavioral, or medical supports.
- Not all challenges included efforts to remedy the challenge, so it is difficult to know whether DHHS, NFC, and the agencies have been notified of these particular challenges.

General Experiences with the NCR

Foster Parent Response



General Experiences with the NCR

- Foster Parents reported that:
 - The NCR describes services for children with lower needs better than for children with higher needs
 - The NCR does not always capture transportation and visitation (*Note: changes to transportation in the NCR have been made*)
 - Different workers categorize services differently

WHAT FOSTER PARENTS WANT AGENCIES, HHS, AND NFC TO KNOW

SURVEY RESPONSE INFORMATION

What Foster Parents want agencies, HHS, and NFC to know

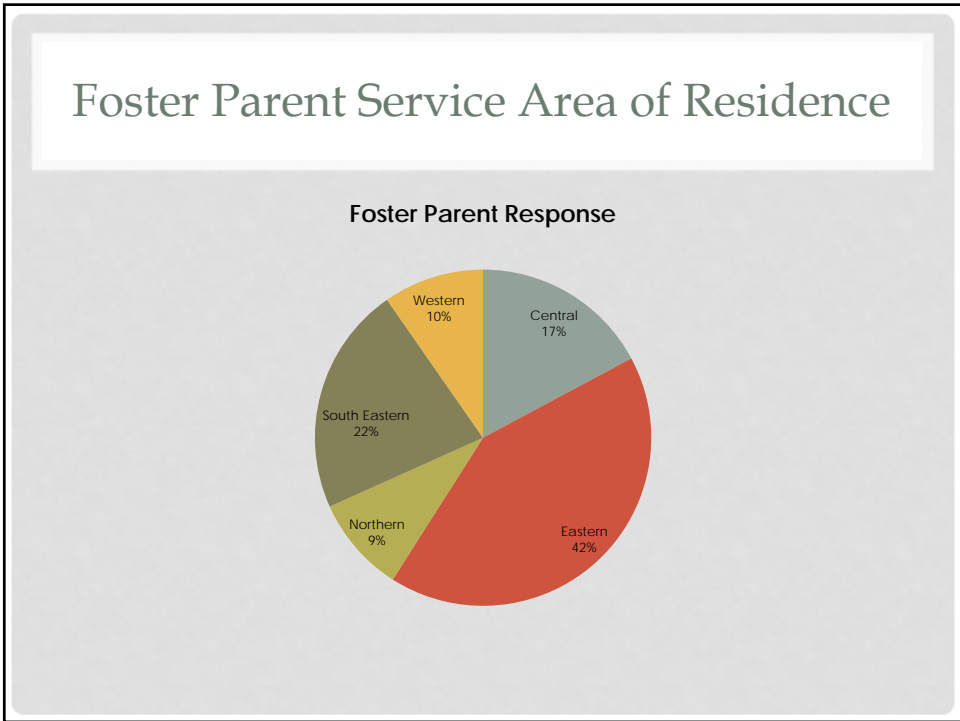

- 5 foster parents had concerns about court related issues, including length of time to permanency, GAL contact, and biological parent visitation and contact
- 4 foster parents had concerns that they were not being adequately reimbursed for their services
- 4 foster parents felt they needed more support for their placements
- 11 foster parents felt they needed more information or communication
- 20 foster parents gave feedback on the NCR, that it should cover more services and be more specific

What Foster Parents want agencies, HHS, and NFC, to know

- 4 comments noted concerns with foster child visitation with parents, specifically that visitation occurred when it was not in the child's best interest
- 2 parents noted concerns receiving services for the foster children
- 5 foster parents felt there should be more training for workers and foster parents
- 24 foster parents gave feedback relating to workforce
 - Some concern over turnover
 - Some foster parents named specific caseworkers, CASA workers or agency staff to give kudos for their work

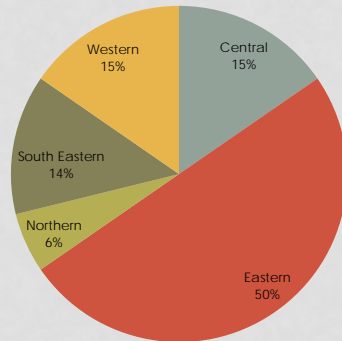
Nebraska Caregiver Responsibility Survey

TRANSPORTATION CHALLENGES



Foster Parents Experiencing Transportation Challenges by Service Area

All Foster Parents Experiencing Transportation Challenges

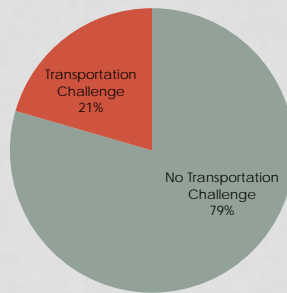


Foster Parents Experiencing Transportation Challenges by Service Area

- 54 Foster Parents reported that they experienced a transportation challenge.
- 52 provided valid county information
- By Service Area
 - Central Service Area - 8
 - Eastern Service Area - 26
 - Northern Service Area - 3
 - South Eastern Service Area - 7
 - Western Service Area - 8

Central Service Area

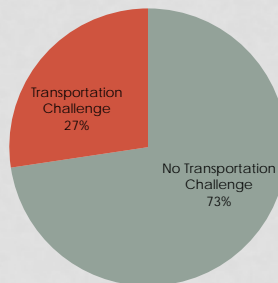
Central Service Area



- Out of 39 Foster Parents, 8 experienced a transportation challenge and 31 did not.

Eastern Service Area

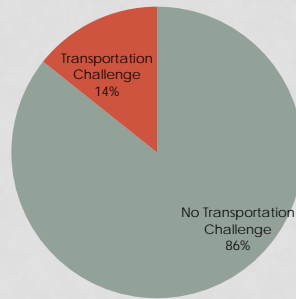
Eastern Service Area



- Out of 95 Foster Parents, 26 experienced a challenge with transportation, 69 did not.

Northern Service Area

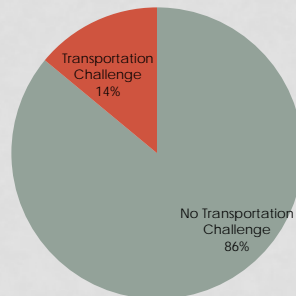
Northern Service Area



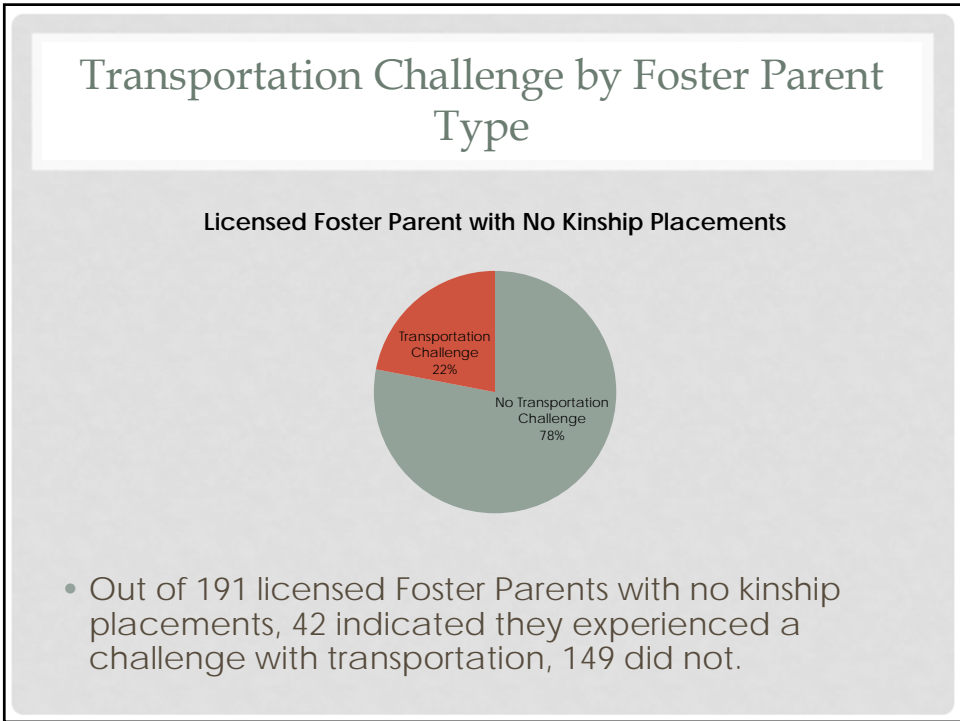
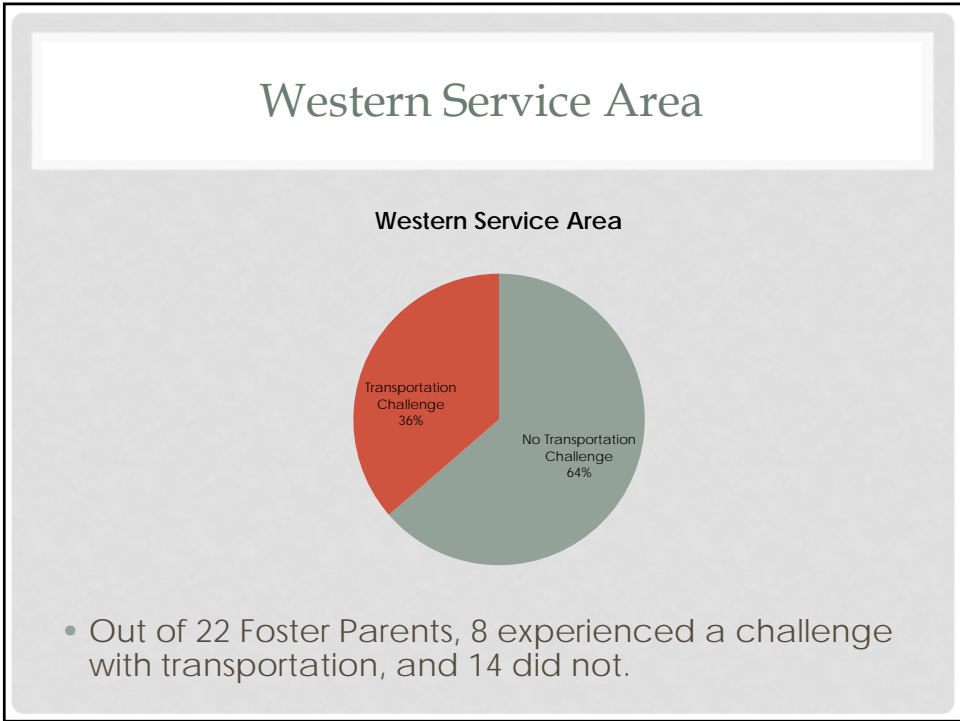
- Out of 21 Foster Parents, 3 experienced a challenge with transportation, and 18 did not.

South Eastern Service Area

South Eastern Service Area

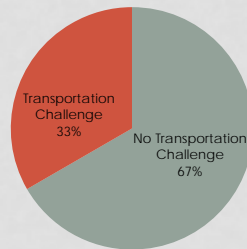


- Out of 50 Foster Parents, 7 experienced a challenge with transportation, and 43 did not.



Transportation Challenge by Foster Parent Type

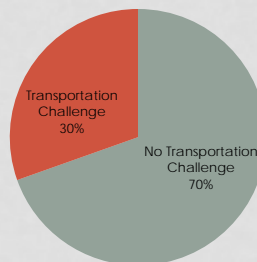
Licensed Foster Parent with One or More Kinship Placements



- Out of 15 licensed foster parents with one or more kinship placements, 5 indicated they experienced a challenge with transportation, 10 did not.

Kinship Foster Parents with no Foster Parent License

Kinship Foster Parent with no Foster Parent License



- Out of 23 kinship Foster Parents with no Foster Parent license, 7 indicated they experienced a challenge with transportation, and 16 did not.

Nebraska Caregiver Responsibilities (NCR)

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

Child's Age: _____ Child's Date of Birth: _____

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

Assessment Type:

- | | | |
|---|---|---|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Request of Caregiver | <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: _____

Nebraska Caregiver Responsibility Tool

The Nebraska Caregiver Responsibility Tool determines the Foster Care Maintenance Rate for caregivers of foster children. Each level describes the intensity of care that the caregiver will provide the foster child. The first level (LOR1) is considered essential for all placements and the minimum expectation of all caregivers, LOR2 is a higher level of care, and LOR3 is the highest level of care. Each level includes the responsibilities of the previous level. Payment increases as the caregiver responsibility increases. Payment level decreases when caregiver responsibility decreases.

How the NCR Should be Completed

For each of the responsibilities, indicate the level of responsibility (LOR) currently required to meet the needs of the child (based on results of the current assessment model). The focus is on the caregiver's responsibilities, not on the child's behaviors. Outline caregiver responsibilities in the box provided for any area checked at a 2 or higher.

Forms should be filled out during a face-to-face meeting with the caregiver, the assigned worker, and the child placing agency worker (if applicable). Caregivers and the child placing agency worker (if applicable) should receive copies of the tool. If the caregiver disagrees with the results of the NCR document, he/she should notify the case worker and/or child placing agency worker as applicable.

When the NCR Should be Completed

When the child is removed from their home and placed in a foster home, the NCR should be completed **no more than 30 days from the initial removal.**

When a placement change is made, the NCR should be completed **within seven days of the placement change.** The caregiver is expected to assume the level of responsibility from the most recent NCR in the time before the NCR can be completed in the placement.

The NCR should be completed **no more than 30 days from the following:**

- Caregiver Request
- Agency Supporting the Caregiver Request
- Division of Children and Family Services Request
- When the Permanency Plan changes for the child
- When the child's circumstances change (such as needing more or less care from the caregiver)
- Every six months from the date of the placement (unless an additional NCR has been completed in the six months)

Notice of Change in Payment Rate

If the rate of payment decreases due to a reassessment and change in level of caregiver responsibility, notice will be provided to caregiver thirty days in advance of the rate change. If the rate of payment increases due to a reassessment and change in level of caregiver responsibility, the rate change will be effective immediately when all necessary approval and signatures have been obtained.

Liability Coverage

Federal and state law mandate liability coverage for caregivers. For more information, speak with your child's case worker and/or agency representative. (Program Memo-Protection and Safety Procedure [#11-2014](#))

Reasonable and Prudent Parenting Standard

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

Transportation and Mileage

Department of Health and Human Services Policy

One hundred miles of transportation is included in the monthly maintenance rate. The cost of transportation of 100 miles or less is considered to be a "usual" expense related to care of a child. The caregiver(s) may receive monthly reimbursement at the Department established rate for each increment of 50 miles over the initial 100 miles. ([Title 479 2-002.03E1](#), Administrative Memo [#1-3-14-2005](#)). Transportation arrangements should be detailed in the LOR Tool.

PromiseShip Policy

PromiseShip utilizes a School Maintenance Authorization that allows a contracted service provider to bill \$10 a day more if the caregiver affiliated with the service provider transports the youth to and from school to maintain the youth in their home school. The definition of School Maintenance is the following: Maintenance of a Child's School placement that meets the required distance of ten miles one way and documentation allows for a \$10 per day stipend. This stipend will not be provided for days school is not in session.

CIRCLE ONE ONLY

LOR1 Medical/Physical Health & Well-Being	
L1	<p>Caregiver arranges and participates, as appropriate in routine medical and dental appointments; provides basic healthcare and responds to illness or injury; administers prescribed medications; maintains health records; shares developmentally appropriate health information with child.</p> <p>Definition:</p> <ul style="list-style-type: none"> • 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 administers medications as prescribed, keep a medication log of all prescribed and over-the-counter medications, understands the medications administered, and submits the medication log monthly.
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:</p> <ul style="list-style-type: none"> • Additional health concerns must be documented and caregiver’s role in meeting these additional needs reflected in the child’s case plan and/or treatment plan. • Caregiver will transport* and participate in additional medical appointments, including monthly medication management, and monitor health concerns as determined by case professionals.
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:</p> <ul style="list-style-type: none"> • 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. • Caregiver will transport and participate in physical or occupational therapy appointments.

CIRCLE ONE ONLY

Outline the caregiver responsibilities:



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

CIRCLE ONE ONLY

LOR2 Family Relationships/Cultural Identity	
L1	<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:</p> <ul style="list-style-type: none"> • Caregiver follows established visitation plan and supports ongoing child- parent and sibling contact as outlined in case plan. • Caregiver provides opportunities for the child to participate in culturally relevant experiences and activities including transportation*. • Caregiver works with parents and youth in ongoing development of youth's life book.
L2	<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:</p> <ul style="list-style-type: none"> • Caregiver provides and facilitates parenting time in accordance with the established parenting time plan and case plan. • Caregiver provides regular instruction to parent outlining parenting strategies. This feedback must be reflected in Caregiver's required ongoing documentation.
L3	<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:</p> <ul style="list-style-type: none"> • 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.

CIRCLE ONE ONLY

Outline the caregiver responsibilities:



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

CIRCLE ONE ONLY

LOR 3 Supervision/Structure/Behavioral & Emotional	
L1	<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:</p> <ul style="list-style-type: none"> • 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 provides examples of strategies and interventions implemented. • Caregiver provides supervision that is appropriate and expected for the chronological age of the child. For instance, 24 hour supervision of an infant or two year old would be considered appropriate for the age of the child.
L2	<p>Caregiver consults with medical, mental health, or other treating 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:</p> <ul style="list-style-type: none"> • Caregiver follows current established treatment plan or safety plan to ensure child’s safety and well-being are addressed. • Strategies and interventions are developed in accordance with the treatment plan or safety plan and in consultation with case manager. • Caregiver has regular contact with medical, mental health, or other treating professionals and participates in mental health services for the child. • Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.

CIRCLE ONE ONLY

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:</p> <ul style="list-style-type: none"> • Treatment plan requires immediate and ongoing interventions that are developed in consultation with case management staff and must be followed to ensure the child’s safety, behavioral, and emotional needs are met. • Treatment plan requires immediate, ongoing, and continuous monitoring outside of what should be expected for the age of the child. If plan is not followed child is at risk of imminent danger. • Caregiver maintains frequent, at least quarterly, contact with mental health professionals and actively participates in services and monitoring. • Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.
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Outline the caregiver responsibilities:

CIRCLE ONE ONLY

LOR 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.</p> <p>Definition:</p> <ul style="list-style-type: none"> • Caregiver ensures child meets established education goals. Routine educational support includes providing transportation* to and from school, providing a structured homework routine and help with homework; maintaining regular, ongoing contact with school to ensure age-appropriate performance and progress. • This includes participation in regularly scheduled parent- teacher conferences with the parents (as appropriate). • For non-school age children, the caregiver will ensure the child is working on developmental goals (i.e. colors, ABCs, counting, etc.)
L2	<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:</p> <ul style="list-style-type: none"> • 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. • Caregiver participates in the IEP development and review.

CIRCLE ONE ONLY

<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:</p> <ul style="list-style-type: none"> • Caregiver implements intense 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 is required to attend more than one meeting per year with the school to implement the alternative education plan, IEP, or 504 plan. • Caregiver may require specialized training or certification in order to meet the child’s educational and cognitive needs.
	<p>Outline the caregiver responsibilities:</p>

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

CIRCLE ONE ONLY

LOR 5 Socialization/Age-Appropriate Expectations	
L1	<p>In keeping with Reasonable and Prudent Parenting standards, 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:</p> <ul style="list-style-type: none"> • 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 in the activity. Caregiver transports* to activity if needed. • Caregiver monitors negative peer interactions. • Examples may include: school-based activities, sports, community-based activities, etc.
L2	<p>Caregiver provides additional guidance to the child to enables 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:</p> <ul style="list-style-type: none"> • 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	<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:</p> <ul style="list-style-type: none"> • 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.

CIRCLE ONE ONLY

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

CIRCLE ONE ONLY

LOR 6 Support/Nurturance/Well-Being	
L1	<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:</p> <ul style="list-style-type: none"> • 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	<p>Caregiver works with professionals to develop, implement, and monitor specialized behavior management, support, and/or intervention strategies to address ongoing behaviors that interfere with support/nuturance and well-being needs.</p> <p>Definition:</p> <ul style="list-style-type: none"> • • Caregiver provides supervision, structure, and behavioral and/or emotional support beyond what is considered to be age and developmentally appropriate, in accordance with a formal behavioral management or support plan as directed by child’s needs and outlined by a professional. • Caregiver is able to provide examples of strategies and interventions implemented and professional who is guiding the plan.
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:</p> <ul style="list-style-type: none"> • Caregiver provides immediate and ongoing interventions which are developed in accordance with Service/Support Plans and are developed in consultation with case management staff, service providers, and/or treatment professionals (if applicable) and must be followed to ensure the child’s well-being. • If interventions are not followed child is at risk of emotional harm or dysregulation. Caregiver maintains frequent, at least quarterly, contact with involved professionals and actively participated in activities designed to support, nurture, and enhance the child’s well-being. • Caregiver can provide examples of strategies implemented and their relevance to the child’s specific support, nurturance, and well-being needs.

CIRCLE ONE ONLY

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

CIRCLE ONE ONLY

LOR 7 Child Specific Training and Experience	
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:</p> <ul style="list-style-type: none"> • Caregiver works to ensure placement stability. • Caregiver communicates openly and regularly with case manager, provides required monthly documentation and participates in family team meetings. • Caregiver must actively participate in developing a support plan to eliminate placement disruption.
L2	<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:</p> <ul style="list-style-type: none"> • Caregiver must utilize specialized knowledge, skills, and abilities to maintain child's placement. • Child's needs warrant specialized knowledge, skills, and abilities. Interventions provided by caregiver must be in collaboration and consultation with other professions and case managers. • Caregiver should provide examples of their specialized knowledge, skill, and abilities to ensure placement and participation in in- service training.
L3	<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:</p> <ul style="list-style-type: none"> • Caregiver must collaborate with external supports in order to maintain placement. These external supports provide intensive interventions within the caregiver's home, without which child could not safety be maintained. Interventions must be selected and implemented in collaboration with the case manager. • Caregiver collaborates with intensive service interventions and demonstrates specialized knowledge, skills, and abilities to maintain child's placement. • Caregiver provides examples of their role in the intensive in-home service provision. • Caregiver may require additional training to eliminate placement disruption.

CIRCLE ONE ONLY

	Outline the caregiver responsibilities:
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LOR 8 Transition To Permanency and/or Living Independently as an Adult	
L1	<p>For all children/youth regardless of their permanency objective, Caregiver provides routine ongoing efforts to work with 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:</p> <ul style="list-style-type: none"> • Caregiver collaborates with case manager and other community resources to ensure child's/youth's permanency goal is met. • Caregiver works with child/youth in ongoing development of life book in preparation for permanency. • Caregiver addresses developmentally appropriate daily life skills with the child/youth to include assistance with budgeting, education, self care, housing, transportation, employment, community resources, and lifelong connections.
L2	<p>Caregiver actively provides age-appropriate adult living preparation and life skills training for child/youth. For children/youth age 8 through 14 and above, training should be outlined in the written transition plan and determined through completion of a life skills assessment.</p> <p>For children/ youth whose permanency objective is adoption or guardianship, the caregiver (with direction from their agency and in accordance with the case plan), cooperates and works with team members, potential adoptive parents, therapists and specialists to ensure the child/youth achieves permanency.</p> <p>Definition:</p> <p>For children 8 and above:</p> <ul style="list-style-type: none"> • Caregiver develops and monitors daily life skills activities. <p>For children/youth 14 and above:</p> <ul style="list-style-type: none"> • Caregiver assists the youth in completing a life skills assessment and uses the results to inform daily activities that promote development of life skills to include assistance with budgeting, education, self care, housing, transportation, employment, accessing community resources and lifelong connections. • Caregiver also supports efforts to maintain family relationships where appropriate. <p>For children/youth whose permanency objective is adoption or guardianship,</p> <ul style="list-style-type: none"> • Caregiver regularly collaborates with team members to ensure child's permanency goals are met. • If the caregiver will be providing permanency for the child, the caregiver actively participates in adoption preparation activities (examples include training, support groups, mentor support, respite care).

<p>L3</p>	<p>Transition to Adulthood Focus: Caregiver supports active participation of youth age 14 or above in services to facilitate the development of life skills and the transition to living independently as an adult.</p> <p>Definition:</p> <ul style="list-style-type: none"> • Caregiver partners with life skills resources to ensure youth is prepared for transition to live independently as an adult. • Caregiver provides assistance and interventions on an ongoing basis and in accordance with established transition plan to include assistance with budgeting, education, self-care, housing, transportation, employment, community resources and lifelong connections. Additionally, caregiver regularly collaborates with youth's team (i.e. caseworker, agency staff, Independent Living Specialist) to ensure a smooth transition out of care. • Caregiver demonstrates role in preparing youth for living independently as an adult by providing concrete examples of provided intervention and youths skill acquisition.
	<p>Outline the caregiver responsibilities:</p>

SIGNATURES:

NAME: _____

Caregiver

DATE: _____

NAME: _____

Caregiver

DATE: _____

NAME: _____

CFS/FPS Worker

DATE: _____

NAME: _____

CPA Representative (if involved)

DATE: _____

NAME: _____

Other Participant

DATE: _____

NCR TOOL

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 Caregiver | <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 LOR categories on the Nebraska Caregiver Responsibilities tool and record them below:

LEVEL OF Responsibility (LOR)	SCORE
LOR 1: Medical/Physical Health & Well-Being	
LOR 2: Family Relationships/Cultural Identity	
LOR 3: Supervision/Structure/Behavioral & Emotional	
LOR 4: Education/Cognitive Development	
LOR 5: Socialization/Age-Appropriate Expectations	
LOR 6: Support/Nurturance/Well-Being	
LOR 7: Child Specific Training and Experience	
LOR 8: Transition To Permanency and/or Living Independently as an Adult	
TOTAL LOR SCORE	

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

Weighted Score: _____

Record the Total LOR Score from page 1: _____

Using the Total LOR 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: _____

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

Division of Children and Family Services Protection and Safety Procedure #21-2017	
Regarding:	Use of the Nebraska Caregiver Responsibility Tool
Rescinds:	#2-2016
Date Effective:	7/12/17
Contact:	Jodi Allen at Jodi.allen@nebraska.gov
Issued by:	Douglas J. Weinberg, Director, Division of Children and Family Services

Philosophy:

When children cannot reside safely in their own homes, foster parents provide a safe, stable and nurturing home for children. Foster Parents may be relatives to the child (ren), (except stepparents married to the parent), kinship to the child (ren) (persons unrelated but having a significant prior relationship), adult siblings of the child (ren); and, foster parents may be licensed or unlicensed.

Procedure:

In order to determine the rate at which a foster parent is reimbursed for the care of a child placed in their home, two documents must be completed by the Child and Family Services Specialist:

- (1) The Structured Decision Making Family Strengths and Needs Assessment and,
- (2) The Nebraska Caregiver Responsibility Tool.

The Child and Family Services Specialist shall first complete the Family Strengths and Needs Assessment to determine the child’s needs and document these within N-FOCUS. The Family Strengths and Needs Assessment is entered into N-FOCUS directly. The Child and Family Services Specialist will then complete the Nebraska Caregiver Responsibility Tool to document the care and effort the foster parent is making to meet the child’s needs. The Family Strengths and Needs Assessment **and** the Nebraska Caregiver Responsibility must be completed by no later than thirty calendar days after the child’s **initial placement**. If the child moves from one foster home to another foster home **within thirty days of the initial removal**, a Nebraska Caregiver Responsibility Tool is not required for the initial foster home. However, **the Family Strengths and Needs Assessment and the Nebraska Caregiver Responsibility Tool are required to be completed on the second foster home within thirty days of initial removal.**

The Nebraska Caregiver Responsibility Tool describes eight areas of care:

- (1) Medical/Physical Health and Well-Being;
- (2) Family Relationships/Cultural Identity;
- (3) Supervision/Structure/Behavioral and Emotional;
- (4) Education/Cognitive Development;

- (5) Socialization/Age Appropriate Expectations;
- (6) Support/Nurturance/Well-Being;
- (7) Placement Stability; and
- (8) Transition to Permanency and/or Independent Living.

Within each of the eight areas of care are three levels of responsibility. Whenever a Level 2 or Level 3 ranking is selected under one of the areas of care, the Child and Family Services Specialist must describe and document in narrative on the Nebraska Caregiver Responsibility Tool under the section "Outline the Caregiver Responsibilities," the additional care the foster parent has committed to provide that supports a Level 2 or Level 3 ranking in each level of responsibility. The documentation must describe the specific activities that the foster parent(s) will engage in that meet the definition of a Level 2 or Level 3 ranking, including intensity and frequency of those activities. Whenever a Level 1 ranking is selected under one of the areas of care, additional documentation is not necessary.

The Child and Family Services Specialist will complete the Nebraska Caregiver Responsibility Tool during a face to face meeting with the foster parent (s), and will invite the foster care agency representative if the foster parent is supported by a contracted agency. The Child and Family Services Specialist, foster parent(s), and foster care agency representative (when present), must sign and date the Nebraska Caregiver Responsibility Tool to document their participation in the completion of the tool. ~~The Child and Family Services Specialist will then present the signed Nebraska Caregiver Responsibility Tool to his or her supervisor, or the supervisor's designee, for supervisory review, approval, and signature. Once the supervisor or the supervisor's designee has signed and dated the Nebraska Caregiver Responsibility Tool, it must~~ The Nebraska Caregiver Responsibility Tool shall be scanned into N-FOCUS under the child's name in the Placement Section, and also entered directly into N-FOCUS under the Payment Determination icon within the Child and Family Services program case. ~~When a new payment amount is determined, the date of the supervisor's signature verifying approval of the completed Nebraska Caregiver Responsibility Tool will be the date used to begin the new payment.~~

The only exception to a face to face meeting to complete the Nebraska Caregiver responsibility Tool is when the child is placed in a foster home outside of Nebraska. If the child is placed outside of Nebraska, the completion of the Nebraska Caregiver Responsibility Tool may occur via a telephone conference call with the foster parent, the Child and Family Services Specialist, and the foster care agency representative if applicable. The Child and Family Services Specialist shall document, in the narrative section of N-FOCUS, the date and time of the telephone conference call and who was present on the telephone conference call.

The level of parenting responsibility the foster parent agrees to provide, along with the age of the child, will determine the daily reimbursement rate calculated through N-FOCUS.

Upon a child's 6th and 12th birthdate, N-FOCUS will automatically calculate a change in the daily foster care rate and generate an alert for the Child and Family Services Specialist and the Income Maintenance Worker assigned. The Child and Family Services Specialist will not need to complete a new tool on those dates.

Children Initially Removed and Placed in Foster Care:

When a child is initially removed from his or her home and placed in foster care, the foster parent will be reimbursed at the essential rate for the child's age.

The Child and Family Services Specialist and the Child and Family Services Supervisor, or the supervisor's designee, has a maximum of thirty (30) calendar days from the date of placement to complete all of the following:

- (1) The Family Strengths and Needs Assessment to assess the child's needs; and,
- (2) The Nebraska Caregiver Responsibility Tool to determine if a higher level of parenting will be provided by the foster parent to meet the unique needs of the child; and,
- (3) Sign and date the hard copy of the Nebraska Caregiver Responsibility Tool; and,
- (4) Enter and finalize the Nebraska Caregiver Responsibility Tool on N-FOCUS
- (5) Finalize the Nebraska Caregiver Responsibility Tool on N-FOCUS (by the supervisor or supervisor's designee).

Upon completion of the Nebraska Caregiver Responsibility Tool, the foster parent's rate of reimbursement may be increased from the essential level of parenting responsibility to the enhanced level of parenting responsibility or to the intensive level of parenting responsibility. ~~The increased rate of reimbursement shall be effective on the date the Child FS Supervisor or the supervisor's designee approves, signs, and dates the hard copy of the Nebraska Caregiver Responsibility Tool.~~

The Nebraska Caregiver Responsibility Tool must be scanned into N-FOCUS only when the foster parent (s), foster care agency staff person (when present), Child and Family Services Specialist, ~~and Child and Family Services Supervisor or the supervisor's designee~~ have all signed and dated the Nebraska Caregiver Responsibility Tool indicating their agreement with the information contained in the tool. The assigned Income Maintenance Foster Care Worker will authorize the foster care reimbursement rate once the Nebraska Caregiver Responsibility Tool has been scanned into N-FOCUS with all of the required signatures. ~~with the start date being the signature date of the Child and Family Services Supervisor or the supervisor's designee.~~

Children Who Experience a Planned Placement Change:

When a child changes placement from one foster home to another or enters a foster home from a more restrictive level of care, the child's unique strengths and needs are already known and documented on the Family Strengths and Needs Assessment by the Child and Family Services Specialist. The Nebraska Caregiver Responsibility Tool, however, must be completed again in order to determine the level of parenting responsibility that will be provided by the new foster parent(s).

The Child and Family Services Specialist will complete the new Nebraska Caregiver Responsibility Tool during the face to face visit with the foster parent(s) at the time the child is placed in the foster home. The Child and Family Services Specialist will include the participation of the foster parent(s), and the foster care agency representative (when present) if the foster parent is supported by a contracted foster care agency. The foster parent will be reimbursed at either the essential level of parenting, the enhanced level of parenting, or the intensive level of parenting daily rate depending on the level of responsibility the foster parent has committed to provide to meet the child's unique needs.

The Child and Family Services Specialist, foster parent(s), and foster care agency representative (when present), must sign and date the Nebraska Caregiver Responsibility Tool to document their participation in the completion of the tool. ~~The Child and Family Services Specialist will then present the signed Nebraska Caregiver Responsibility Tool to his or her Supervisor or the supervisor's designee for supervisory review, approval, and signature. Once the supervisor or supervisor's designee has signed and dated the Nebraska Caregiver Responsibility Tool,~~ The Nebraska Caregiver Responsibility Tool must then be scanned into N-FOCUS under the child's name in the Placement Section, and also entered directly

into N-FOCUS under the Payment Determination icon within the Child and Family Services program case.

The daily rate of reimbursement calculated through N-FOCUS will be the rate authorized to pay the foster parent. The assigned Income Maintenance Foster Care Worker will authorize the foster care reimbursement rate once the Nebraska Caregiver Responsibility Tool has been scanned into N-FOCUS with all of the required signatures. ~~with the start date being the signature date of the Child and Family Services Supervisor or the supervisor's designee.~~

Please note:

- (1) In situations where a child is hospitalized or runs away and returns to the **same** foster home, a new Nebraska Caregiver Responsibility Tool does not need to be completed with the foster parent unless requested. The rate of reimbursement will remain at the prior authorized rate.
- (2) If it is urgent and necessary to remove a child from a foster home placement or from his or her own home after hours, on weekends, or on holidays; and, the Child and Family Services Specialist is not able to access specific information regarding the child's needs and determine the level of parenting required to meet those needs, a Child and Family Services Specialist must meet face-to-face with the foster parent and the foster care agency representative (if applicable) to complete the Nebraska Caregiver responsibility Tool by the next business day following placement of the child. ~~The Child and Family Services Specialist must then present the signed Nebraska Caregiver Responsibility Tool to his or her Supervisor or the supervisor's designee for supervisory review, approval, and signature by the next business day following placement of the child. The foster parent will be reimbursed at the essential rate for the child's age until the date the Nebraska Caregiver Responsibility Tool is completed and signed by the supervisor or the supervisor's designee.~~
- (3) Foster care reimbursement rates **do not transfer** from one foster parent to another.

Additional Times When the Nebraska Caregiver Responsibility Tool will be completed:

The Nebraska Caregiver Responsibility Tool will also be completed within 30 calendar days at the following times:

- At the request of the Foster Parent(s);
- At the request of the Agency Supporting the Foster Parent(s);
- At the request of the Division of Children and Family Services;
- When the Permanency Plan Changes for the child;
- When the Child's circumstances change (such as a significant change in the child's needs which require the Foster Parent to provide additional level of responsibility); or,
- Every ~~six~~ 12 months following the date of placement unless one has been completed within the prior 6 months.

Foster Parent Change of Support Agency:

If a foster parent changes their foster care support agency, **and** a Nebraska Caregiver responsibility Tool has already been completed with the foster parent and their prior foster care support agency, the Child and Family Services Specialist shall print a copy of that Nebraska Caregiver Responsibility Tool and have the new foster care support agency staff sign, indicating they are in agreement with it. A new tool should only be completed when the foster parent changes support agencies, if the foster parent indicates they would like a new one due to changes in their responsibilities.

Exceptions to the Intensive Parenting Reimbursement Rate:

Occasionally a child's medical, developmental or therapeutic needs may require a higher level of care by the foster parent than the intensive level of parenting rate that the Nebraska Caregiver Responsibility Tool calculates. Whenever a higher level of care is suspected by the Child and Family Services Specialist, s/he will consult with the Child and Family Services Supervisor, the Child and Family Services Administrator and the Service Area Administrator to determine if a higher level of payment to the foster parent(s) and/or the agency supporting the foster parent(s) if applicable, should be considered. If so, the increased level of responsibility expectations must be documented in a Letter of Agreement and sent to the Central Office Field Operations Administrator who will convene a team for approval. All approved Letters of Agreement will be monitored by the Department of Health and Human Services-Division of Children and Family Services.

Completion of the Nebraska Caregiver Responsibility tool prior to Adoption or Guardianship Subsidy Signing:

In order to determine the rate of an adoption or guardianship subsidy, the Nebraska Caregiver Responsibility Tool will be completed during a face to face meeting between the Child and Family Services Specialist, the prospective adoptive parent or prospective guardian, and the foster care agency representative if applicable, within six months of the finalization of the adoption or guardianship. If the provisions of the subsidy include a maintenance payment, the daily rate of the adoption or guardianship subsidy must be less than the rate determined through the Nebraska Caregiver Responsibility Tool in accordance with 479 NAC 8-001.02C and 479 NAC 7-005.

Foster Care Rates:

Foster care reimbursement rates are based on the age of the child and the level of parenting responsibility the foster parent agrees to provide in order to meet the unique needs of each child in their care. The Nebraska Caregiver Responsibility Tool is used to determine the level of parenting responsibility. The rates for each level of parenting responsibility are as follows:

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

References:

Nebraska Revised Statute: 43-4211 (2013)

United States
Department of
Agriculture



Center for Nutrition
Policy and Promotion

Miscellaneous
Publication
Number 1528-2011

Expenditures on Children by Families, 2011

Table 4. Estimated annual expenditures on a child by husband-wife families, urban Midwest, 2011

Age of child	Total expense	Housing	Food	Transportation	Clothing	Health care	Child care and education ^a	Miscellaneous ^b
Before-tax income: Less than \$59,250 (Average = \$37,900)								
0 - 2	\$8,950	\$2,880	\$1,100	\$1,100	\$620	\$600	\$2,170	\$480
3 - 5	8,960	2,880	1,200	1,160	480	560	2,000	680
6 - 8	8,620	2,880	1,640	1,280	550	630	940	700
9 - 11	9,370	2,880	1,900	1,290	570	680	1,360	690
12 - 14	9,840	2,880	2,060	1,410	680	1,030	1,020	760
15 - 17	10,020	2,880	2,060	1,570	720	960	1,180	650
Total	\$167,280	\$51,840	\$29,880	\$23,430	\$10,860	\$13,380	\$26,010	\$11,880
Before-tax income: \$59,250 to \$102,590 (Average = \$79,720)								
0 - 2	\$12,140	\$3,780	\$1,340	\$1,630	\$750	\$810	\$2,890	\$940
3 - 5	12,110	3,780	1,430	1,680	590	760	2,720	1,150
6 - 8	12,010	3,780	2,030	1,810	670	890	1,660	1,170
9 - 11	12,820	3,780	2,320	1,820	690	960	2,090	1,160
12 - 14	13,540	3,780	2,500	1,940	830	1,340	1,920	1,230
15 - 17	14,140	3,780	2,500	2,100	900	1,260	2,490	1,110
Total	\$230,280	\$68,040	\$36,360	\$32,940	\$13,290	\$18,060	\$41,310	\$20,280
Before-tax income: More than \$102,590 (Average = \$179,540)								
0 - 2	\$20,070	\$6,850	\$1,830	\$2,500	\$1,030	\$940	\$5,080	\$1,840
3 - 5	20,040	6,850	1,930	2,560	860	890	4,910	2,040
6 - 8	19,970	6,850	2,550	2,690	940	1,030	3,850	2,060
9 - 11	20,840	6,850	2,900	2,690	980	1,100	4,270	2,050
12 - 14	22,260	6,850	3,110	2,810	1,160	1,550	4,650	2,130
15 - 17	24,130	6,850	3,100	2,970	1,270	1,460	6,470	2,010
Total	\$381,930	\$123,300	\$46,260	\$48,660	\$18,720	\$20,910	\$87,690	\$36,390

Estimates are based on 2005-06 Consumer Expenditure Survey data updated to 2011 dollars by using the regional Consumer Price Index. For each age category, the expense estimates represent average child-rearing expenditures for each age (e.g., the expense for the 3-5 age category, on average, applies to the 3-year-old, the 4-year-old, or the 5-year-old). The Total (0 - 17) row represents the expenditure sum of all ages (0, 1, 2, 3, ...17) in 2011 dollars. The figures represent estimated expenses on the younger child in a two-child family. Estimates are about the same for the older child, so to calculate expenses for two children, figures should be summed for the appropriate age categories. To estimate expenses for an only child, multiply the total expense for the appropriate age category by 1.25. To estimate expenses for each child in a family with three or more children, multiply the total expense for each appropriate age category by 0.78. For expenses on all children in a family, these totals should be summed.

The Midwestern region consists of Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

^a Includes only families with child care and education expenses.

^b Includes personal care items, entertainment, and reading materials.



Center for
Nutrition Policy
and Promotion

Miscellaneous
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Expenditures on Children by Families, 2015

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Table 4. Estimated annual expenditures on a child by married-couple families, urban Midwest, 2015

Age of child	Total expense	Housing	Food	Transportation	Clothing	Health care	Child care and education ^a	Miscellaneous ^b
Before-tax income: Less than \$59,200 (Average = \$37,600)								
0 - 2	\$7,740	\$3,010	\$1,220	\$1,120	\$820	\$800	\$250	\$520
3 - 5	7,740	3,010	1,260	1,170	680	740	250	630
6 - 8	9,060	3,010	1,820	1,230	680	770	800	750
9 - 11	9,690	3,010	2,080	1,270	840	890	800	800
12 - 14	9,310	3,010	2,160	1,420	910	850	310	650
15 - 17	9,660	3,010	2,180	1,610	880	900	450	630
Total expenses	\$159,600	\$54,180	\$32,160	\$23,460	\$14,430	\$14,850	\$8,580	\$11,940
Before-tax income: \$59,200 to \$107,400 (Average = \$81,700)								
0 - 2	\$10,640	\$3,500	\$1,490	\$1,710	\$890	\$1,160	\$1,000	\$890
3 - 5	10,690	3,500	1,600	1,760	740	1,090	1,000	1,000
6 - 8	12,030	3,500	2,170	1,820	740	1,120	1,560	1,120
9 - 11	12,830	3,500	2,550	1,860	930	1,260	1,560	1,170
12 - 14	12,680	3,500	2,650	2,010	1,020	1,220	1,260	1,020
15 - 17	13,470	3,500	2,670	2,200	1,000	1,280	1,830	990
Total expenses	\$217,020	\$63,000	\$39,390	\$34,080	\$15,960	\$21,390	\$24,630	\$18,570
Before-tax income: More than \$107,400 (Average = \$177,300)								
0 - 2	\$17,590	\$5,200	\$2,110	\$2,510	\$1,260	\$1,570	\$3,230	\$1,710
3 - 5	17,600	5,200	2,220	2,560	1,090	1,480	3,230	1,820
6 - 8	18,900	5,200	2,840	2,620	1,090	1,430	3,780	1,940
9 - 11	20,200	5,200	3,440	2,660	1,350	1,780	3,780	1,990
12 - 14	20,540	5,200	3,430	2,810	1,490	1,730	4,040	1,840
15 - 17	22,730	5,200	3,590	3,000	1,450	1,800	5,880	1,810
Total expenses	\$352,680	\$93,600	\$52,890	\$48,480	\$23,190	\$29,370	\$71,820	\$33,330

Estimates are based on 2011-15 Consumer Expenditure Survey data (all data updated to 2015 dollars by using the Midwest region Consumer Price Index—All Urban Consumers). For each age category, the expense estimates represent average child-rearing expenditures for each age (e.g., the expense for the 3-5 age category, on average, applies to the 3-year-old, the 4-year-old, or the 5-year-old). The Total expenses (0 - 17) row represents the expenditure sum of all ages (0, 1, 2, 3, ...17) in 2015 dollars. The figures represent estimated expenses on the younger child in a two-child family. Estimates are about the same for the older child, so to calculate expenses for two children, figures should be summed for the appropriate age categories. To estimate expenses for an only child, multiply the total expense for the appropriate age category by 1.27. To estimate expenses for each child in a family with three or more children, multiply the total expense for each appropriate age category by 0.76. For expenses on all children in a family, these totals should be summed.

The Midwestern region consists of Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

^a Includes only families with child care and education expenses.

^b Includes personal care items, entertainment, and reading materials.