Foster Care Reimbursement Rate Committee Historical Document Compendium

Table of Contents

Appendix

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

Updated 1/3/2019

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 Easternservice 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 Cervice Area Administrator**, DHHS, Divsion 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 FCRRC 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 FCRRC 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 FCRRC 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 FCRRC 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)

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,

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;

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

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.

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
DHHS
NEBRASKA

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)	Representatives from a child welfare agency that contracts directly with foster parents, from each of such service areas.
Gregg Nicklas	Christian Heritage (Southeast)	
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

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

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,~~

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~~

~~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

	Hourly	Annual	Benefits	# of Positions	Total Costs
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)

	Hourly	Annual	Benefits	# of Positions	Total Costs
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

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

Ratios:

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

Formulas used to Calculate Rates:

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

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

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

For each level, the following were added:

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

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

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

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

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

Rates:

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

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

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

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

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

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

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

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

Director Pristow proposed the following:

1. Accept the 85% capacity rates (Essential $21.76, Enhanced $28.17, Intensive $38.76) and advance to the Reimbursement Rate Committee.

2. In place of a different daily rate for rural placements, utilize the same rate for all placements (Essential $21.76, Enhanced $28.17, Intensive $38.76). To compensate for the additional mileage and travel time by agency providers, implement a payment of $0.56/mile for distances over 50 miles roundtrip from the agency satellite office or foster care program site to the ASFC home and a payment of $18.00/hr windshield/travel time.

3. Modify the pre-assessment rate to $21.76 (essential).

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

respectfully submitted by Lana Temple-Plotz

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	*$27.50*	*$35.00*
6-11	$ 23.00	*$30.50*	*$38.00*
12-18	$ 25.00	*$32.50*	*$40.00*

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

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

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

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

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

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

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

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

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

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

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

K. Recommend that respite costs be addressed as follows:

Development of a respite care plan is the joint responsibility of DHHS/Agency Supported Foster Care provider and the foster parents. Respite is included in the foster parent maintenance payment and any costs associated with the respite care plan are the responsibility of the foster parent.
[Approved May 16, 2014]

L. Recommend that transportation costs for foster parents and agency support services be reimbursed in line with the 2014 DHHS Administrative Memo on Transportation* as follows:
   a. **Foster Parents:** Foster parents are responsible for the first 100 miles per month of direct transportation for foster children in their home and are eligible for reimbursement for all miles beyond the initial 100 miles.

   b. **Agency Supported Foster Care Providers:** to compensate for the additional mileage and travel time required to support foster parents outside metropolitan areas, implement a payment of 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:

- ☐ Initial
- ☐ Reassessment (6 months from date of previous tool)
- ☐ Request of Foster Parent
- ☐ Request of Agency/Department
- ☐ Change of Placement
- ☐ Permanency Plan Change
- ☐ Change of Childe Circumstance

Worker Completing Tool: _____ Service Area: _____

Caregiver(s): _____

Child Placing Agency: _____ CPA Worker: _____

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

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

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

LOC 1 Medical/Physical Health & Well-Being	
L1	Caregiver arranges and participates, as appropriate in routine medical and dental appointments; Provides basic healthcare and responds to illness or injury; administers prescribed medications; maintains health records; shares developmentally appropriate health information with child. Definition: Caregiver follows established policies to ensure child's physical health needs are met by providing basic healthcare and response to illness or injury. Caregiver contributes to ongoing efforts to meet the child's needs, by arranging, transporting and participating in doctor's appointments that is reflected in required ongoing documentation. Caregiver will administer medications as prescribed, keep a medication log of all prescribed and over-the-counter medication, understand the medications administered, and submit the medication log monthly.
L2	Caregiver arranges and participates with additional visits with medical specialists, assists with treatment and monitoring of specific health concerns, and provides periodic management of personal care needs. Examples may include treating and monitoring severe cases of asthma, physical disabilities, and pregnant/parenting teens. Definition: Additional health concerns must be documented and caregiver's role in meeting these additional needs will be reflected in the child's case plan and/or treatment plan. Caregiver will transport and participate in additional medical appointments, including monthly medication management, physical or occupational therapy appointments, and monitor health concerns as determined by case professionals.
L3	Caregiver provides hands-on specialized interventions to manage the child's chronic health and/or personal care needs. Examples include using feeding tubes, physical therapy, or managing HIV/AIDS. Definition: Any specialized interventions provided by the caregiver should be reflected in the child's case plan and/or treatment plan. Case management records should include narrative as to the training and/or certification of the caregiver to provide specialized levels of intervention specific to the child's heath needs. Caregiver will provide specific documentation of specialized interventions utilized to manage chronic health and/or personal care needs.
Outline the caregiver responsibilities:	

LOC 2	**Family Relationships/Cultural Identity**
L1	Caregiver supports efforts to maintain connections to primary family including siblings and extended family, and/or other significant people as outlined in the case plan; prepares and helps child with visits and other contacts; shares information and pictures as appropriate; supports the parents and helps the child to form a healthy view of his/her family. Definition: Caregiver follows established visitation plan and supports ongoing child-parent and sibling contact as outlined in case plan. Caregiver provides opportunities for the child to participate in culturally relevant experiences and activities. Caregiver works with parents and youth in ongoing development of youth's life book.
L2	Caregiver arranges and supervises ongoing contact between child and primary family and/or other significant people or teaches parenting strategies to other caregivers as outlined in the case plan. Definition: Caregiver provides and facilitates parenting time in accordance with the established parenting time plan and case plan. Caregiver provides regular instruction to parent outlining parenting strategies. This feedback must be reflected in Caregiver's required ongoing documentation.
L3	Caregiver works with primary family to co-parent child, sharing parenting responsibilities, OR supports parent who is caring for child AND works with parent to coordinate attending meetings AND appointments together. Examples include attending meetings with doctors, specialists, educators, and therapists together. Definition: Caregiver partners and collaborates with parents to ensure both caregiver and parent attends child's appointments and activities. Caregiver allows parental interaction in the foster home and provides support to the parent while the child is in the parent's home. Caregiver allows the parent to participate in daily routine of the child in the foster home (i.e. dinner, bedtime routine, morning routine). Documentation should illustrate caregiver's efforts to engage parent and shows examples of a transfer of learning to the parent.
Outline the caregiver responsibilities:	

LOC 3	Supervision/Structure/Behavioral & Emotional
L1	Caregiver provides routine direct care and supervision of the child, assists child in learning appropriate self-control and problem solving strategies; utilizes constructive discipline practices that are fair and reasonable and are logically connected to the behavior in need of change, adapts schedule or home environment to accommodate or redirect occasional outbursts. Definition: Caregiver provides age and developmentally appropriate supervision, structure, and behavioral and/or emotional support. Caregiver utilizes constructive discipline practices that are fair and reasonable and are logically connected to the behavior in need of change. Caregiver can provide examples of strategies and interventions implemented.
L2	Caregiver works with other professionals to develop, implement and monitor specialized behavior management or intervention strategies to address ongoing behaviors that interfere with successful living as determined by the family team. Definition: Caregiver provides beyond age and developmentally appropriate supervision, structure, and behavioral and/or emotional support in accordance with a formal treatment or behavioral management plan as identified by the child's needs. Caregiver can provide examples of strategies and interventions implemented.
L3	Caregiver provides direct care and supervision that involves the provision of highly structured Interventions such as using specialized equipment and/or techniques and treatment regiments on a constant basis. Examples of specialized equipment include using alarms, single bedrooms modified for treatment purposes, or using adaptive communication systems, etc.; works with other professionals to develop, implement and monitor strategies to intervene with behaviors that put the child or others in imminent danger or at immediate risk of serious harm. Definition: Caregiver follows established treatment plan to ensure child's safety and well-being. Treatment plan requires immediate and ongoing (more than once daily) monitoring and interaction. Strategies and interventions are developed in accordance with treatment plan and in consultation with case manager and must be followed to ensure child's immediate and ongoing safety and well-being. If plan is not followed child is at risk of imminent danger. Caregiver maintains frequent contact with mental health professionals and actively participates in services and monitoring. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.
Outline the caregiver responsibilities:	

LOC 4 Education/Cognitive Development	
L1	Caregiver provides developmentally appropriate learning experiences for the child noting progress and special needs; assures school or early intervention participation as appropriate; supports the child's educational activities; addresses cognitive and other educational concerns as they arise, participation in the IEP development and review. Definition: Caregiver ensures child meets established education goals. Routine educational support includes structured homework routine and help with homework; maintaining regular, ongoing contact with school to ensure age-appropriate performance and progress. This includes participation in regularly scheduled parent-teacher conferences with the parents (as appropriate). For non-school age children, the caregiver will ensure the child is working on developmental goals (i.e. colors, ABCs, counting, etc.)
L2	Caregiver maintains increased involvement with school staff to address specific educational needs that require close home/school communication for the child to make progress AND responds to educational personnel to provide at-home supervision when necessary; or works with others to implement program to assist youth in alternative education or job training. Definition: Educational goals may include both school-based as well as job training goals (for older youth). Caregiver implements monitoring in the home to reflect established learning plan objectives or collaborates with professionals to ensure child's educational goals are met. Caregiver provides examples of efforts to support education. Caregiver provides support and structure for child if suspended or expelled from school.
L3	Caregiver works with school staff to administer a specialized educational program AND carries out a comprehensive home/school program (more than helping with homework) during or after school hours. Definition: Caregiver implements interventions per an established alternative education plan, IEP or 504 plan which involves specialized activities and/or strategies outside of the educational setting. Implementation of this plan requires regular communication with school and is not considered routine educational support. Caregiver may require specialized training or certification in order to meet the child's educational and cognitive needs.
	Outline the caregiver responsibilities:

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

LOC 6 Support/Nurturance/Well-Being	
L1	Caregiver provides nurturing and caring to build the child's self-esteem; engages the child in constructive, positive family living experiences; maintains a safe home environment with developmentally appropriate toys and activities; provides for the child's basic needs and arranges for counseling or other mental health services as needed. Definition: Caregiver meets child's established basic needs to assure well-being. Caregiver understands and responds to the child's needs specific to removal from their home. Caregiver transports and participates in mental health services as needed.
L2	Caregiver consults with mental health professionals to implement specific strategies of interacting with the child in a therapeutic manner to promote emotional well-being, healing and understanding, and a sense of safety on a daily basis. Definition: Caregiver follows established treatment plan to ensure child's safety and well-being are addressed. Strategies and interventions are developed in accordance with the treatment plan and in consultation with case manager. Caregiver has regular contact with mental health professionals and participates in mental health services for the child. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.
L3	Caregiver works with services and programs to implement intensive child-specific in-home strategies of interacting in a therapeutic manner to promote emotional well-being, healing, and understanding, and sense of safety on a constant basis. Definition: Treatment plan requires immediate and ongoing (more than once daily) monitoring and interaction. Therapeutic strategies and interventions are developed in accordance with treatment plan and in consultation with case management staff and must be followed to ensure the child's well-being. If plan is not followed child is at risk of imminent danger. Caregiver maintains frequent contact with mental health professionals and actively participates in services and monitoring. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.
	Outline the caregiver responsibilities:

LOC 7 Placement Stability	
L1	Caregiver maintains open communication with the child welfare team about the child's progress and adjustment to placement and participates in team meetings, court hearings, case plan development, respite care, and a support plan. Definition: Caregiver works to ensure placement stability. Caregiver communicates openly and regularly with case manager, provides required monthly documentation and participates in family team meetings. Caregiver must actively participate in developing a support plan to eliminate placement disruption.
L2	The child's/youth's needs require caregiver expertise that is developed through fostering experience, participation in support group and/or mentor support, and consistent relevant in-service training. Definition: Caregiver must utilize specialized knowledge, skills, and abilities to maintain child's placement. Child's needs warrant specialized knowledge, skills, and abilities. Interventions provided by caregiver must be in collaboration and consultation with other professions and case managers. Caregiver should provide examples of their specialized knowledge, skill, and abilities to ensure placement and participation in in-service training.
L3	The child's/youth's needs require daily or weekly involvement/participation by the caregiver with intensive in-home services as defined in case plan and/or treatment team. Definition: Caregiver must collaborate with external supports in order to maintain placement. These external supports provide intensive interventions within the caregiver's home, without which child could not safety be maintained. Interventions must be selected and implemented in collaboration with the case manager. Caregiver collaborates with intensive service interventions and demonstrates specialized knowledge, skills, and abilities to maintain child's placement. Caregiver provides examples of their role in the intensive in-home service provision. Caregiver may require additional training to eliminate placement disruption.
	Outline the caregiver responsibilities:

LOC 8	Transition To Permanency and/or Independent Living
L1	Caregiver provides routine ongoing efforts to work with biological family and/or other significant adults to facilitate successful transition home or into another permanent placement. Caregiver provides routine assistance in the on-going development of the child/youth life book. Definition: Caregiver collaborates with case manager and other community resources to ensure child's 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.
L2	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. 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.
L3	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. 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.
	Outline the caregiver responsibilities:

SIGNATURES:

NAME: _____ NAME: _____

Foster Parent Foster Parent

DATE: _____ DATE: _____

NAME: _____ NAME: _____

CFS/FPS Worker CFS/FPS Supervisor

DATE: _____ DATE: _____

NAME: _____ NAME: _____

CPA Representative (if involved) Other Participant

DATE: _____ DATE: _____

Nebraska Caregiver Responsibilities
Summary and Level of Parenting

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

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

Assessment Type:

- ☐ Initial
- ☐ Request of Foster Parent
- ☐ Change of Placement
- ☐ Reassessment (6 months from date of previous tool)
- ☐ Request of Agency/Department
- ☐ Permanency Plan Change
- ☐ 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: _____ NAME: _____

CFS Worker 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 thought 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 FCRRC 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 FCRRC recommends that the above Pre-Assessment Rates be implemented.** Upon review of the pre-assessment rates recommended in 2014, the FCRRC believes that they adequately compensate foster parents until the child can be assessed.
3. **The FCRRC recommends that the Agency Support Rates above should continue to be implemented.** The FCRRC found that the agency support rates are adequate, fair, and no changes are necessary at this time.
4. **The FCRRC 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 FCRRC 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 FCRRC 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 FCRRC, and has provided information as requested. The FCRRC 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 FCRRC are below. The NCR Tool is attached to this document as Appendix B and reflects the recommended changes below.

Recommendations:

1. **The FCRRC 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 FCRRC 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:

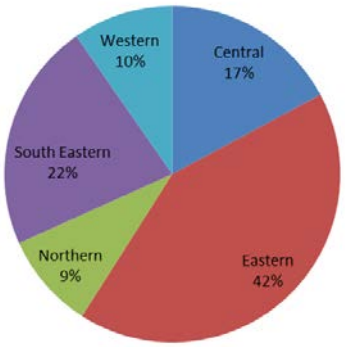
1. **DHHS and partners should continue to implement a training and quality assurance plan to educate workers on the changes and requirements in the tool.** DHHS has engaged with partners to develop and provide training on the NCR for workers, and has indicated a willingness to continue this training.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

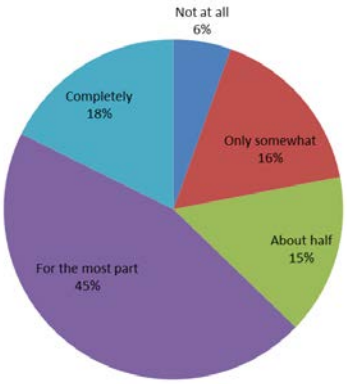
Foster Parent Survey Highlights

The FCRRC 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

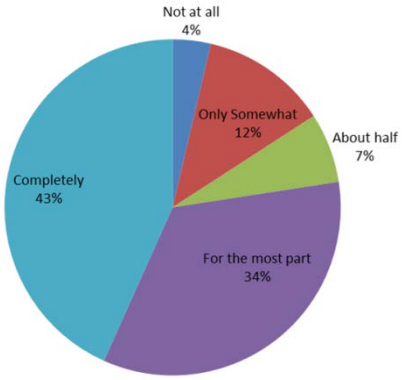
Foster parents reported residing in 43 counties. 36 counties had less than six foster parents reporting residence, and in an effort to maintain anonymity, data was reported by service area.





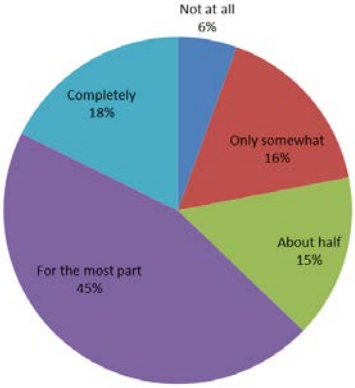
"I feel that the last time I filled out the NCR, it captured all of the services I provide for that child."

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

Updated 12/30/2015

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:

- ☐ Initial
- ☐ Request of Foster Parent
- ☐ Change of Placement
- ☐ Reassessment (6 months from date of previous tool)
- ☐ Request of Agency/Department
- ☐ Permanency Plan Change
- ☐ 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	Caregiver arranges and participates, as appropriate in routine medical and dental appointments; Provides basic healthcare and responds to illness or injury; administers prescribed medications; maintains health records; shares developmentally appropriate health information with child. Definition: Caregiver follows established policies to ensure child's physical health needs are met by providing basic healthcare and response to illness or injury. Caregiver contributes to ongoing efforts to meet the child's needs, by arranging, transporting* and participating in doctor's appointments that is reflected in required ongoing documentation. Caregiver will administer medications as prescribed, keep a medication log of all prescribed and over-the-counter medication, understand the medications administered, and submit the medication log monthly.
L2	Caregiver arranges and participates with additional visits with medical specialists, assists with treatment and monitoring of specific health concerns, and provides periodic management of personal care needs. Examples may include treating and monitoring severe cases of asthma, physical disabilities, and pregnant/parenting teens. Definition: Additional health concerns must be documented and caregiver's role in meeting these additional needs will be reflected in the child's case plan and/or treatment plan. Caregiver will transport* and participate in additional medical appointments, including monthly medication management, physical or occupational therapy appointments, and monitor health concerns as determined by case professionals.
L3	Caregiver provides hands-on specialized interventions to manage the child's chronic health and/or personal care needs. Examples include using feeding tubes, physical therapy, or managing HIV/AIDS. Definition: Any specialized interventions provided by the caregiver should be reflected in the child's case plan and/or treatment plan. Case management records should include narrative as to the training and/or certification of the caregiver to provide specialized levels of intervention specific to the child's heath needs. Caregiver will provide specific documentation of specialized interventions utilized to manage chronic health and/or personal care needs.
Outline the caregiver responsibilities:	

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

CIRCLE ONE ONLY

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

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

CIRCLE ONE ONLY

LOR 3 Supervision/Structure/Behavioral & Emotional	
L1	Caregiver provides routine direct care and supervision of the child, assists child in learning appropriate self-control and problem solving strategies; utilizes constructive discipline practices that are fair and reasonable and are logically connected to the behavior in need of change, adapts schedule or home environment to accommodate or redirect occasional outbursts. Definition: Caregiver provides age and developmentally appropriate supervision, structure, and behavioral and/or emotional support. Caregiver utilizes constructive discipline practices that are fair and reasonable and are logically connected to the behavior in need of change. Caregiver can provide examples of strategies and interventions implemented.
L2	Caregiver works with other professionals to develop, implement and monitor specialized behavior management or intervention strategies to address ongoing behaviors that interfere with successful living as determined by the family team. Definition: Caregiver provides beyond age and developmentally appropriate supervision, structure, and behavioral and/or emotional support in accordance with a formal treatment or behavioral management plan as identified by the child's needs. Caregiver can provide examples of strategies and interventions implemented.
L3	Caregiver provides direct care and supervision that involves the provision of highly structured Interventions such as using specialized equipment and/or techniques and treatment regiments on a constant basis. Examples of specialized equipment include using alarms, single bedrooms modified for treatment purposes, or using adaptive communication systems, etc.; works with other professionals to develop, implement and monitor strategies to intervene with behaviors that put the child or others in imminent danger or at immediate risk of serious harm. Definition: Caregiver follows established treatment plan to ensure child's safety and well-being. Treatment plan requires immediate and ongoing (more than once daily) monitoring and interaction. Strategies and interventions are developed in accordance with treatment plan and in consultation with case manager and must be followed to ensure child's immediate and ongoing safety and well-being. If plan is not followed child is at risk of imminent danger. Caregiver maintains frequent contact with mental health professionals and actively participates in services and monitoring. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.
Outline the caregiver responsibilities:	

CIRCLE ONE ONLY

LOR 4 Education/Cognitive Development	
L1	Caregiver provides developmentally appropriate learning experiences for the child noting progress and special needs; assures school or early intervention participation as appropriate; supports the child's educational activities; addresses cognitive and other educational concerns as they arise, participation in the IEP development and review. Definition: Caregiver ensures child meets established education goals. Routine educational support includes providing transportation* to and from school, providing a structured homework routine and help with homework; maintaining regular, ongoing contact with school to ensure age-appropriate performance and progress. This includes participation in regularly scheduled parent- teacher conferences with the parents (as appropriate). For non-school age children, the caregiver will ensure the child is working on developmental goals (i.e. colors, ABCs, counting, etc.)
L2	Caregiver maintains increased involvement with school staff to address specific educational needs that require close home/school communication for the child to make progress AND responds to educational personnel to provide at-home supervision when necessary; or works with others to implement program to assist youth in alternative education or job training. Definition: Educational goals may include both school-based as well as job training goals (for older youth). Caregiver implements monitoring in the home to reflect established learning plan objectives or collaborates with professionals to ensure child's educational goals are met. Caregiver provides examples of efforts to support education. Caregiver provides support and structure for child if suspended or expelled from school.
L3	Caregiver works with school staff to administer a specialized educational program AND carries out a comprehensive home/school program (more than helping with homework) during or after school hours. Definition: Caregiver implements interventions per an established alternative education plan, IEP or 504 plan which involves specialized activities and/or strategies outside of the educational setting. Implementation of this plan requires regular communication with school and is not considered routine educational support. Caregiver may require specialized training or certification in order to meet the child's educational and cognitive needs.
	Outline the caregiver responsibilities:

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

CIRCLE ONE ONLY

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

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

CIRCLE ONE ONLY

LOR 6 Support/Nurturance/Well-Being	
L1	Caregiver provides nurturing and caring to build the child's self-esteem; engages the child in constructive, positive family living experiences; maintains a safe home environment with developmentally appropriate toys and activities; provides for the child's basic needs and arranges for counseling or other mental health services as needed. Definition: Caregiver meets child's established basic needs to assure well-being. Caregiver understands and responds to the child's needs specific to removal from their home. Caregiver transports* and participates in mental health services as needed.
L2	Caregiver consults with mental health professionals to implement specific strategies of interacting with the child in a therapeutic manner to promote emotional well-being, healing and understanding, and a sense of safety on a daily basis. Definition: Caregiver follows established treatment plan to ensure child's safety and well-being are addressed. Strategies and interventions are developed in accordance with the treatment plan and in consultation with case manager. Caregiver has regular contact with mental health professionals and participates in mental health services for the child. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.
L3	Caregiver works with services and programs to implement intensive child-specific in-home strategies of interacting in a therapeutic manner to promote emotional well-being, healing, and understanding, and sense of safety on a constant basis. Definition: Treatment plan requires immediate and ongoing (more than once daily) monitoring and interaction. Therapeutic strategies and interventions are developed in accordance with treatment plan and in consultation with case management staff and must be followed to ensure the child's well-being. If plan is not followed child is at risk of imminent danger. Caregiver maintains frequent contact with mental health professionals and actively participates in services and monitoring. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.
	Outline the caregiver responsibilities:

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

CIRCLE ONE ONLY

LOR 7 Placement Stability	
L1	Caregiver maintains open communication with the child welfare team about the child's progress and adjustment to placement and participates in team meetings, court hearings, case plan development, respite care, and a support plan. Definition: Caregiver works to ensure placement stability. Caregiver communicates openly and regularly with case manager, provides required monthly documentation and participates in family team meetings. Caregiver must actively participate in developing a support plan to eliminate placement disruption.
L2	The child's/youth's needs require caregiver expertise that is developed through fostering experience, participation in support group and/or mentor support, and consistent relevant in-service training. Definition: Caregiver must utilize specialized knowledge, skills, and abilities to maintain child's placement. Child's needs warrant specialized knowledge, skills, and abilities. Interventions provided by caregiver must be in collaboration and consultation with other professions and case managers. Caregiver should provide examples of their specialized knowledge, skill, and abilities to ensure placement and participation in in- service training.
L3	The child's/youth's needs require daily or weekly involvement/participation by the caregiver with intensive in-home services as defined in case plan and/or treatment team. Definition: Caregiver must collaborate with external supports in order to maintain placement. These external supports provide intensive interventions within the caregiver's home, without which child could not safety be maintained. Interventions must be selected and implemented in collaboration with the case manager. Caregiver collaborates with intensive service interventions and demonstrates specialized knowledge, skills, and abilities to maintain child's placement. Caregiver provides examples of their role in the intensive in-home service provision. Caregiver may require additional training to eliminate placement disruption.
	Outline the caregiver responsibilities:

CIRCLE ONE ONLY

LOR 8 Transition To Permanency and/or Living Independently as an Adult	
L1	For all children/youth regardless of their permanency objective, Caregiver provides routine ongoing efforts to work with biological family and/or other significant adults to facilitate successful transition home or into another permanent placement. Caregiver provides routine assistance in the on-going development of the child/youth life book. Definition: Caregiver collaborates with case manager and other community resources to ensure child's/youth's permanency goal is met. Caregiver works with child/youth in ongoing development of life book in preparation for permanency. Caregiver addresses developmentally appropriate daily life skills with the child/youth to include assistance with budgeting, education, self care, housing, transportation, employment, community resources, and lifelong connections.
L2	Caregiver actively provides age-appropriate adult living preparation and life skills training for child/youth. For children/youth age 14 and above, training should be outlined in the written transition plan and determined through completion of a life skills assessment. **For children/ youth whose permanency objective is adoption or guardianship**, the caregiver (with direction from their agency and in accordance with the case plan), cooperates and works with team members, potential adoptive parents, therapists and specialists to ensure the child/youth achieves permanency. Definition: **For children 8 and above** caregiver develops and monitors daily life skills activities. For children/youth 14 and above, caregiver assists the youth in completing 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. **For children/youth whose permanency objective is adoption or guardianship**, the caregiver regularly collaborates with team members to ensure child's permanency goals are met. If the caregiver will be providing permanency for the child, the caregiver actively participates in adoption preparation activities (examples include training, support groups, mentor support, respite care).
L3	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. 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.

CIRCLE ONE ONLY

	Outline the caregiver responsibilities:

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

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

- ☐ Initial
- ☐ Reassessment (6 months from date of previous tool)
- ☐ Request of Foster Parent
- ☐ Request of Agency/Department
- ☐ Change of Placement
- ☐ Permanency Plan Change
- ☐ Change of Child Circumstance

Worker Completing Tool: _____ Service Area: _____

Caregiver(s): _____

Child Placing Agency: _____ CPA Worker: _____

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: _____ NAME: _____

CFS Worker CFS Supervisor

DATE:_____ DATE:_____

NEBRASKA CAREGIVER RESPONSIBILITY SURVEY

FOSTER CARE REIMBURSEMENT RATE COMMITTEE
FEBRUARY 10, 2016

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.

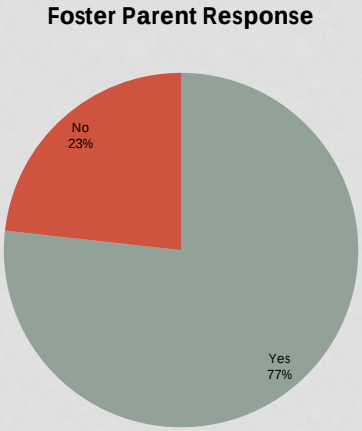
SURVEY INFORMATION

- 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

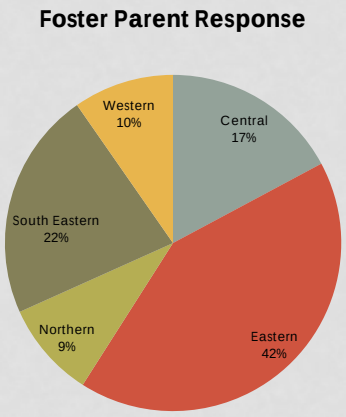
SURVEY RESPONSES

Foster parents with a completed NCR within the past six months

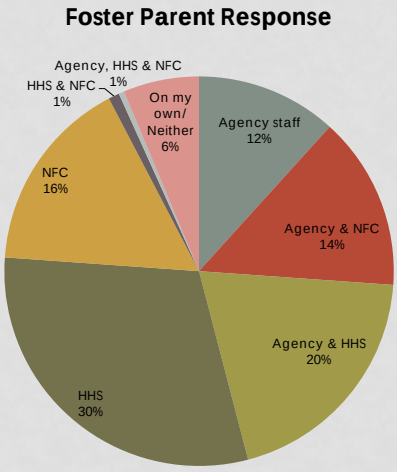


- Have you had an NCR Tool completed on a child in your home in the last six months?

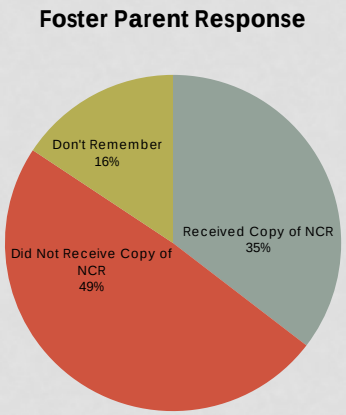
Foster parent service area of residence



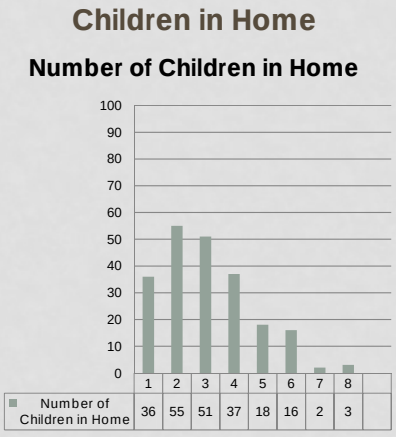
Who completed the NCR

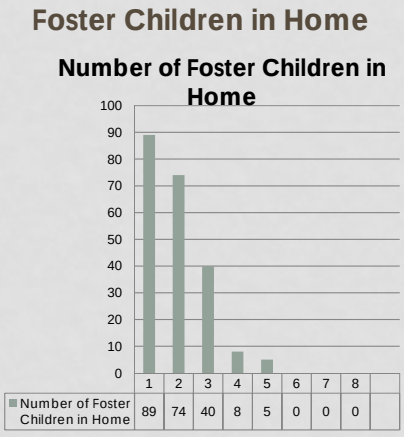


Distribution of NCR copies



Children in Home During Last NCR

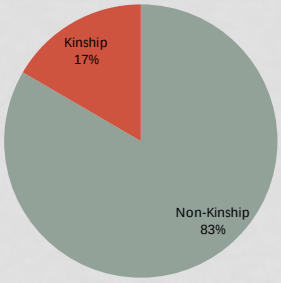




Kinship and Licensed Foster Parents

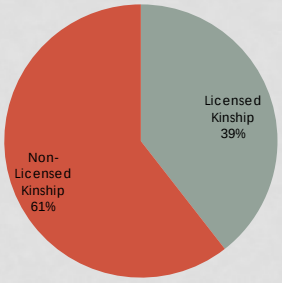
Kinship and Non-Kinship Foster Parents

Foster Placement Type



Licensed and Non-Licensed Kinship Foster Parents

Foster Placement Type



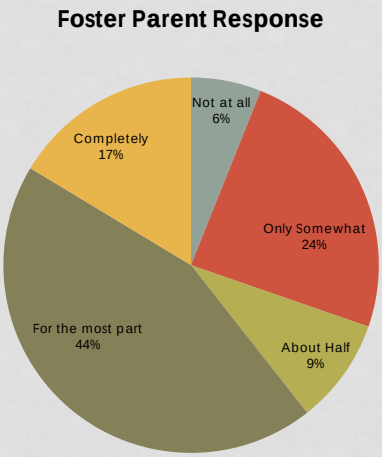
NEBRASKA CAREGIVER RESPONSIBILITIES TOOL

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"

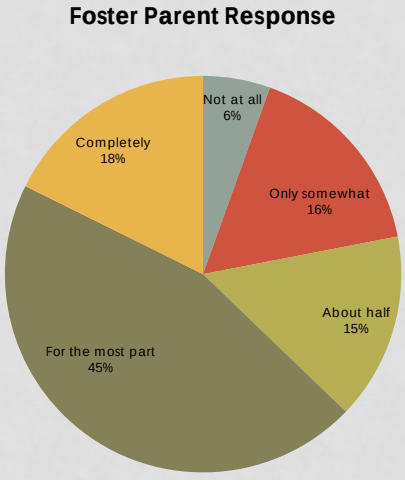


- Weighted Average – 2.41

"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"

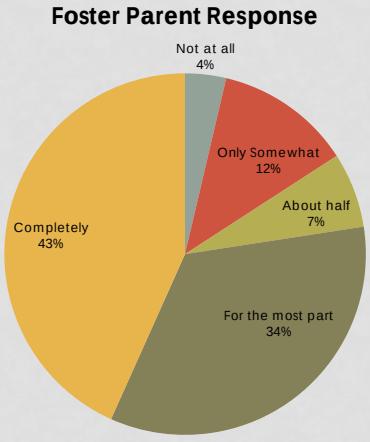


- Weighted average: 2.53

"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."

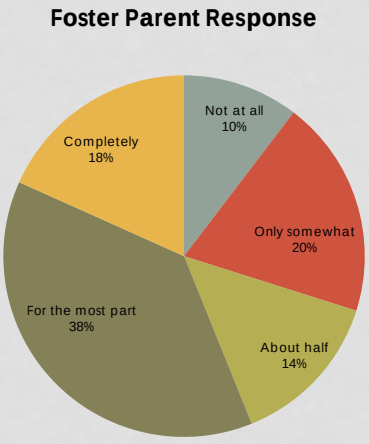


- Weighted Average – 3.01

"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

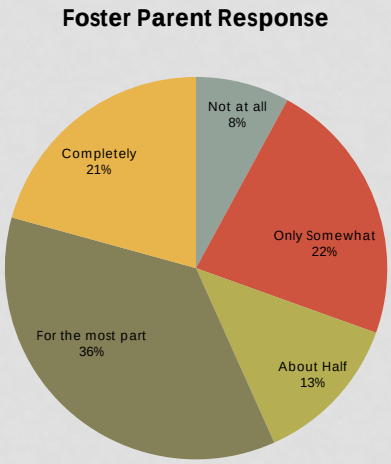


- Weighted Average – 2.34

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

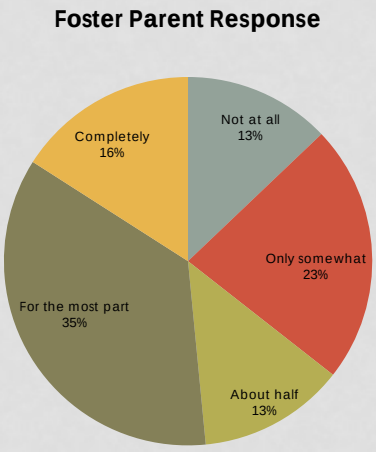


- Weighted Average – 2.39

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

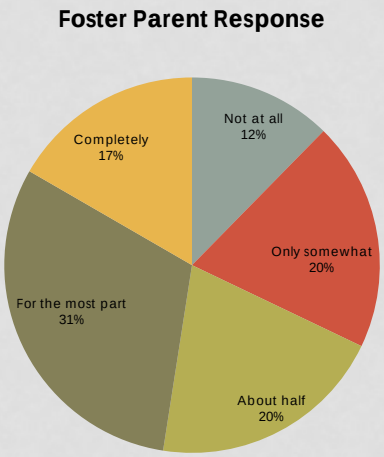


- Weighted Average – 2.19

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

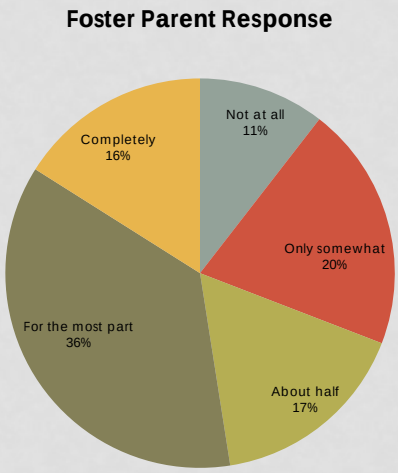


- Weighted Average – 2.20

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

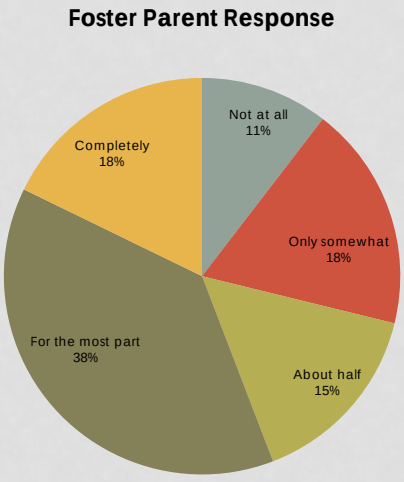


- Weighted Average – 2.27

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

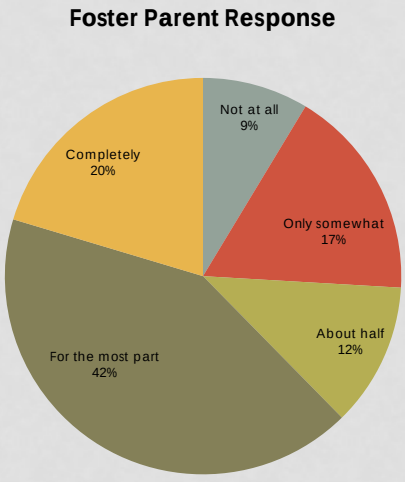


- Weighted Average – 2.34

Support/Nurturance/Well-Being

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

Placement Stability

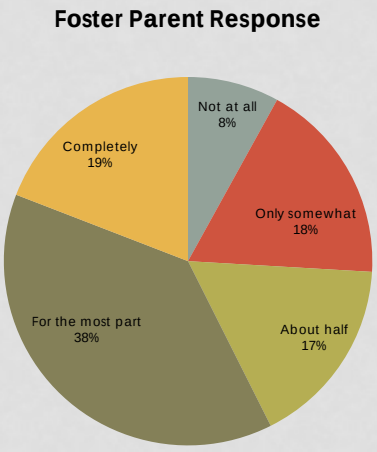


- Weighted Average – 2.48

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



- Weighted Average – 2.43

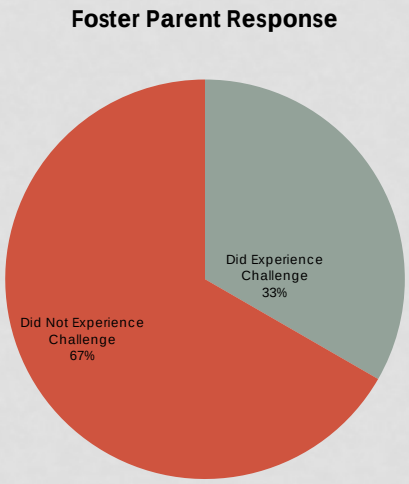
Transition to Permanency and/or Independent Living

- 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

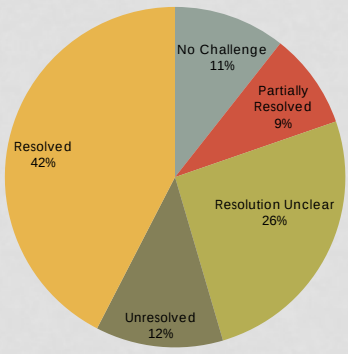
TRANSPORTATION EXPERIENCES

SURVEY RESPONSE INFORMATION

Foster parents experience with challenges providing transportation



Foster parents experience with challenges providing transportation

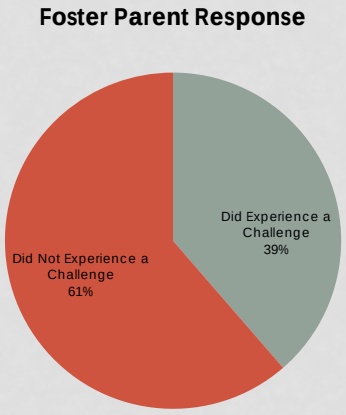


- 54 foster parents provided a narrative response about transportation challenges

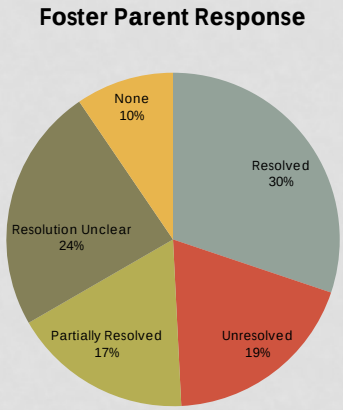
Foster parents experience with challenges providing transportation

- 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 experiences with challenges meeting the needs of the child

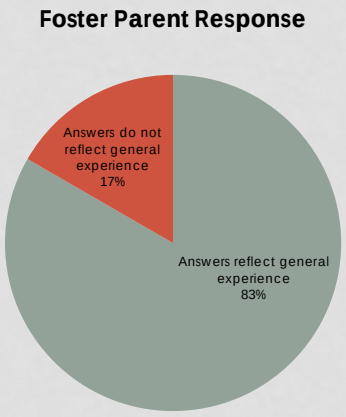


- 63 foster parents provided a narrative response to this question.

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



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

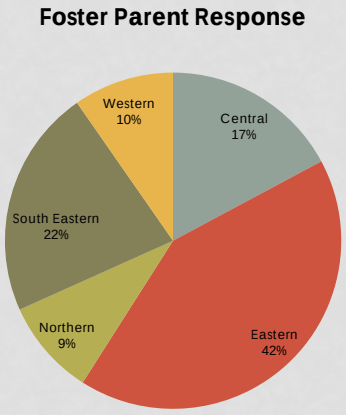
What Foster Parents want agencies, HHS, and NFC, to know

- 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

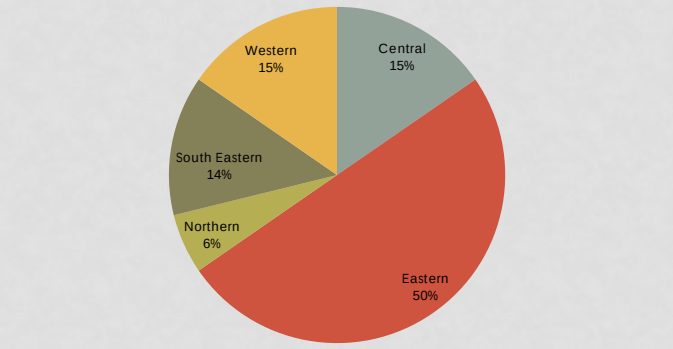
Nebraska Caregiver Responsibility Survey

TRANSPORTATION CHALLENGES

Foster Parent Service Area of Residence



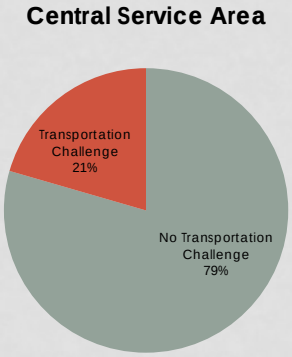
Foster Parents Experiencing Transportation Challenges by Service Area



Foster Parents Experiencing Transportation Challenges by Service Area

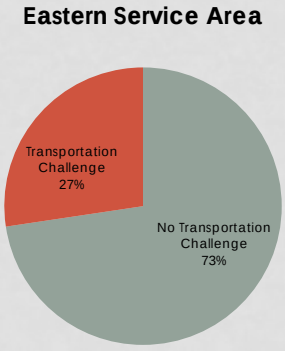
- 54 Foster Parents reported that they experienced a transportation challenge.
- 52 provided valid county information
- By Service Area
  - Central Service Area - 8
  - Eastern Service Area - 26
  - Northern Service Area - 3
  - South Eastern Service Area - 7
  - Western Service Area – 8

Central Service Area



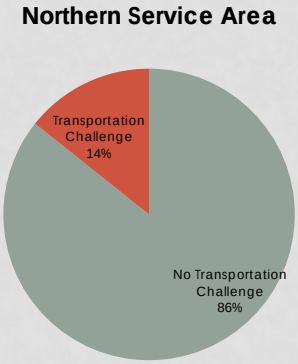
- Out of 39 Foster Parents, 8 experienced a transportation challenge and 31 did not.

Eastern Service Area



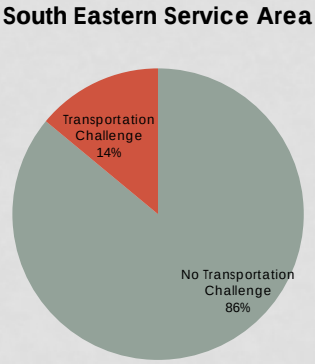
- Out of 95 Foster Parents, 26 experienced a challenge with transportation, 69 did not.

Northern Service Area



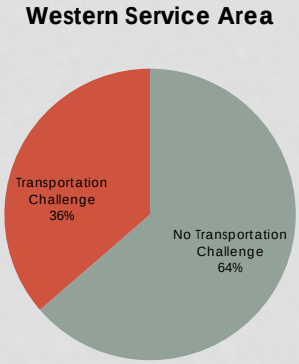
- Out of 21 Foster Parents, 3 experienced a challenge with transportation, and 18 did not.

South Eastern Service Area



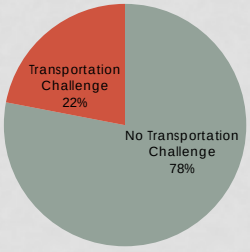
- Out of 50 Foster Parents, 7 experienced a challenge with transportation, and 43 did not.

Western Service Area



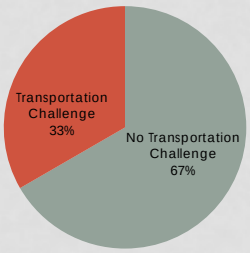
- Out of 22 Foster Parents, 8 experienced a challenge with transportation, and 14 did not.

Transportation Challenge by Foster Parent Type



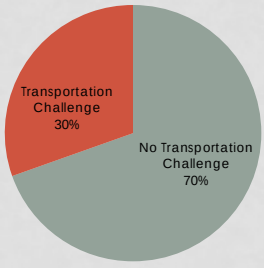
- Out of 191 licensed Foster Parents with no kinship placements, 42 indicated they experienced a challenge with transportation, 149 did not.

Transportation Challenge by Foster Parent Type



- 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



- 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 # _____

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

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

Assessment Type:

- ☐ Initial
- ☐ Request of Caregiver
- ☐ Change of Placement
- ☐ Reassessment (6 months from date of previous tool)
- ☐ Request of Agency/Department
- ☐ Permanency Plan Change
- ☐ 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	Caregiver arranges and participates, as appropriate in routine medical and dental appointments; provides basic healthcare and responds to illness or injury; administers prescribed medications; maintains health records; shares developmentally appropriate health information with child. Definition: • Caregiver follows established policies to ensure child's physical health needs are met by providing basic healthcare and response to illness or injury. • Caregiver contributes to ongoing efforts to meet the child's needs, by arranging, transporting* and participating in doctor's appointments that is reflected in required ongoing documentation. • Caregiver 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	Caregiver arranges and participates with additional visits with medical specialists, assists with treatment and monitoring of specific health concerns, and provides periodic management of personal care needs. Examples may include treating and monitoring severe cases of asthma, physical disabilities, and pregnant/parenting teens. Definition: • Additional health concerns must be documented and caregiver's role in meeting these additional needs 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	Caregiver provides hands-on specialized interventions to manage the child's chronic health and/or personal care needs. Examples include using feeding tubes, physical therapy, or managing HIV/AIDS. Definition: • Any specialized interventions provided by the caregiver should be reflected in the child's case plan and/or treatment plan. • Case management records should include narrative as to the training and/or certification of the caregiver to provide specialized levels of intervention specific to the child's heath needs. • Caregiver will provide specific documentation of specialized interventions utilized to manage chronic health and/or personal care needs. • 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	Caregiver supports efforts to maintain connections to primary family including siblings and extended family, and/or other significant people as outlined in the case plan; prepares and helps child with visits and other contacts; shares information and pictures as appropriate; supports the parents and helps the child to form a healthy view of his/her family. Definition: • Caregiver follows established visitation plan and supports ongoing child- parent and sibling contact as outlined in case plan. • Caregiver provides opportunities for the child to participate in culturally relevant experiences and activities including transportation*. • Caregiver works with parents and youth in ongoing development of youth's life book.
L2	Caregiver arranges and supervises ongoing contact between child and primary family and/or other significant people or teaches parenting strategies to other caregivers as outlined in the case plan. Definition: • Caregiver provides and facilitates parenting time in accordance with the established parenting time plan and case plan. • Caregiver provides regular instruction to parent outlining parenting strategies. This feedback must be reflected in Caregiver's required ongoing documentation.
L3	Caregiver works with primary family to co-parent child, sharing parenting responsibilities, OR supports parent who is caring for child AND works with parent to coordinate attending meetings AND appointments together. Examples include attending meetings with doctors, specialists, educators, and therapists together. Definition: • Caregiver partners and collaborates with parents to ensure both caregiver and parent attends child's appointments and activities. • Caregiver allows parental interaction in the foster home and provides support to the parent while the child is in the parent's home. • Caregiver allows the parent to participate in daily routine of the child in the foster home (i.e. dinner, bedtime routine, morning routine). • Documentation should illustrate caregiver's efforts to engage parent and shows examples of a transfer of learning to the parent.

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	Caregiver provides routine direct care and supervision of the child, assists child in learning appropriate self-control and problem solving strategies; utilizes constructive discipline practices that are fair and reasonable and are logically connected to the behavior in need of change, adapts schedule or home environment to accommodate or redirect occasional outbursts. Definition: • Caregiver provides age and developmentally appropriate supervision, structure, and behavioral and/or emotional support. • Caregiver utilizes constructive discipline practices that are fair and reasonable and are logically connected to the behavior in need of change. • Caregiver 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	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. Definition: • 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	Caregiver provides direct care and supervision that involves the provision of highly structured Interventions such as using specialized equipment and/or techniques and treatment regiments on a constant basis. Examples of specialized equipment include using alarms, single bedrooms modified for treatment purposes, or using adaptive communication systems, etc.; works with other professionals to develop, implement and monitor strategies to intervene with behaviors that put the child or others in imminent danger or at immediate risk of serious harm. Definition: • 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.
Outline the caregiver responsibilities:	

CIRCLE ONE ONLY

LOR 4 Education/Cognitive Development	
L1	Caregiver provides developmentally appropriate learning experiences for the child noting progress and special needs; assures school or early intervention participation as appropriate; supports the child's educational activities; addresses cognitive and other educational concerns as they arise. Definition: • Caregiver ensures child meets established education goals. Routine educational support includes providing transportation* to and from school, providing a structured homework routine and help with homework; maintaining regular, ongoing contact with school to ensure age-appropriate performance and progress. • This includes participation in regularly scheduled parent- teacher conferences with the parents (as appropriate). • For non-school age children, the caregiver will ensure the child is working on developmental goals (i.e. colors, ABCs, counting, etc.)
L2	Caregiver maintains increased involvement with school staff to address specific educational needs that require close home/school communication for the child to make progress AND responds to educational personnel to provide at-home supervision when necessary; or works with others to implement program to assist youth in alternative education or job training. Definition: • Educational goals may include both school-based as well as job training goals (for older youth). • Caregiver implements monitoring in the home to reflect established learning plan objectives or collaborates with professionals to ensure child's educational goals are met. • Caregiver provides examples of efforts to support education. Caregiver provides support and structure for child if suspended or expelled from school. • Caregiver participates in the IEP development and review.

CIRCLE ONE ONLY

L3	Caregiver works with school staff to administer a specialized educational program AND carries out a comprehensive home/school program (more than helping with homework) during or after school hours. Definition: • Caregiver implements 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.
	Outline the caregiver responsibilities:

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

CIRCLE ONE ONLY

LOR 5 Socialization/Age-Appropriate Expectations	
L1	In keeping with Reasonable and Prudent Parenting standards, Caregiver works with others to ensure child's successful participation in 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. 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 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	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. Definition: • Caregiver's intervention and participation further ensures child's participation in the activity. • The child may not be able to participate without adult support. Caregiver can give examples of the child's participation in the activity.
L3	Caregiver provides ongoing, one-to-one supervision and instruction (beyond what would be age appropriate) to ensure the child's participation in community and enrichment activities AND caregiver is required to participate in or attend most community activities with other responsible adults, etc. Definition: • Caregiver must participate and fully supervise child during all community and enrichment activities. • Participation in the community and enrichment activities provides a normalized child experience. • Caregiver can provide examples of child's normalized involvement in the activity.

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 6 Support/Nurturance/Well-Being	
L1	Caregiver provides nurturing and caring to build the child's self-esteem; engages the child in constructive, positive family living experiences; maintains a safe home environment with developmentally appropriate toys and activities; provides for the child's basic needs and arranges for counseling or other mental health services as needed. Definition: • Caregiver meets child's established basic needs to assure well-being. • Caregiver understands and responds to the child's needs specific to removal from their home. • Caregiver transports* and participates in mental health services as needed.
L2	Caregiver 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. Definition: • • 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	Caregiver works with services and programs to implement intensive child-specific in-home strategies of interacting in a therapeutic manner to promote emotional well-being, healing, and understanding, and sense of safety on a constant basis. Definition: • 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:

*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	Caregiver maintains open communication with the child welfare team about the child's progress and adjustment to placement and participates in team meetings, court hearings, case plan development, respite care, and a support plan. Definition: • Caregiver works to ensure placement stability. • Caregiver communicates openly and regularly with case manager, provides required monthly documentation and participates in family team meetings. • Caregiver must actively participate in developing a support plan to eliminate placement disruption.
L2	The child's/youth's needs require caregiver expertise that is developed through fostering experience, participation in support group and/or mentor support, and consistent relevant in-service training. Definition: • Caregiver must utilize specialized knowledge, skills, and abilities to maintain child's placement. • Child's needs warrant specialized knowledge, skills, and abilities. Interventions provided by caregiver must be in collaboration and consultation with other professions and case managers. • Caregiver should provide examples of their specialized knowledge, skill, and abilities to ensure placement and participation in in- service training.
L3	The child's/youth's needs require daily or weekly involvement/participation by the caregiver with intensive in-home services as defined in case plan and/or treatment team. Definition: • Caregiver must collaborate with external supports in order to maintain placement. These external supports provide intensive interventions within the caregiver's home, without which child could not safety be maintained. Interventions must be selected and implemented in collaboration with the case manager. • Caregiver collaborates with intensive service interventions and demonstrates specialized knowledge, skills, and abilities to maintain child's placement. • Caregiver provides examples of their role in the intensive in-home service provision. • Caregiver may require additional training to eliminate placement disruption.

CIRCLE ONE ONLY

	Outline the caregiver responsibilities:

LOR 8	Transition To Permanency and/or Living Independently as an Adult
L1	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. 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.
L2	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. **For children/ youth whose permanency objective is adoption or guardianship**, the caregiver (with direction from their agency and in accordance with the case plan), cooperates and works with team members, potential adoptive parents, therapists and specialists to ensure the child/youth achieves permanency. Definition: **For children 8 and above:** • Caregiver develops and monitors daily life skills activities. **For children/youth 14 and above**: • Caregiver assists the youth in completing 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. **For children/youth whose permanency objective is adoption or guardianship**, • Caregiver regularly collaborates with team members to ensure child's permanency goals are met. • If the caregiver will be providing permanency for the child, the caregiver actively participates in adoption preparation activities (examples include training, support groups, mentor support, respite care).

L3	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. 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, 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.
	Outline the caregiver responsibilities:

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:

- ☐ Initial
- ☐ Request of Caregiver
- ☐ Change of Placement
- ☐ Reassessment (6 months from date of previous tool)
- ☐ Request of Agency/Department
- ☐ Permanency Plan Change
- ☐ 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: _____ NAME: _____

CFS Worker 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

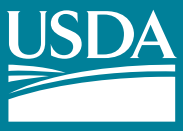
References:

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.

United States Department of Agriculture

Center for Nutrition Policy and Promotion

Miscellaneous Report No. 1528-2015

January 2017

Expenditures on Children by Families, 2015

Mark Lino
Kevin Kuczynski
Nestor Rodriguez
TusaRebecca Schap

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.

Appendix

NEBRASKA FOSTER CARE REIMBURSEMENT RATE COMMITTEE
Level of Care Assessment Subcommittee
Final Report
November 2012

Members:

Lana Temple-Plotz (Chair), Carrie Hauschild, Susan Henrie, Rosey Higgs, Joan Kinsey, Karen Knapp, Carol Krueger, David Newell, Barb Nissen

Meeting Dates:

Thursday, June 28, 2012. 9:00 – 10:30 am
Wednesday, July 11, 1-2 pm
Monday, July 30, 10 am – 12 pm
Friday, August 17, 1-3 pm
Wednesday, September 5, 10 am -12 pm
Monday, September 17, 10 am – 12 pm
Thursday, October 11, 12:30 - 2 pm
Monday, October 22, 10 am-12 pm

Recommendations:

The Level of Care Subcommittee took a systematic approach to the development of a tool including:

1. Obtaining feedback from DHHS staff, child placing agency staff and foster parents on the tools currently or recently in use
2. Researching tools utilized by other states
3. Soliciting knowledge and logistical know-how from experts in the field

LOC Subcommittee members spoke with DHHS and child placing agency staff from four of the five service areas. Additionally, seventy-nine foster parents from every region of the state were interviewed. Feedback on the tools varied. Based on these interviews and the expertise of the subcommittee, we deemed the FC Pay checklist to be subjective and not user-friendly, especially as it relates to facilitating an open discussion with foster parents. The tool also lacks enough specifics related to the assessment of infants, specifically those with developmental delays or chronic medical conditions. Subcommittee members also found the tool problematic in terms of its connection to adoption and guardianship subsidies. In reviewing the Child Need Assessment for Out of Home Care and the NFC Foster Care Rate Evaluation, subcommittee members were concerned with the focus on older youth, and the lack of clarity with some of the items and scoring. Overall, members discussed at great length the tendency of all of these tools to focus only on negative behaviors and for those completing the tool to look at the entire history of the youth thus potentially assuming more pathology than is currently present. Specific feedback on all of the tools can be found in the Appendix.

Subcommittee members researched and evaluated level of care tools from eight states including Arizona, Illinois, Indiana, Iowa, Michigan, Vermont, Washington and Wisconsin. In reviewing these tools we saw a shift in several states from child needs and behaviors to caregiver responsibilities. Tools that focused on the responsibilities of the caregivers versus the child's needs and trauma history more closely aligned with the subcommittee's conviction that the specific skills, abilities and expertise of the caregiver, and how they relate to the individualized needs of the child, should be at the center of the conversation when determining level of care.

Once the decision was made to focus on caregiver responsibility, subcommittee members solicited feedback and expertise from a variety of individuals within Nebraska and in other states. Talking with individuals who had experienced a restructuring of rates and changes to their level of care tools and lived to tell about it was most helpful. These experts were eager to share their knowledge and provided important insight. Their lessons learned are woven throughout our recommendations and can be found in their entirety in the Appendix.

Tools -

Youth Assessment:

In order to determine caregiver responsibilities, the subcommittee agreed that a mechanism for assessing youth strengths and needs is necessary. We recommend the Child and Adolescent Needs and Strengths or CANS Comprehensive – 5+ (see Appendix). The CANS is an "information integration process" and 28 states are currently utilizing variations of the tool in the areas of Child Welfare, Mental Health and Juvenile Justice. Dr. John Lyons, CANS developer, describes the tool as designed to create a shared vision and resolve conflicts in systems. The CANS is designed to focus on strengths as well as needs and centers on the previous 30 days versus the entire history of the child. There are no restrictions related to the frequency of completion and training costs are minimal.

Dr. Lyons and several others experts recommended not linking the CANS directly to rates. Several states have done this and experienced a multitude of problems because of it. In order to ensure the CANS is not tied directly to rates, the subcommittee recommends information from the CANS be used to determine the strengths and needs of the child. This information can then be used to determine what responsibilities the caregiver will take on. The caregiver responsibilities tool is described more comprehensively in the next section.

Many states who are currently using the CANS have also adopted Structured Decision Making (SDM) as their safety model. Tennessee, Indiana and Wisconsin have successfully integrated these two tools and found them to be compatible. Shannon Flasch, Associate Director at the Children's Research Center, has offered to assist us in integrating the CANS within existing SDM processes to minimize duplicate work. In addition to being compatible with Nebraska's existing safety model, Magellan requires completion of the CANS (Mental Health Version) by

Psychiatric Residential Treatment Facilities and Therapeutic Group Homes. Use of the CANS by community-based providers will help improve communication between systems and lead to greater continuity in service planning. Data and implementation feedback from Magellan and other states will also prove beneficial throughout the implementation and ongoing quality assurance process.

Caregiver Responsibilities:

Once child needs are assessed, this information can be used to determine the responsibilities of the caregiver. The subcommittee built on the expertise of other states when developing this tool, primarily focusing on tools from Washington and Vermont. In developing the tool, subcommittee members made some basics assumptions including:

1. The base rate for all foster parents will now be enough to adequately meet the needs of the child
2. All children in care experience some level of trauma and individuals should consider both normal childhood development, as well as, what is developmentally appropriate for a youth in foster care when completing the tool

Caregiver responsibilities outlined within the tool include: Medical/Physical Health and Well-Being (LOC1); Family Relationships/Cultural Identity (LOC2); Supervision/Structure/Behavioral & Emotional (LOC3); Education/Cognitive Development (LOC4); Socialization/Age-Appropriate Expectations (LOC5); Support/Nurturance/Well-Being (LOC6); Placement Stability (LOC7); and Transition to Permanency and/or Independent Living (LOC8). Members utilized definitions and descriptors from existing caregiver tools and modified them to address the needs and concerns specific to our state.

In developing their tool, Vermont put particular emphasis on the level of responsibility of the caregiver in the area of Supervision/Structure/Behavioral and Emotional (LOC3), including the rating from this level in every reimbursement category. In analyzing their population and current tool prior to the implementation of caregiver responsibilities, they determined this area had the greatest impact on overall responsibilities and difficulty of care. Vermont also determined this area to be most directly linked to Level of Care decisions defined through their SDM tools. For discussion purposes, we have included Vermont's rate distribution in our tool. Further analysis of Nebraska's population utilizing this new tool should be conducted prior to defining reimbursement categories. (See the Appendix for the full version of the tool).

For further discussion, Vermont rates include:

LOC 3 is 2 and total score less than 16	$30/day
LOC 3 is 2 and total score is 16 or greater	$36.66/day
LOC 3 is 3 and total score is less than 19	$36.66/day
LOC 3 is 3 and total score is 19 -21	$43.32/day
LOC 3 is 3 and total score is 22 or greater	$50/day

Particular attention was paid to transportation and its impact on placement and foster parent responsibilities. In the end, the subcommittee recommends utilizing the existing transportation policy to address this issue. We included the policy within the body of the tool to ensure both foster parents and staff are well informed.

Many of the states we talked with brought up the issue of bias on the part of the caseworker or agency staff when working directly with a foster parent to complete a level of care assessment. Washington State incorporated a foster care rate assessor within their process and the addition of this objective staff person improved both the timeliness and the accuracy of the tool. Given this, we recommend the addition of a similar position.

It's important to stress that the focus of the tool is not on the child's overall needs, but on the specific responsibilities the caregiver will take on related to those needs. For example, if a youth has medical needs requiring 24/7 around the clock nursing care and is currently in a placement where medical specialists come into the home to provide this service, the foster parent would not be responsible to provide this level of care and thus, it would not be outlined on the caregiver responsibility tool. If however, the foster parent was a trained medical professional and cared for the child full-time without the need for outside medical professionals, these responsibilities would be outlined on the tool and the foster parent would be expected to fulfill them.

Subcommittee members recognize that transitioning from child needs to caregiver responsibilities requires a significant shift in focus. As such, we recommend a thorough and comprehensive training plan and an ongoing quality assurance process. These systems are described in greater detail in future sections.

Process -

The Structured Decision Making (SDM) Family Strengths and Needs tool will be completed on the family at intake. Information from the strengths portion of this tool will then be utilized in the completion of the Child and Adolescent Needs and Strengths (CANS). The CANS will be completed within the first 30 days in out-of-home care. Once the needs of the youth are determined, the Nebraska Caregiver Responsibilities tool will be completed within 30 days of placement to determine what needs the foster parent will be responsible for. Foster parents will initially receive the base rate unless there is adequate information on the youth to complete the CANS and Nebraska Caregiver Responsibilities tool (i.e., service plans/discharge plans from foster home, group home, PRTF, etc.).

Training, Implementation and Quality Assurance -

The LOC subcommittee spent a significant amount of time discussing training, implementation and quality assurance processes and their importance to the overall success of this initiative

within our state. After conducting interviews with a number of experts in other states who have developed and implemented rate structuring and level of care tools we recommend:

1. Development of a comprehensive communication and training plan
2. Piloting the tools and processes prior to statewide implementation, and
3. Development of a thorough quality assurance process

The subcommittee recommends the Communication and Training Plan include thorough communication to all stakeholders with an initial focus on the pilot population. Lessons learned in the pilot can then be included in the communication plan prior to statewide implementation. The inclusion of a message to foster parents that there will be a hold harmless period and initially, rates will not go down, will minimize any overreaction and help to alleviate any widespread concern.

The subcommittee recommends the development and piloting of a thorough training process prior to full implementation. It will be important to illustrate the link between Structured Decision Making, Youth Needs (CANS) and Caregiver Responsibilities. Additionally, information on how the caregiver responsibilities tool links to adoption subsidies, and the importance of foster parents being present during completion of the tool, should be covered. An overview of existing foster parent policies including the grievance process, transportation guidelines, and liability insurance should also be outlined. Further, all parties should understand that level of care payments are time limited and the expectation is that payments will decrease as youth get better thus requiring less caregiver responsibilities, except in cases where youth have chronic conditions. All stakeholders including foster parents, case managers, supervisors, and child placing agency staff should be invited to attend. Integrating all these parties into each training class will enhance communication between groups and promote trust and mutual understanding. Given the importance of the child needs tool and his experience with implementing the tool in other states, training of the Child and Adolescent Strengths and Needs should be conducted by John Lyons.

The subcommittee recommends the development of a well thought out pilot process to ensure we “practice” using the new tools and work out any issues prior to statewide implementation. The subcommittee recommends choosing two regions, one urban and one rural and piloting the Nebraska Caregiver Responsibilities tool and the Child and Adolescent Needs and Strengths for at least 90 days. This pilot should include relative caregivers. Throughout the pilot a mechanism for providing feedback on the tools and their implementation should be provided to foster parents, DHHS staff and providers. Particular attention should be paid to the overall implementation of the tools and any caregiver responsibilities that may fall outside those outlined in the Nebraska Caregiver Responsibilities tool. Those youth whose care needs are not outlined within the existing tool can be further reviewed and the creation of an exceptions list and an override mechanism can then be developed. Feedback from the pilot can then be used to develop a statewide implementation plan. If the pilot cannot be conducted within the current legislative session, the subcommittee recommends piloting the proposed system before it’s funded and comparing the data to the current tools.

A comprehensive quality assurance process should be developed to include overriding principles, purpose, objectives and membership. We recommend Regional Review/Implementation Panels (RRP) made up of foster parents, a local NFAPA representative, DHHS representatives (direct care and administrative), child placing agency representatives (direct care and administrative), and representatives from Developmental Disabilities and Behavioral Health. The panel's purpose is to review grievances to identify patterns and/or systems issues related to the tool and its implementation, make decisions and determine next steps. We recommend RRP's report up to the Reimbursement Rate Committee who in turn make recommendations to the Children's Commission and others to improve both level of care processes and individual tools. Additional quality assurance issues to consider include assessing inter-rater reliability. This can be done by utilizing existing DHHS staff.

Impact on Permanency -

Subcommittee members recognize that any changes to the level of care tool have a direct impact on adoptions and guardianships. Of particular importance is the potential for delays in adoptions should the base rate increase as recommended by the larger committee. This may cause delays as staff or foster parents request an updated assessment using the new tools. Additionally, families who have already finalized may learn about the new rates and request the opportunity to renegotiate their subsidy. To address these issues the subcommittee recommends the following:

1. All adoptions eligible for a subsidy receive the base rate or higher, depending on the needs of the child and the responsibilities of the caregiver
2. Adoption rates increase as the child ages in line with the minimum rates established by the Rate Committee
3. Upon implementation of the new rates, an automated process be initiated to bring all existing adoption subsidies falling below the minimum standards up to the base rate

Summary:

The Level of Care Subcommittee has enjoyed this opportunity to research and develop a new level of care tool for the state of Nebraska. There is a great deal of experience and expertise available from practitioners in other states and this committee has spent a considerable amount of time researching, discussing and visualizing the potential implementation of a number of tools before finalizing our recommendations.

Critical to the success of this initiative are the communication, training and quality assurance processes. Successful implementation requires a well thought out communication plan that emphasizes the value our state puts on our foster parents; a comprehensive training plan that allows foster parents, DHHS and agency staff to come together and learn from one another; and an ongoing quality assurance process that integrates lessons learned. Without these important components the tool, and in turn the care we provide to the children and youth it's meant to help, will be useless.

Attachments

Tools Reviewed

Level of Care -

1. Arizona – Assessment for Placement and/or Special Rate Evaluation
2. Illinois – Levels of Care Assessment Form
3. Indiana – Caregiver Strengths and Needs Assessment
4. Iowa – Foster Child Behavioral Assessment Form
5. Michigan – Assessment for Determination of Care for Medically Fragile Children in Foster Care
6. Nebraska –
   a. Child Need Assessment for Out of Home Care – developed and used by previous lead agencies
   b. FC Pay Checklist – used by HHS
   c. NFC Foster Care Rate Evaluation – developed and used by NFC
7. Vermont – Vermont Social and Rehabilitation Caregiver Responsibilities
8. Washington – Division of Children and Family Services Foster Care Rate Assessment
9. Wisconsin – Foster Care Levels of Service Assessment

Other -

1. Child and Adolescent Needs and Strengths (CANS)
2. Structured Decision Making (SDM) Strengths and Needs Assessment

Current Assessment Tools Feedback

Northern and Western Service Areas:

Child Need Assessment for Out of Home Care -
Strengths:
- Organized in a sensible way
- Scoring is easy to understand and use
- Focuses on degree of the child's needs and not just on whether the behavior exists
- Requires narrative for justification/explanation of why each item is chosen
- Very inclusive list of varying behaviors and needs that could be encountered
- Give an accurate picture of the child's behavioral needs as well as the intervention/supervision necessary for the foster home to provide

Weaknesses:
- Combines frequency and severity of behaviors so some combinations may not be covered and could be unclear.
    - Example with #1 – if the child has sexual behavior but her displays the behavior weekly or less and there is no risk of harm to others or self would this be mild, moderate or severe?
    - #2 – there is not a clear distinction between moderate and severe needs
    - #5 – there are children who attend therapy once per month and no foster parent involvement is required. It is not clear whether moderate or mild would be chosen.
- No rating for a child with no needs.
- There is no place to total the score on the form and there is no place that tells you how the score applies to the outcome of the assessment

FC Pay Checklist -
Strengths:
- Easier to use because of familiarity
- Easy to understand
- Structured in a simple way
- Detailed questions and explanation of needs

Weaknesses:
- Does not allow for different degrees of behavioral issues as definitions are very specific
- Too black and white and does not help to provide for kids who has behaviors with no diagnosis.
- Lacks full evaluation of educational needs

NFC Foster Care Rate Evaluation -
Strengths:
- Ability to rate different issues as minimal, moderate or intensive
- If there is one intensive category then the overall score is intensive no matter what
- There are good examples of how each frequency level is applied to each behavior/category
- At the end of both categories there are spots to indicate whether the child has any diagnosis or medical conditions.

- Requires the child to be reviewed every 60 days.
- Short and tells you how to score the assessment.

Weaknesses:
- The last few categories in each section do not have examples for all 3 frequencies (minimal, moderate and intensive). This is confusing.
- When is the age appropriate box marked?
- There are several minor behavioral/emotional characteristics that are not covered clearly… for example, hyperactivity, suicidal thoughts (not attempts), sleeplessness, depression, anxiety.
- There is a category related to therapy but it is in regard to physical needs not mental health needs.
- Confusing.
- Why is age appropriate a choice for running away, using drugs and alcohol etc.
- Physical and personal care needs needed more explanation as well as explanation of payment and rates.

Additional Comments -
- None of the tools provide for transportation needs of older youth to work/after school activities
- Could there be more than one assessment tool (i.e. one specific to OJS wards)

Eastern Service Area:

Child Need Assessment for Out of Home Care -
- The NE Rate Assessment: this is nice because it gives specific behavioral examples to help delineate mild from moderate...etc.
- I am obviously a little biased towards our NFC assessment, but I actually also really like the one titled "Nebraska Foster Care Assessment Tool" due to the fact that it has a "justification" section for the FPS to provide rationale. I think this helps to provide a more individualized assessment for each youth and would also make it easier to compare future progress. I am not sure of what the actual process will look like, but I think the way we do it with the FPS, FCS, and foster parent all meeting is beneficial, because it provides the foster parent and FCS with some information about the kiddo early on and also gives the team a starting point to build goals and a plan.

FC Pay Checklist -
- Not currently being used

NFC Foster Care Rate Evaluation -
- Runaway: The criteria primarily meets needs of older youth. I have several younger youth who "flee" situations, placing them in danger. This is not necessarily a "runaway" but is definitely alarming and can be quite dangerous.
- School and Classroom: The criteria primarily meets needs of older youth. I have several younger youth who participate in Early Intervention services and/or need extra foster parent time to help them "catch up" to their developmental level.
- Peer Relationships: The criteria primarily meets needs of older youth. Younger children struggle with peer relationships as well, but it looks differently than the examples list.

- Overall, the tool seems to target older youth. Younger youth (0-12) often have high needs but because their specific issues are not listed on the NFC tool, they are ignored. It would be helpful to have a section to address "miscellaneous needs". Some children require extensive transportation in order to keep them involved in extracurricular activities at school. Some children require extensive transportation to unsupervised visits. Some children exhibit constant non-compliance, which does not fall into aggression or illegal, but can be quite exhausting for foster parents (for example, lying or manipulating).
- it's great that it breaks down minimal, from moderate, to intensive with clear definitions, but then within each definition phrases such as "frequently" and "occasionally" are used, in some instances, such as under runaway it's further objectified with numbers "8 or more times per year..5 or more days at a time..." I think the more concrete it can be the better, although it might create a more tedious tool and require more digging into history on the part of the FPS...which will be challenging.
- in terms of practice, it seems inconsistent to have "age appropriate" with behaviors such as "illegal" and "self-abusive." Can there be a clarifier at that check box, maybe it could read "age appropriate/non-existent" or something along those lines...

Additional Comments -
- Something more specific for older youth would be nice--like a rating for independent living, or youth who have graduated.
- I have experience with all three of the Nebraska tools and I know that the FC pay checklist is very concrete (yes or no) and the KVC/Visinet tool didn't account for when a youth had high needs in one section and minor needs in other sections. If there would be a way to do an average of the sections on that tool, it may be more effective. I think the NFC tool is good since it does take the highest rate category for the overall category. I am not as familiar with the CANS but will play around with it tomorrow. I do know that the tool should be straight forward and easy to score so that the workers understand how to use it.
- My three supervisors all concurred they like the evaluation assessment tool that NFC uses the best. They also believe there should be flexibility with any assessment tool in a situation where a unique need is not captured on a particular assessment. This would allow the CFS Specialist for Family Permanency Specialist the opportunity to trump an overall score and assign what he/'she believes to be the appropriate level. Supporting data (rationale for level) and sign off by a supervisor would be required.

South Central Behavioral Health Services:

Child Need Assessment for Out of Home Care -
- …seemed to be more on target. It was confusing by the sections being so cut into pieces, but I think it hit all of the major areas to look for. Positives were that it gave good detail in each section and broke down some options as "example 1 OR example 2" to check that section. Deltas-Maybe didn't have enough options for the educational section where it could give an option regarding "contact with school personnel". Just needs to be more specific as to what section can be checked when deciding intensity (mild vs. moderate).
- ….out of the three forms that I liked the best was the form that states at the top of the sheet, "Child Need Assessment for Out of Home Care."
- I did mine on an 8 year old little girl that the foster parents feel should be a level 3, but she comes out as a level 2 on the current assessment. I can tell you that I did not like the Nebraska Out-Of-Home Care assessment. At first I thought I did as the descriptions were

very detailed, but I think a lot of our kids would come out on Tier 1 and Tier 2 and it was a very long process.

FC Pay Checklist -

- "The FC Pay that we are currently using is looking better to me. The other two, although more descriptive were cumbersome."
- I completed all three of the payment determination for two youth, one is a 14 year old female and the other is a 6 year old male child that's in my own house for foster care. Here's what I saw happening for these two youth:
- The current FC pay for CSA shows a more accurate picture overall of the youth. (bio/social/medical/psych) However, it weights much more heavier on the medical, and not as fairly on the behaviorally challenged youth. (ODD, Conduct Disorder, Attention Seeking) It also does not pay much attention to youth that will require ongoing substance abuse counseling and treatment in the community and the accessibility for rural homes.

NFC Foster Care Rate Evaluation -

- It seems to be lacking several areas which I listed below. Its positives were that it had the minimal/moderate/intensive selections. It did not seem to cover the areas our kids need. The kid I was assessing is currently a tier 3 on FC Pay (recently re-did the FC Pay) and came out with only minimal overall needs on this form.
- Deltas: Missing the following areas to check: extra supervision, inappropriate public behavior/social skills problems, extra daily or independent living skills, impulsive/over-excitedness, distractibility so much that it impairs daily living or school performance, sleeplessness, excessive argumentativeness/disobedience, weekly therapy/counseling appointments, psychotropic meds
- The one assessment makes a very large step from the foster parent assisting with cares daily as minimal, to constant 24 hour one to one. There doesn't seem to be any middle ground in the tool.
- While it does offer an additional payment for Parenting Time, it does not address sibling visitation for youth that are in separate homes, sibling group placement and the chaos that this brings immediately to the foster home (four placements at once versus one at a time) and it does not address permanency goals/work that a foster family can be involved in that is very time consuming and far reaching. "
- "I have completed the out of home assessment forms in order to identify a tier level for our youth. The assessment tool, I didn't like the Nebraska Families Collaborative one at all. I think that the form didn't capture enough behavioral issues and was too simple.
- The best one was the Nebraska Families Collaborative assessment. Probably needs more detail in terms of what the basic rate would be and how to some up with the supplemental amount and exceptional payment, but I liked the idea of this one the best. On this form the little girl that I did it on would have been at the Intensive level. She is a RAD sibling group that should be a tier 3. I liked the basic rate and then adding on the extras and liked how they did it, but feel that their needs to be a little more detail and instructions put into it and then I would like it better.

CANS -

- "I too thought this model was great. I really loved all of the detail that it went into and how when a kid rates higher in some areas, then you move on to another section to complete in greater detail. It was really great how it captured so many areas and so much detail in that. I was confused by some of the ratings but think that just would take some

more explanation. All of the areas captured in this model seem to be all that one would need to assess almost all the needs of kids and the parents who care for them.
- I agree with Brenda that it would be difficult to complete this assessment in the first 30 days. I also think that it would be difficult to get some caseworkers to take the time to complete this because it took a great deal of time compared to the FC Pay."

- "I really like this model! It is very intensive, and offers a great picture of the youth and what they have experienced and lived through. It would also give the foster parent a great stepping off point and the YFS when developing goals and objectives. My only fear is gathering that much information at time of admission, and also only looking at the previous 30 days for some of the areas. I believe that for most of our workers, it would be hard to get all that information in the initial 30 days of placement if this is a new case. I love the Trauma module, and think that this would also be great information in choosing an appropriate therapist, and then to share with the therapist. This is also the only model I have seen that really addresses several areas such as mental health, developmental delays, etc."

Additional Comments -
- I completed my forms on a child that would be a tier 1 according to the current FC pay that is being used by HHS. On paper it shows that he has no issues but he is a difficult child due to him having fetal alcohol effects. This child needs a routine, will need a lot of life skill assistance and doesn't understand cause and effects of his actions. Some of the things that this committee should look at capturing are, questions like the following: Do they have basic math skills, Do they have concepts of money management skills, Do they have budgeting skills, Can they figure a check book, Do they have hygiene issues, Can they keep a job longer than a month, Can they wash dishes and do basic cleaning tasks, Do they need their life style to be consistent and repetitious in order for them to be successful in that environment.
- We are required by law to work on independent living skills with our children 16 years and older. I feel that many of our kids struggle in this area and especially the ones that have Fetal Alcohol effects or have other disorders that they are seeing counselors for. I just think that some of these basic things that we assume our kids can do need to be added as questions, to the out of home assessment tool. I would say about half of my kids that age out of the system can't do some of the things that I listed above due to trauma and other things have occurred in their lives. Our foster parents work on these day to day tasks with our children every day and need to be compensated for it."

Foster Parent Survey:

79 Foster Parents completed the survey.
- Central Service Area – 18
- Northern Service Area – 20
- Western Service Area – 9
- Eastern Service Area – 20
- Southeast Service Area – 12

What tool is currently being used to assess your foster child's needs?

Tool	NSA	WSA	CSA	ESA	SESA

FC Pay checklist	20	8	18	4	4
NFC Foster Rate Evaluation				12	
Child Need Assessment for Out Of Home Care					
Doesn't know		1		4	8

In your experience, have you been exposed to other assessment tools, if so what are the strengths/weaknesses of the tool?

Respondents did not identify any other tool but the FC Pay Checklist or NFC Foster Rate Evaluation.

What are the strengths of the tool?

Number responded	Response
FC Pay Checklist	
26	There are no strengths
17	It provides a good assessment of needs and/or behaviors
6	It is a good resource for knowing what behaviors to expect when a child comes into your care
3	No one has ever done a checklist with them. " Has never seen the list, other than at training, the agency just pays her"
1	The fact that it can be used to reevaluate the child is a strength
1	It really covers medically fragile children
NFC Foster Rate Evaluation	
8	There are no strengths
8	It covers everything and provides a really good evaluation of the child's needs/behaviors

What are the weaknesses or areas not addressed in this tool?

Number responded	Response
FC Pay Checklist	
14	• The Cost to raise a child shouldn't be determined only by behaviors. It costs just as much to raise a child that is well behaved as it does for one that has a lot of behavioral problems. How can they determine that one child needs to have more money than another child? What about the well behaved child that is involved in sports etc and requires more expensive clothing or equipment? It isn't fair that it is only the behaviors that determine what a foster parent gets for a child. • How can a child's behaviors determine what it cost to raise them. A child with no behaviors still has the same basic needs. How can one worker say a child needs a clothing voucher and another worker deny a voucher for another child within the same foster home? Most children come into care with very little belongings. It

	gets pretty expensive trying to bring them up to standard, and that is even before we receive any type of pay from the state.
12	Needs to rate sometimes, never. always on specific behaviors – should be able to rate each area , behavior, mental health, social skills should be rated moderate to severe – frequency of behavior ---needs to be more specific, the AdoptUsKids website rates kids by moderate to severe
8	Needs an area to document actual problems
6	Don't know what tool is – have never completed one
5	Daycare provider gets paid more than I do
5	Damage coverage, we have had drywall, carpet, windshields damaged with no reimbursement
4	There are no weaknesses
3	Behaviors constantly change
3	Inadequate for infant care – meth or addicted babies, medical fragile
2	Need one tool across the state
2	Transportation needs to be included
2	Worker does not respect opinion of foster parent – they don't live with child 24/7 and deal with behaviors
1	I think the only weakness is not so much the money as the follow up that is done after a child is placed. It is so hard to get return phone calls from caseworkers when you need an answer to something.
1	Doesn't cover teenagers specific needs
1	We don't do it for the money!
NFC Foster Rate Evaluation	
6	Not realistic to cost of living
4	No weaknesses
4	Needs to be Evaluated more often because behaviors are constantly changing
1	A tough tool to fill out if not educated
1	Some questions are to vague – like the one on lying
1	Inadequate for infants
1	Has 2 small kids & feels she is receiving to much money. They are getting a lot of money when all they need is asthma medication

Experts Interviewed

Nebraska -

- Bill Reay, President and CEO, Omni Behavioral Health
- Carl Chrisman, Supervisor, Magellan
- Lori Hack, Manager of Consumer Recovery, Magellan
- HHS and agency representatives from every region of Nebraska
- Seventy-nine foster parents from every region of Nebraska

Other States -

- Laura Boyd, FFTA Public Policy and Government Relations Consultant, Oklahoma
- Brad Bryant, People Places Inc., Virginia
- Shannon Flasch, Associate Director, Children's Research Center
- Amelia Franck-Meyer, Anu Family Services, Wisconsin
- Linda Hall, Executive Director, Wisconsin Sate Association of Providers
- Brenda Hallock, Child Welfare Resource Monitor, Vermont Department of Children and Families
- Carrie Kendig, Washington Department of Children and Families
- Dana Lawrence, Program Development Unit Chief, Vermont Department of Children and Families
- John Lyons, CANS Developer
- Heather McLain, Revenue Enhancement Manager, Vermont Department of Children and Families

Feedback from Experts

Brad Bryant, People Places, Inc., Virginia:

- ✓ Spoke with Brad Bryant from People Places Inc. in Virginia on 07/09/12 at 9:00.
- ✓ Brad states VA is county led with 120 counties; $ for subsides comes from the county
- ✓ Access to IV E dollars is what has driven the rate structure
    - VA initially passed up a lot of opportunities for federal $'s
    - First committee work was related to adoption subsidies which quickly led to inclusion of FC rates as well
- ✓ VA developed an instrument – Virginia Enhanced Maintenance Assessment Tool (V MAT) – based on Wisconsin tool.
    - Tool has three dimensions – behavioral, emotional, physical
    - Tool assesses degree of need of the child – three levels (minimum, moderate, severe)
    - Somewhat subjective – completed differently at each locality and depends on rater and circumstances
        - How bad do you need the placement?
        - How much money does your county have?
        - What is your county administrator's stance? What do they say about the tool and how to use it?
    - Not completed by HHS worker in charge of case; completed by HHS co-worker or another agency rep.
        - Assigned Worker and FP must be present
        - Tool cannot be completed by person with "greatest stakes in the outcome"
    - Tool is not standardized, reliable or scientifically valid
    - State trained staff in how to complete the tool
    - VA set upper and lower amounts/limits w/ each point worth a dollar amount; range of $320 plus basic maintenance to $2,880 (36 total points at $80/point)
    - Grievance and appeal process is in place – Brad sees this as very important
- ✓ VA is spending more money than prior to the statewide tool and the work of the rate committee
    - Amount spent on adoption subsidies has also gone up
    - State has looked at the amounts currently being paid out and putting a cap on this; possibility rates could be cut by 50-70%
    - Providers expressed concern at the onset of the change that rates may be too high - have come forward and stated they could take up to 30% cut in rates
- ✓ Tool is currently in the process of being revised
- ✓ Brad made point that "weak parents" who have children with "high indicators" end up receiving a greater rate than good parents who are able to manage a difficult child and help him get better – good parents get less and less money the better they do

<u>Take Away</u> -

- ✓ Important to consider the effect of rate structuring on recruitment and adoption?
- ✓ Tool needs input from people doing the work and the families it impacts
- ✓ Must consider total impact of rate increases not just now but into the future (Brad gave example of an adoption subsidy of $2,000/month for a 9 year old from now until he is 18…big cost to the state)
- ✓ Must consider cost of living when determining rates – VA did not do this initially and some of their rates are higher than New York City where the cost of living is much higher
- ✓ When developing tool build in:
    - Training
    - Who will complete the assessment
    - Ongoing re-evaluation of the tool
    - Grievance and appeal process

Amelia Franck Meyer, CEO, Anu Family Services, Wisconsin:

- ✓ Spoke with Amelia from Anu Family Services on 09/13/12.
- ✓ Amelia and her team were very involved in rate structure and level of care tools in Wisconsin
- ✓ Follow up call with others in Wisconsin on Tuesday, 09/18/12 to discuss lessons learned and how they integrate the CANS and SDM
- ✓ Wisconsin uses the CANS. They chose a tool, randomly assigned points to rates and began implementation. Amelia recommends the trauma informed version of the tool.
- ✓ County workers complete the tool in isolation of other members of the team.
- ✓ Overall, foster care rates went down by 10% across the state.
- ✓ They lost a lot of foster parents. They felt disregarded, disrespected and like they had to haggle for money, they also felt like there was too much of an emphasis on kids faults, they hated the negotiation part of it and felt foster parenting had turned into a monetary value versus emphasis on the social value.
- ✓ Rate negotiations take 5-10 hours for each youth placed (tx level)

Take Away -

- ✓ Do not tie tool to rates right away, pilot it for a year to see where your youth will fall.
- ✓ Leave rates as they are or increase to cost of living and complete the CANS on the kids coming into care and see where they fall. Once you have data you can determine where to set the rates for levels of care.
- ✓ Use the trauma informed version of the CANS
- ✓ Include foster parents – complete as a team or each complete and average the scores

Linda Hall, Executive Director, Wisconsin State Association of Providers:

- ✓ Wisconsin is county run. Prior to rate setting, Wisconsin agencies set their own rates
- ✓ 5 levels of care:
    - County Run - Kinship (1) and General (2)

  - Agency Run – Treatment Foster Care (3&4), Shift Staffed Foster Care (5) – 1 or 2 youth in a home run by shift staff. Too intense for TFC; qualify for Medicaid waiver program and also use Block grant and local funds
- ✓ WI rushed through CANS implementation. It takes several years for people to get used to using the instrument. There was no practice time in WI
- ✓ CANS is a communication system, not a psychological evaluation or standardized instrument. If it is used correctly, it can lead to integrated service delivery but it was not designed and should not be used for setting rates.
  - WI cross walked CANS from level of need to setting rates.
  - Established a base payment of 400-450/month and $5.50 per point on the CANS. This is not working
  - CANS doesn't capture some of the issues kids have and the time intensive issues foster parents must deal with
  - In their system it is possible to add on supplemental monies but the state is being more prescriptive about what counties can approve as supplemental pay
  - Impacts adoption subsidy payments
  - CANS is very subjective. Linda's association trained 150 agency staff in WI. People have a hard time "living within the restraints of the instrument"
  - During training nearly all tests have to go back to Lyons to score and this can take as long as a month for people to get certified
- ✓ Providers and foster parents are not at the table when the CANS is completed. WI providers continue to advocate that FP's be at the table
- ✓ WI providers proposed a separate group, not counties, be responsible for the CANS – independent body with singular focus.
- ✓ WI looked at other tools to determine level of care and did not find any other tools
- ✓ Now providers know what's wrong with the system and have ideas on how to fix it but it's so complex and hard to explain and legislators and HHS are on to the next issue
- ✓ WI has developed a Rate Regulation Advisory Committee – legislated to study rates, made up of providers and HHS, developed principles and rules related to level of care and foster parent payment. Linda to send principles to Lana
- ✓ University of Indiana – operates a users group for CANS – outside reviewers, answers questions, establishes inter-rater reliability
- ✓ CANS used for wrap programs as well and they link the two tools together
- ✓ Linda recommends we look at Florida – they have done a lot of things right

<u>Take Away</u> -

- ✓ Conduct assessment first before you tie it to rates. Assess all kids, what services do we have/need as a state
- ✓ Implement in stages
- ✓ Don't tie CANS to money
- ✓ Foster parents must be at the table
- ✓ Quality assurance process necessary so we can go back and make changes
- ✓ If we use CANS an independent "users group" is necessary
- ✓ Simplify the process

Shannon Flasch, Associate Director, Children's Research Center, SDM:

- ✓ Shannon is Associate Director at the CRC. Most of her time is devoted to SDM development and implementation projects
- ✓ Shannon has played an extensive role in development and implementation process in Nebraska. She has been with the project from the very beginning, 12+ months, beginning in the summer of 2011 coordinating the workgroups. She has been in charge of all manual development, training of trainers, worked with DHHS trainers and is currently working with QA on the case review process.
- ✓ Shannon reports the Family Strengths and Needs Assessment looks at the child and their needs but does not translate the needs of the child into the level of care required
- ✓ Shannon is familiar with the CANS and reports in it much more detailed than the SDM. Difficult, hard to manage, high risk behaviors re not looked at in as fine a detail on the SDM as they are on the CANS and not to the degree necessary to determine level of care and foster care rates.
- ✓ Further, SDM is focused on the parents and the child, not the foster parents.
- ✓ Shannon reports there are ways to minimize overlap with whatever tool we choose. She offered to assist us in completing a detailed crosswalk with the identified tool and the SDM Family Strengths and Needs to look at how each tool will translate, making the process easier for workers and minimizing duplicate work. This would include looking at timelines and workflows for each tool. She also mentioned the possibility of incorporating a prompt system within NFOCUS to point out areas or overlap between tools and prompt the worker to go to a specific section of the next tool.

Take Away -

- ✓ SDM is not designed to determine level of care.
- ✓ Shannon and the CRC can help Nebraska integrate whatever tool we choose into existing SDM processes to minimize duplicate work.

Carrie Kendig, Washington Department of Children and Families:

- ✓ They changed to the caregiver responsibility assessment about 10 years ago
- ✓ There was difficulty in changing the mind set from child's behaviors to caregiver responsibility (the time spent by the caregiver in caring for the child). An example was an autistic foster child, if placed with a stay at home foster parent, they would receive a higher reimbursement while the same child in another setting where they attended a day program, the foster parent would receive a lesser reimbursement as they did not provide the same level/time of care.
- ✓ They had 9,000 to 10,000 children in care. When the social worker was completing the assessment, their 'likes and dislikes' regarding the caregiver/child/whatever, still impacted how the document was completed. This was resolved by hiring a Foster Care Rate Assessor full time. This person was more objective when completing the form and had the time to move quickly on completing the assessments. All children enter care at the lowest level until the assessment has been completed. Washington has 4 levels and 60% of the

children were at the lowest level, 20% level 2, 15% at level 3 and 5% were at the highest level.

- ✓ They created a Medically Fragile template as their assessment was not capturing the level on caregiver tasks and skills needed for the infants and special need younger children, i.e. tube feeding, cleaning of medical equipment,

Dana Lawrence, Program Development Unit Chief, Vermont Department of Children and Families:

- ✓ Dana was involved in the development and implementation of Vermont's Caregiver Responsibility Tool
- ✓ Before implementing this tool, VT's FC rates were based on the age of the child and the experience of the foster parent. Their caregiver tool makes these two assumptions.
- ✓ Prior to this tool they had a Specialized Rate and Service Agreement completed by the foster parents and the caseworker. They had difficulty with this tool in relation to who was completing it and some bias related to that.
- ✓ VT has cut FC population in ½ in the last 8-10 years. A substantial shift from long-term foster care to a substantial proportion of adoptions now occurring with foster parents.
- ✓ Recommended starting with a sampling of the population (i.e., pilot)
- ✓ The emphasis of this tool is on the interaction of the foster parent and the child. The tool assumes a normative range of behaviors for kids in foster care and focuses on 1) what's basic for a youth in foster care at this age, 2) what special needs does this child have, and 3) what specifically will the foster parent be doing
- ✓ Need to pay attention not just to what the foster parent will be doing but if they can do it based on other youth in the home
- ✓ Mentioned the relationship between this and permanency – there is an incongruity between high-end challenging kids and permanency and can be a disincentive to adopt
- ✓ VT does an analysis of base rates, monitoring them annually and going back to the legislature if necessary
- ✓ More than money foster parents state they need support, help right away when they ask for it, need to see their worker more often and need more training
- ✓ VT created IV- E funded foster care supports – private agencies targeted to support the foster parents. This increased reunifications and adoptions. VT utilized a category of Medicaid that allowed them to fund this structure, so when the child moved (home, adoption, another level) the support went with the kid
- ✓ VT went through many versions of their caregiver tool and involved many focus groups and review committees

<u>Take Away</u> -

- ✓ Start with a sample
- ✓ Emphasize 1)what's basic for a youth in foster care at this age, 2) what special needs does this child have, and 3) what specifically will the foster parent be doing
- ✓ Annual analysis of rates
- ✓ May need to involve more people in looking at the tool

John Lyons, Child and Adolescent Needs and Strengths (CANS):

- ✓ Group asked Dr. Lyons to describe the CANS and explain how other states have utilized the tool. Dr. Lyons shared the following:
    - Overall Description of Tool - The CANS is an "information integration process" and 28 states are currently utilizing variations of the tool in the areas of Child Welfare, Mental Health and Juvenile Justice; Dr. Lyons described the tool as designed to create a shared vision process and resolve conflicts in systems; he further described the tool as "total clinical outcomes management" with three focus areas: decision support, outcome monitoring, and quality improvement; Instead of a score or cutoff, the CANS uses patterns or 2's and 3's across domains.
    - Use of Tool for Rate Setting - Dr. Lyons stated you must imbed any assessment within a larger system of decision making and not just use it for rate setting; he cited Tennessee and Indiana as examples of states that had imbedded the tool within larger decision making models.
    - Training – training is fairly simple as is the certification process. Dr. Lyons' describes it as applying what you already know to a common language; he stated the tool has inter-rater reliability and cited an article being published in "Youth Today" and described how auditors in Allegany County are using a tool to assess if the CANS is used in service delivery; he again referenced the need to incorporate the CANS within a larger system of care and process; If NE were to choose this tool Dr. Lyons recommended a "launch" and choosing a cohort of people who can train the tool across the state.
    - Level of Care – when asked further about the CANS use in assessing level of care, Dr. Lyons described the need for both caregiver responsibility and level of need of the child. He indicated the CANS has a caregiver section.
    - Timelines – when asked about timelines for using the tool, Dr. Lyons reported that some states like Tennessee use it in the first 7 days (starts in CPS and then flows to Child Welfare) and others wait as many as 30 days before completing the tool. Dr. Lyons stressed the importance of building the expectation that the focus should be on learning as much about the child as soon as possible versus making a quick decision to complete a step in the process.
    - Other States Implementation of the CANS – Wisconsin and NY State use separate the CANS for 0-5, transition age youth and medically fragile. Tennessee, Indiana and Wisconsin use both Structured Decision Making (SDM) and the CANS; Dr Lyons states the two tools are completely compatible and these states pull the 7 questions about strengths out of the SDM and input the CANS questions in their place.
    - Foster Parent Involvement – foster parents can be involved in completing the tool and should be trained as well.

Bill Reay, President and CEO, Omni Behavioral Health:

- ✓ Group asked Dr. Reay his opinions on the use of the CANS as an assessment tool and he shared the following:

- Instrument never received any independent research and, in his opinion, lacks inter-rater reliability. Additionally, it is not normed and has no psychometric properties.
- Dr. Reay recommends the committee consider looking more closely at the Nursing Home industry which approaches level of care from the caregiver responsibility perspective, focusing on the level of caregiver responsibility needed to care for the individual. In addition to matching caregiver responsibilities to youth needs, we should also consider the degree of perceived strain on the caregiver as this is the highest predictor of a youth leaving a setting.
- Dr. Reay believes level of care thinking misses the point because it assumes treatment is based on the setting and this is not true.

✓ The group discussed the need to get a better idea of the current population of children in foster care in Nebraska and Dr. Reay recommended we table this discussion for the time being and consider recommending to the larger committee that a scientific or clinical advisory committee be conveyed to look at this more closely and advise the larger group.

Carl Chrisman and Lori Hack, Magellan Representatives:

✓ Carl Chrisman, Supervisor and Lori Hack, Manager of Consumer Recovery reviewed Magellan's use of the CANS.
✓ Magellan requires Psychiatric Residential Treatment Facilities and Therapeutic Group Homes to complete the CANS at intake, every 90 days and at discharge
✓ Magellan has been collecting data since the Fall of 2010
✓ Dr. Lyons led a two day training on the tool in October 2010 and provides ongoing technical assistance
✓ Magellan offers training on the instrument on-line
✓ Community-based service providers are not required, but encouraged, to use the too

Child and Adolescent Needs and Strengths

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) — COMPREHENSIVE– 5+

Please ✓ appropriate use: ☐ Initial ☐ Reassessment ☐ Transition/Discharge Date: M M D D Y Y

m m d d y y ☐M ☐F

Child's Name | DOB | Gender | Race/Ethnicity

Current Living Situation:

Assessor (Print Name): Signature

Caregiver Name: Relation

LIFE DOMAIN FUNCTIONING

0 = no evidence of problems 1 = history, mild
2 = moderate 3 = severe

	NA	0	1	2	3
Family		○	○	○	○
Living Situation		○	○	○	○
Recreational		○	○	○	○
Job Functioning		○	○	○	○
Developmental[1]		○	○	○	○
Legal		○	○	○	○
Medical		○	○	○	○
Physical		○	○	○	○
Sexuality		○	○	○	○
Sleep		○	○	○	○
School Behavior		○	○	○	○
School Achievement		○	○	○	○
School Attendance		○	○	○	○

YOUTH STRENGTHS

0 = centerpiece 1 = useful
2 = identified 3 = not yet identified

	NA	0	1	2	3
Family		○	○	○	○
Interpersonal		○	○	○	○
Optimism		○	○	○	○
Educational		○	○	○	○
Vocational		○	○	○	○
Talents / Interests		○	○	○	○
Spiritual / Religious		○	○	○	○
Community Life		○	○	○	○
Relation Permanence		○	○	○	○
Resiliency		○	○	○	○
Resourcefulness		○	○	○	○

ACCULTURATION

0 = no evidence 1 = minimal needs
2 = moderate needs 3 = severe needs

		0	1	2	3
Language		○	○	○	○
Identity		○	○	○	○
Ritual		○	○	○	○
Cultural Stress		○	○	○	○

MODULES — See Back for Module Scoring

[1] go to *DD Module*
[2] go to *Trauma Module*
[3] go to *SUD Module*
[4] go to *Violence Module*
[5] go to *SAB Module*
[6] go to *Runaway Module*
[7] go to *JJ Module*
[8] go to *FS Module*

CAREGIVER STRENGTHS & NEEDS

○ Not applicable – no caregiver identified

0 = no evidence 1 = minimal needs
2 = moderate needs 3 = severe needs

	NA	0	1	2	3
Supervision		○	○	○	○
Involvement		○	○	○	○
Knowledge		○	○	○	○
Organization		○	○	○	○
Social Resources		○	○	○	○
Residential Stability		○	○	○	○
Physical		○	○	○	○
Mental Health		○	○	○	○
Substance Abuse		○	○	○	○
Developmental		○	○	○	○
Safety		○	○	○	○

YOUTH BEHAVIORAL / EMOTIONAL NEEDS

0 = no evidence
1 = history or sub-threshold, watch/prevent
2 = causing problems, consistent with diagnosable disorder
3 = causing severe/dangerous problems

	NA	0	1	2	3
Psychosis		○	○	○	○
Impulse / Hyper		○	○	○	○
Depression		○	○	○	○
Anxiety		○	○	○	○
Oppositional		○	○	○	○
Conduct		○	○	○	○
Adjustment to Trauma[2]		○	○	○	○
Anger Control		○	○	○	○
Substance Use[3]		○	○	○	○

YOUTH RISK BEHAVIORS

0 = no evidence 1 = history, watch/prevent
2 = recent, act 3 = acute, act immediately

		0	1	2	3
Suicide Risk		○	○	○	○
Self Mutilation		○	○	○	○
Other Self Harm		○	○	○	○
Danger to Others[4]		○	○	○	○
Sexual Aggression[5]		○	○	○	○
Runaway[7]		○	○	○	○
Delinquency[6]		○	○	○	○
Fire Setting[7]		○	○	○	○
Social Behavior		○	○	○	○

MODULES

NAME: _____ Date _____

DEVELOPMENTAL NEEDS (DD)	0	1	2	3
Cognitive	O	O	O	O
Developmental	O	O	O	O
Communication	O	O	O	O
Self Care / Daily Living	O	O	O	O

SUBSTANCE USE (SUD)	0	1	2	3
Severity of Use	O	O	O	O
Duration of Use	O	O	O	O
Stage of Recovery	O	O	O	O
Peer Influences	O	O	O	O
Parental Influences	O	O	O	O
Environmental Influences	O	O	O	O

TRAUMA (*Characteristics of the trauma experience*)	0	1	2	3
Sexual Abuse*	O	O	O	O
Physical Abuse	O	O	O	O
Emotional Abuse	O	O	O	O
Medical Trauma	O	O	O	O
Natural Disaster	O	O	O	O
Witness to Family Violence	O	O	O	O
Witness to Community Violence	O	O	O	O
Witness/Victim - Criminal Acts	O	O	O	O
Other:				
If Sexual Abuse >0, complete the following:				
Emotional closeness to perpetrator	O	O	O	O
Frequency	O	O	O	O
Duration	O	O	O	O
Force	O	O	O	O
Reaction to Disclosure	O	O	O	O
Adjustment	**0**	**1**	**2**	**3**
Affect Regulation	O	O	O	O
Intrusions	O	O	O	O
Attachment	O	O	O	O
Dissociation	O	O	O	O

VIOLENCE MODULE				
Historical Risk Factors	**0**	**1**	**2**	**3**
History of Physical Abuse	O	O	O	O
History of Violence	O	O	O	O
Witness to Domestic Violence	O	O	O	O
Witness Environmental Violence	O	O	O	O
Emotional/Behavioral Risks	**0**	**1**	**2**	**3**
Frustration Management	O	O	O	O
Hostility	O	O	O	O
Paranoid Thinking	O	O	O	O
Secondary gains from anger	O	O	O	O
Violent Thinking	O	O	O	O
Resiliency Factors	**0**	**1**	**2**	**3**
Aware of violence potential	O	O	O	O
Response to Consequences	O	O	O	O
Commitment to Self-Control	O	O	O	O
Treatment Involvement	O	O	O	O

SAB – SEXUALLY AGGRESSIVE BEHAVIOR	0	1	2	3
Relationship	O	O	O	O
Physical Force/Threat	O	O	O	O
Planning	O	O	O	O
Age Differential	O	O	O	O
Type of Sex Act	O	O	O	O
Response to Accusation	O	O	O	O
Temporal Consistency	O	O	O	O
History of Sexual Behavior	O	O	O	O
Severity of Sexual Abuse	O	O	O	O
Prior Treatment	O	O	O	O

RUNAWAY	0	1	2	3
Frequency of Running	O	O	O	O
Consistency of Destination	O	O	O	O
Planning	O	O	O	O
Safety of Destination	O	O	O	O
Involvement in Illegal Acts	O	O	O	O
Likelihood of Return on Own	O	O	O	O
Involvement of Others	O	O	O	O
Realistic Expectations	O	O	O	O

JJ – JUVENILE JUSTICE	0	1	2	3
Seriousness	O	O	O	O
History	O	O	O	O
Arrests	O	O	O	O
Planning	O	O	O	O
Community Safety	O	O	O	O
Legal Compliance	O	O	O	O
Peer Influences	O	O	O	O
Parental Influences	O	O	O	O
Environmental Influences	O	O	O	O

FS – FIRE SETTING	0	1	2	3
Seriousness	O	O	O	O
History	O	O	O	O
Planning	O	O	O	O
Use of Accelerants	O	O	O	O
Intention to Harm	O	O	O	O
Community Safety	O	O	O	O
Response to Accusation	O	O	O	O
Remorse	O	O	O	O
Likelihood of Future Fires	O	O	O	O

Nebraska Caregiver Responsibilities
(NCR)

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

Foster Care Rate Assessor: _____ Service Area: _____ Caregiver: _____

Child Placing Agency:_____ CPA Worker:_____

The Nebraska Caregiver Responsibility document is to be completed within the first 30 days of a child's placement in out-of-home care. Forms should be filled out in a face-to-face meeting with the foster parent, foster care rate assessor and, child placing agency worker (if applicable). A notification of the rate will be sent to the supervisor, resource development, case worker, agency worker (if applicable) and caregiver. Copies of the NCR should be included in the child's file and the caregiver's file. Rate information should go in the caregiver's file.

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

LOC1 Medical/Physical Health & Well-Being		
L1	Caregiver arranges and participates, as appropriate in routine medical and dental appointments; provides basic health care and responds to illness or injury; administers prescribed medications; maintains health records; shares developmentally appropriate health information with the child.	
L2	Caregiver arranges and participates with additional visits with medical specialists, assists with treatment and monitoring of specific health concerns, and provides periodic management of personal care needs. Examples may include treating and monitoring severe cases of asthma, physical disabilities, and pregnant/parenting teens.	
L3	Caregiver provides hands-on specialized interventions to manage the child's chronic health and/or personal care needs. Examples include using feeding tubes, physical therapy, or managing HIV/Aids.	
	Outline the caregiver responsibilities:	
LOC2 Family Relationships/Cultural Identity		
L1	Caregiver supports efforts to maintain connections to primary family, including siblings and extended family, and/or other significant people as outlined in the case plan; prepares and helps child with visits and other contacts; shares information and pictures as appropriate; supports the parents and helps the child to form a healthy view of his/her family.	
L2	Caregiver arranges and supervises ongoing contact between child and primary family and/or other significant people or teaches parenting strategies to other caregivers as outlined in the case plan.	
L3	Caregiver works with primary family to co-parent child, sharing parenting responsibilities, OR	

	supports parent who is caring for child AND works with parent to coordinate attending meetings and appointments together. Examples include attending meetings with doctors, specialists, educators, and therapists together.	
	Outline the caregiver responsibilities:	
LOC3 Supervision/Structure/Behavioral & Emotional		
L1	Caregiver provides routine direct care and supervision of the child, assists child in learning appropriate self-control and problem solving strategies; utilizes constructive discipline practices that are fair and reasonable and are logically connected to the behavior in need of change, adapts schedule or home environment to accommodate or redirect occasional outbursts.	
L2	Caregiver works with other professionals to develop, implement and monitor specialized behavior management or intervention strategies to address ongoing behaviors that interfere with successful living as determined by the family team.	
L3	Caregiver provides direct care and supervision that involves the provision of highly structured interventions such as using specialized equipment and/or techniques and treatment regiments on a constant basis. Examples of specialized equipment include using alarms, single bedrooms modified for treatment purposes, or using adaptive communication systems, etc.; works with other professionals to develop, implement and monitor strategies to intervene with behaviors that put the child or others in imminent danger or at immediate risk of serious harm.	
	Outline the caregiver responsibilities:	
LOC4 Education/Cognitive Development		
L1	Caregiver provides developmentally appropriate learning experiences for the child noting progress and special needs; assures school or early intervention participation as appropriate; supports the child's educational activities; addresses cognitive and other educational concerns as they arise, participation in IEP development and review.	
L2	Caregiver maintains increased involvement with school staff to address specific educational needs that require close home/school communication for the child to make progress AND responds to educational personnel to provide at-home supervision when necessary; or works with others to implement program to assist youth in alternative education or job training.	
L3	Caregiver works with school staff to administer a specialized educational program AND carries out a comprehensive home/school program (more than helping with homework) during or after school hours.	
	Outline the caregiver responsibilities:	
LOC5 Socialization/Age-Appropriate Expectations		
L1	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 every day experiences to help child learn and develop appropriate social skills.	
L2	Caregiver provides additional guidance to the child to enable the child's successful participation in community and enrichment activities AND provides assistance with planning and adapting activities AND participates with child when needed. Examples include shadowing, coaching social skills, sharing specific intervention strategies with other responsible adults, etc.	
L3	Caregiver provides ongoing, one-to-one supervision and instruction (beyond what would be age appropriate) to ensure the child's participation in community and enrichment activities AND caregiver is required to participate in or attend most community activities with other responsible adults, etc.	
	Outline the caregiver responsibilities:	
LOC6 Support/Nurturance/Well-Being		
L1	Caregiver provides nurturing and caring to build the child's self-esteem; engages the child in constructive, positive family living experiences; maintains a safe home environment with developmentally appropriate toys and activities; provides for the child's basic needs, and arranges for counseling or other mental health services as needed.	
L2	Caregiver consults with mental health professionals to implement specific strategies of interacting with the child in a therapeutic manner to promote emotional well-being, healing, and understanding, and sense of safety on a daily basis.	
L3	Caregiver works with services and programs to implement intensive child-specific in-home strategies of interacting in a therapeutic manner to promote emotional well-being, healing, and understanding, and sense of safety on a constant basis.	
	Outline the caregiver responsibilities:	
LOC7 Placement Stability		
L1	Caregiver maintains open communication with the child welfare team about the child's progress and adjustment to placement and participates in team meetings, court hearings, case plan development, respite care, and a support plan .	
L2	Child/youth needs require caregiver expertise that is developed through fostering experience, participation in support group and/or mentor support, and consistent relevant in-service training.	
L3	Child/youth needs require daily or weekly involvement/participation by the caregiver with intensive in-home services as defined in case plan and/or treatment team.	
	Outline the caregiver responsibilities:	
LOC8 Transition To Permanency and/or Independent Living		
L1	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 lifebook.	
L2	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.	
L3	Caregiver supports active participation of youth age 14 and 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.	
	Outline the caregiver responsibilities:	

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

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

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

Vermont Rates for further discussion:

LOC 3 is 2 and total score less than 16	$30/day
LOC 3 is 2 and total score is 16 or greater	$36.66/day
LOC 3 is 3 and total score is less than 19	$36.66/day
LOC 3 is 3 and total score is 19 -21	$43.32/day
LOC 3 is 3 and total score is 22 or greater	$50/day

SIGNATURES:

Youth: _____ DATE: _____

NAME: _____ NAME: _____
Foster Parent Foster Parent

DATE: _____ DATE: _____

NAME: _____ NAME: _____
Foster Care Rate Assessor CPA Representative

DATE: _____ DATE: _____

Foster Parent Policies

Grievance:

Nebraska Department of Health and Human Services, Department of Children and Family Services; Child and Family Services Rules and Regulations, Title 390 – Child Welfare and Juvenile Services. Retrieved October 29, 2012 from http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-390/Chapter-7.pdf

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

Insurance:

Nebraska Department of Health and Human Services, Department of Children and Family Services; Administrative and Policy Memos. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Documents/PM-5.pdf

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

Transportation:

Nebraska Department of Health and Human Services, Department of Children and Family Services; Administrative and Policy Memos. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Documents/AM-17TransRate.pdf

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

PROGRAM AND POLICY MEMORANDUM-PROTECTION AND SAFETY #4-98

December 13, 1998

TO: Protection and Safety Staff
IM Foster Care Staff
Supervisors/Managers of Resource Development
Service Area Contract Liaisons
Protection and Safety Legal Team

FROM: Chris Hanus-Schulenberg and Mark Martin, Co-Administrators
Protection and Safety

RE: Foster Parent Insurance

As of July 1, 1998, the Department's provision of foster parent insurance changed. Rather than purchasing insurance through a private company, the State has moved to a form of self-insurance. The change was made in-order to improve payment of claims and to allow for better data collection to reflect needs and payments. This data will be used to make future improvements that will benefit our foster care program. Basically, the coverage to be provided under the new program is the same as the coverage prior to July, 1998.

Included as part of this memorandum you will find several documents. They are:
*FOSTER PARENT INSURANCE PROGRAM, which describes the coverage provided
*ACCIDENT REPORTING PROCEDURES, which provides an explanation of the report form
*ACCIDENT INVESTIGATION REPORT, which is the form to be completed by the foster parent (The form which is being mailed to foster parents will have the original and two copies so they can send the original to the company, send a copy to the case manager, and keep a copy. If the foster parent or a staff person need more copies, they can be obtained from Bill Jeppson, Office of Risk Management, Executive Building, 521 South 14th Street, Suite 230, Lincoln, NE 68508, or (402)471-2404.)

All of these documents will be mailed to foster parents the first week in January, by Sedgwick of Nebraska, the company which is adjusting claims.

The following information is provided to give you more detail to assist in answering questions from foster parents about procedures in processing claims.

1. Foster parent, as the insured party, completes the Accident Investigation Report and sends the original to Sedgwick of Nebraska, Inc. and sends a copy to the child's case manager. When appropriate, the foster parent also files a claim with his or her homeowner's insurance.

2. Sedgwick investigates the claim and makes decision about whether it is a covered loss under the Foster Parent Insurance program.

3. Sedgwick sends written notification of the decision to:
   a. The foster parent
   b. The child's case manager
   c. Nebraska Office of Risk Management
   d. Appropriate third parties when the claim involves damage to their property

4. If the incident is covered and involves damage to the foster parent's property, Sedgwick makes a payment to the foster parent for the amount of the claim minus the foster parent's deductible, which is $50. If the incident is covered and involves damages to the property of someone other than the foster parent, Sedgwick makes a payment to the third party.

If the decision of Sedgwick is that the incident is not covered, and the foster parent is not willing to accept that decision, the foster parent's recourse would be a claim with the State Claims Board.

We are encouraging foster parents to file claims, so that we gather data for future planning.

If you have questions, please contact Margaret Bitz at (402)471-9457, or on profs or CC: Mail.

FOSTER PARENT INSURANCE PROGRAM

As part of the Foster Parent Program, the State of Nebraska offers foster parents protection against claims that may arise as a result of their participation in the foster parent program. The policy offers protection for claims that occur and are reported to the state during the coverage period. **When an incident occurs, please remember to report the incident to your personal insurance carrier and follow the instructions in the Accident Reporting Procedures.** The Accident Investigation Report should be sent to Sedgwick of Nebraska, Inc. at the address shown on the report with copy sent to your case manager.

The following are highlights of the Foster Parent Insurance Program. These highlights are intended as a brief synopsis of the coverage provided by the Foster Parent Program and is not intended to replace specific policy language. The policy language including all applicable coverage parts, supplemental payments, definitions, conditions and exclusions will govern when determining whether coverage will apply.

Coverage Period:

From July 1, 1998 to July 1, 1999 at 12:01 A.M. standard time at the Named Insured's mailing address.

Coverage	Description	Limit of Liability
A.	Bodily Injury and Properly Damage	$300,000 Each Occurrence
	Physical and Sexual Abuse Sublimit	$100,000 Each "Foster Household"
B.	Personal Injury Liability	$300,000 Any One Person or Organization
C.	Property Damage to Property of Others	$250 Each Occurrence
D.	Damage to Your Property	$5,000 Each Occurrence
General Aggregate Limit- "Each Foster Household"		$300,000 Aggregate

Coverage Highlights

Coverage A: Bodily Injury or Property Damage

This protects you in the event a foster child in your care is injured and you are sued by the foster child's natural parent or guardian. This also protects you from claims for bodily injury and or property damage done to other persons because of an act by a foster child.

There is no protection for actual or threatened physical or sexual abuse whether committed by an insured under the coverage, any other person for whom the

insured is legally responsible or because of the negligent employment, investigation, supervision, reporting to proper authorities or retention of any person or persons. There is a sublimit available for defense of such allegations.

Coverage B: Personal Injury Liability

This protects you in the event you are sued for libel, slander, false arrest, wrongful eviction and alienation of affection of your foster child from his/her parents.

Coverage C: Property Damage to Property of Others

This provides you protection in the event a foster child under your care or control damages other people's property regardless of whether you would be legally liable for such damage in court. This is limited protection and does not provide protection for those losses that would be paid under Coverage A.

Coverage D: Damage to Your Property

This protects you in the event a foster child in your care or custody damages your property. This is a limited amount of protection for those unintentional property losses that occur. You are responsible for the first $50 dollars of the cost of repairs.

Exclusions

Not all acts or losses are covered by this policy. There are a number of exclusions that affect the protection provided by this policy including the following:

Injury or damage expected or intended by an insured.

Injury or damage arising out of the ownership, maintenance or use of an automobile.

Property damage to any property in your care, custody or control, or to any property owned by, rented to or loaned to you or a person residing in your household. This exclusion does not apply to Coverage D. Damage to Your Property.

Injury or damage by reason of causing or contributing to the intoxication of any person, furnishing of alcoholic beverages or as a result of any statute, ordinance or regulation relating to the use of the sale, gift, distribution or use of alcoholic beverages.

Physical or sexual abuse

Injury or damage resulting from the negligent employment, investigation, supervision, retention or reporting to the proper authorities.

Injury or damage resulting from the transmission of communicable diseases.

There are certain obligations you have in order for this protection to apply. Generally, you are responsible for the following in the event of a loss.

You are responsible to report all losses as soon as practical. Accident Investigation Reports and Accident Reporting Procedures have been provided to assist you in reporting incidents.

You must forward any notice, summons, demand or legal papers received in connection with a claim.

You must cooperate with the investigation and settlement of any claim including defense against suit.

You must not assume, except at your own cost, any obligation or make any payment without consent.

ACCIDENT REPORTING PROCEDURES

It is important that insurance claims relating to incidents involving foster children be investigated as quickly as possible. **You, the foster parent, begin the process by first notifying your auto or homeowners insurer and then completing an Accident Investigation Report.** Three copies of the report are needed. The original copy of the report is for Sedgwick of Nebraska. Inc. (the insurance adjuster), one copy is for your case manager and one copy is to be retained for your records. Your case manager can answer any questions concerning the completion of the Accident Investigation Report or direct you to another appropriate person who can assist. The original copy should be sent to:

Mr. Brian Shald
Sedgwick of Nebraska, Inc.
10909 Mill Valley Road, Suite 4200
Omaha, NE 68154
1-800-486-2152

The primary reason for investigating an incident is to get accurate information about the incident. The information will be used in several ways. First, the report is necessary to start the insurance claims process. Second, the information will also be used to develop a data base that will enable us to further develop a comprehensive foster parent insurance program. Third, the information will be analyzed to help the Department and foster parents to see if steps can be taken to prevent similar accidents. (This type of analysis is called "loss control.")

A thorough investigation of incidents resulting in injury or damage is a key to a successful loss control program. The first step in preventing the reoccurrence of an accident or to reduce the financial impact of an accident is to analyze what happened to see if steps can be taken to prevent the accident from happening again.

The following describes what type of information is needed when completing the Accident Investigation Report.

ACCIDENT FACTORS: Please provide the details of what occurred.

- Who was involved?
- Who sustained injury or damage (including addresses and phone numbers, if known)?
- What were the circumstances surrounding the incident.
- Where did the incident occur?
- How did the incident happen?

ACCIDENT CAUSES:

- In your opinion, were there any factors or extenuating circumstances that contributed to? or caused this loss to occur? (Include special needs of the child that might have played a part in what happened.)

ACCIDENT INVESTIGATION REPORT

Foster Parent Name: _____

Address: _____ City: _____ Zip: _____

Daytime Phone Number: _____ Home Phone Number: _____

Date & Time of Accident: _____

Foster Child Name: _____ Date Place in Your Home: _____

Person(s) Injured:

_____
(If Foster Parent, write same)

Daytime Phone Number: ( ) _____ Estimated Amount of Damages: _____

Case Manager Name: _____ Phone Number: ( ) _____

Was this loss reported to your auto or homeowners insurer? _____

Accident Factors

Describe what occurred (attach a separate sheet of paper if necessary):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Accident Causes

Please describe contributing factors or extenuating circumstances: _____

_____

_____

_____

Signature: _____ Date:

_____

Send form to: Mr. Brian Shald
Sedgwick of Nebraska
10909 Mill Valley Road, Suite # 200
Omaha, NE 68154
1-800-486-2152

Nebraska Department of Health and Human Services, Department of Children and Family Services; Administrative and Policy Memos. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Documents/PM-5.pdf

SECTION VI

INSURANCE COVERAGE FOR FOSTER PARENTS

Nebraska statute mandates the Department to provide insurance coverage for liability and damage for foster parents. Any foster home or adoptive home licensed or approved by the Department or Indian Tribal Councils within Nebraska is covered by the insurance for the period of time that an HHS or HHS-OJS ward is placed in the home. This coverage also exists for any foster or adoptive home licensed or approved by the Department or Indian Tribal Councils within Nebraska for the period of time that a child covered under an IVE contract is placed in the home. The foster parent(s) in the home are considered as "the insured". The Department covers the cost of the insurance premium for each foster home.

When a foster parent requests reimbursement for damages to property incurred by a ward: The

worker will:

- Provide the foster parent with a copy of the insurance claim form.
- Participate by providing information to the claims adjustor when requested.

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM
DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE
DEPARTMENT OF FINANCE AND SUPPORT

STATE OF NEBRAS
MIKE JOHANNS, GOVER

PROGRAM MEMO

Program Memo- Protection and Safety- #1-2001

March 14, 2001

TO: Protection and Safety Administrators
Protection and Safety Staff
IM Foster Care Staff
Supervisors/Managers of Resource Development
Service Area Contract Liaisons
Protection and Safety Legal Team

FROM: Ron Ross, Director, and Health and Human Services
Jane M. Bosworth, Deputy Director Protection and Safety

RE: Foster Parent Insurance

CITATION: 390 NAC 7-001.10

In an effort to better clarify the Foster Parent Insurance program, a meeting was held with HHS Management and Program staff, HHSS Legal staff, the Insurance Policy Holder, the Insurance Claims Examiner, and the Office of Risk Management to assess our coverage for foster parents and determine if changes needed to be made to the coverage. We were pleased to find that in the majority of cases the Foster Parent Insurance provider was providing coverage for the claims submitted. Where coverage was not provided it was generally due to the fact that the request was outside of the coverage provided by the policy. It was determined that the coverage would remain the same at this point in time with an increased effort to collect data reflecting insurance needs and payments made to foster parents.

Included as part of this memorandum you will find several documents. They are:

- FOSTER PARENT INSURANCE PROGRAM, which describes the coverage provided. It is important that staff understands the coverage provided by this insurance and are able to relate to the foster parents their understanding of the coverage.

- ACCIDENT REPORTING PROCEDURES, which provides an explanation of the report form

- ACCIDENT INVESTIGATION REPORT, which is the form to be completed by the foster parent (The form which is being mailed to foster parents will have the original and two copies so they can send the original to the company, send a copy to the case manager, and keep a copy. If the foster parent or a staff person need more copies, they can be obtained from Leslie Donley, Office of Risk Management, Executive building, 521 South 14'h Street, Suite 230 Lincoln, NE 68508, or (402)471-2404.)

All of these documents will be mailed to foster parents by the 1st of April, 2001 by Sedgwick of Nebraska, the company which is adjusting claims.

The following information is provided to give you more detail to assist in answering questions from foster parents about procedures in processing claims.

1. The foster parent, as the insured party, completes the Accident Investigation Report and sends the original to Sedgwick of Nebraska, Inc. and sends a copy to the child's case manager. The foster parent must file a claim with his or her homeowner's/renter's/auto insurance first, as they are the primary insurance carrier.

2. Sedgwick investigates the claim and makes the decision about whether it is a covered loss under the Foster Parent Insurance program.

3. Sedgwick sends a written notification of the decision to the foster parent.

4. If the incident is covered and involves damage to the foster parent's property, Sedgwick makes a payment to the foster parent for the amount of the claim minus the foster parent's deductible, which is $50. If the incident is covered and involves damages to the property of someone other than the foster parent, Sedgwick makes a payment to the third party. Payments are made per the provisions of the policy.

5. Foster Parents can file a miscellaneous claim with the State Claims Board to recover their $50 deductible regarding the covered claim paid by Sedgwick.

We are encouraging foster parents to file all claims with the insurance company so we can gather data for future planning and documentation of the types of incidences that are occurring in foster homes.

We are no longer encouraging the foster parents to file their uncovered claims with the State Claims Board as claims uncovered by the insurance may in all likelihood not are covered by the State Claims Board.

If you have questions, please contact Shirley Deethardt at (402)471-9277 or e-mail shirley.deethardt(@hhss.state.ne.us or Katie McLeese Stephenson at (402)471-9456 or e-mail katie.mcleese.stephenson@hhss.state.ne.us.

cc: Service Area Administrators
Protection and Safety Management Team Jim Hathway, HHSS Legal Division Agency Based Foster Care Providers Leslie Donley, DAS Risk Management Sheri Shonka, Marsh, Inc.
Michelle Bock, Sedgwick

Nebraska Department of Health and Human Services, Department of Children and Family Services; Administrative and Policy Memos. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Documents/PM-5.pdf

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

STATE OF NEBRASKA
MIKE JOHANNS, GOVERKOR

DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE
DEPARTMENT OF FJNANCE AND SUPPORT

ADMINISTRATIVE MEMO #1-3-14-2005

Date: March 24, 2005

To: Protection and Safety Staff

From: Todd Reckling

Signed by: _____'Administrator,
Office of Protection and Safety

Re: Increase in payment to foster parents who provide transportation for children in their care

Effective date: **April1, 2005**

Contact: Margaret Bitz (402) 471-9457 or Ruth Grosse (402) 471-7785

Due to the increase in gasoline prices, the Department has made a decision to provide a 10% increase in payment to transportation providers and foster parents who are providing transportation for children in their care. This increase becomes effective April 1, 2005. The increase does NOT apply to Protection and Safety contractors who provide transportation as part of one of the services under a child welfare contract. This program memorandum concerns the increased rate of payment for foster parents.

The following replaces Out-of-Home Guidebook, Section D., TRANSPORTATION FOR THE CHILD, 1. Foster Parent Transportation:

1. Foster Parent Transportation: 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.

When a foster parent transports a child more than 100 miles within guidelines listed below, the foster parents can be reimbursed. As of April 1, 2005, the reimbursement is to be computed as follows: "The foster parents may receive **$14.85** per month for each 50 miles, or portion thereof, above the initial 100 miles. (For example, if the foster parent drives the child a total of 85 miles/month, the foster parent would not be entitled to any additional payment. If s/he drives the child 125 miles/month, the foster parent would be entitled to an additional **$14.85/month.)**

Originally, it might be difficult for the foster parent to provide a specific number of miles. Therefore, an estimate can be used. The worker should request that the foster parent keep a log for a period of time which usually would not exceed 3 months. The worker then can use the logged information to arrive at an average number of miles/month, and that figure can be used in authorizing payment. Periodically, but at least annually, the worker should obtain actual information from the foster parent to assure that mileage reimbursement remains correct.

In order to be counted as transportation for payment purposes, the following criteria must be met:

a. The foster parents would not be doing the driving if the child were not there, that is, they would not be taking their birth child to the same location or diving for their family's own purposes;
b. If more than one foster child is being transported, the transportation payment is divided evenly between the children; and
c. The transportation need is documented in the case plan or in the narrative on N-FOCUS.

Service Areas will provide direction to staff on implementation of this increase. If you have questions, please contact Margaret Bitz or Ruth Grosse.

Nebraska Department of Health and Human Services, Department of Children and Family Services; Administrative and Policy Memos. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Documents/AM-17TransRate.pdf

7. Agency-based foster care: In Agency Based Foster Care, as of July 1, 1998, the payments for child care are to be made directly to the child care provider. Previously these payments were made to the agency supporting the foster homes.

The case file should include documentation that the child care guidelines in 474 NAG 7-000 are met. The documentation should state, at a minimum, that the payment is for care while the foster parent(s) works or is in school, or explain the need related to number 4 or 5; that the rate is within the contracted or maximum Department rate, or how the special needs requirement is met, and that the number of hours needed has been confirmed by the worker.

Payments for child care will be made directly to the provider based on the provider's monthly billing.

D. TRANSPORTATION FOR THE CHILD

The foster parents may provide transportation themselves or purchase transportation from a provider.

1. Foster Parent Transportation: One hundred miles of transportation or $21 is included in the monthly rate.

   The foster parents may receive $11.00 per month for increments of 50 miles over the initial 100 miles. The estimate is rounded to the next highest 50 miles. The estimate of miles should be in the plan for transportation in the case file. The transportation will meet the following guidelines:

   a. The foster parents would not be doing the driving if the child were not there, that is they would not be taking their birth child to the same location or driving for their family's own purposes;
   b. If more than one foster child is being transported, the transportation payment is divided evenly between the children; and
   c. The transportation need is documented in the case file.

   The worker should discuss the transportation expectations with the foster parents and determine the number of approximate miles the foster parents travel for each child in their home.

2. Purchased Transportation

   a. Purchased by Foster Parent

      Foster parents may be reimbursed if they pay transportation providers more than $21.00 a month. The foster parents may be reimbursed when a transportation need dictates the use of public or specialized transportation such as a taxi, bus, or a handicapped accessible van, or bus. The following should be documented in the case file: the child's disability, the fact that the foster family's vehicle will not accommodate the child's disability or that both foster parents are unable to provide transportation and cannot find someone to do it. Reimbursement must be at actual costs with receipts or verification through the transportation plan prepared with the case manager and be consistent with the child's needs and services in the case plan.

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

SECTION XV
COMPLAINTS AND GRIEVANCES BY FOSTER PARENTS

A. Procedures for Complaints on Policies

When a foster parent makes a written complaint about a policy the following steps will be taken:

1. A team will be formed within five working days to address the issue. This team will consist of representatives of protection and safety workers and supervisors and a Central Office representative knowledgeable about policy;

2. The team will review the complaint and the policy and consider statewide implications. Policies of other states may also be reviewed.

3. The team will make a recommendation for action to the Director within fifteen working days of the receipt of the complaint (or ten working days of the team formation).

4. The Director will review the information and make a final decision within ten working days of the team's recommendation. The decision will be sent to the team who will then notify the foster parents. Written complaints will be responded to in writing. This process should not exceed 30 working days.

5. Changes in policy will be made if necessary.

B. Procedures for Complaints on Practice

When a foster parent makes a complaint regarding specific practice 6r a casework decision the following steps will be followed:

1. The involved protection and safety worker and supervisor will review the situation and discuss it further with the foster parent within five working days of the complaint. The foster parent may present additional information.

2. If the issue is not resolved, the supervisor will form an informal short-term team of representatives of local protection and safety workers and supervisors and a foster parent representative within five working days.

3. The team will review the complaint and the practice or casework decision and review how similar situations are handled.

4. Within 15 working days, the team will develop a plan to address the issue, as needed. The team may consult with personnel staff in their area if needed.

5. Within five working days after the plan is developed, the team will notify the foster parent in writing of the general plan to address the issue if needed or the reasons for no action. A copy of the decision will be sent to the Director and the team.

6. If the foster parent is not in agreement with the decision of the team, he/she has the recourse to contact the Director.

7. The Director will review the report submitted by the team and review additional information as needed.

8. The Director will make the final decision within 15 working days of the receipt of the foster parent's complaint.

9. The Director will notify the foster parent, the team and personnel staff of the final decision.

C. Procedures for Grievances

The grievable areas are found in Chapter VI, Out-of-Home Placements, Section III.

When a foster parent makes a complaint about procedures or actions taken by the Department related to the placement, care or removal of children from a foster home, the following steps will be taken:

1. The foster parent will notify the Department in writing within five working days after the action or inaction cited as the reason for grievance.

2. The person in receipt of the grievance will notify the foster parent, worker and supervisor of the receipt of the grievance. A copy of the grievance will be provided to the worker and supervisor.

3. Within five working days, the person in receipt of the grievance will form a team to address the issue. The team will consist of workers, supervisors and a foster parent representative.

4. The team will:

   a. Request a written response from the worker and supervisor and send a copy of it to the foster parent;
   b. Gather additional information, as needed;
   c. Meet with the foster parent, worker and supervisor within 15 working days to work toward a resolution. Send a summary of the consensus of the group to all involved within five working days;
   d. If resolution is not reached, decide action to be taken and notify all parties within ten working days of the meeting with the foster parent and involved staff. Send a copy to the Director of the findings and decision. Advise the foster parent of right to present his/her grievance to Director if dissatisfied with the decision of the team.

5. If the foster parent decides to pursue the grievance further, he/she will send a copy of his/her grievance and the report of the team to the Director within ten days of receipt of the team's decision.

6. The Director will review all information and make a final decision.

7. The Director will provide her/his decision in writing to the foster parent, involved staff and the team within ten working days of receipt of the grievance.

Nebraska Department of Health and Human Services, Department of Children and Family Services; Out of Home Placement and Payment Guidebook. Retrieved October 29, 2012 from http://dhhs.ne.gov/children_family_services/Guidebooks/Out%20of%20Home%20Placement%20and%20Payment%20Guidebook.pdf

7-001.08 COMPLAINT AND GRIEVANCE POLICY FOR FOSTER PARENTS

The worker and foster parents will strive to resolve differences together regarding actions taken related to the placement, care, or removal of children from a foster home. If the situation cannot be resolved, there are two categories of complaints: general complaints and grievances.

General complaints concern policies or practice. Grievances are disagreements about procedures or actions taken by the Department, related to the placement, care or removal of children from a foster home. Complaint and grievance procedures are limited to foster parents and do not apply to group or residential care. Foster parents will be given a copy of the grievance policy and procedures.

7-001.08A GENERAL COMPLAINTS

7-001.08A1 COMPLAINTS CONCERNING POLICY

When the complaint is about the content of policy, a team consisting of representatives of workers and supervisory staff from more than one area will be formed (Policy and Practice Team). A central office representative may also serve on the team. The team will review the complaint along with the policy and consider the statewide implications of the policy and potential changes in policy. The team will make a recommendation for action to the statewide planning, coordinating and evaluation team. This team will make the: final decision. Written complaints will be responded to in writing.

7-001.08A2 COMPLAINTS CONCERNING PRACTICE

When the complaint regards specific practice or a casework decision, it must be first addressed to the worker and supervisor. See 390 NAC 2-007. A plan to resolve the complaint will be developed as necessary. The foster parent will be advised in writing of the general content of the plan or reasons for no action. If the foster parent does not agree with the decision of the team, the foster parent has recourse to contact the Director. The decision of the Director is final.

7-001.08A3 GRIEVANCES

Grievances are limited to the following areas:

1. The Department's decision not to approve a foster parent to adopt a child residing in the foster home.
2. Removal of a foster child for placement if the child has resided in the foster home for six months or longer. Situations that cannot be grieved:
   a. There is a report of child abuse or neglect, and the allegations or findings indicate -
      (1) Allegations of sexual abuse;
      (2) Visible or apparent physical signs of abuse or neglect; or
      (3) The abuse or neglect is or could be life threatening;
   b. Removal is for the purpose of a direct adoptive placement;
   c. Removal is to a less restrictive environment or, in cases in which reunification is the plan, to a placement closer to the home of the birth parent(s);
   d. Removal is requested by birth parent(s) or child(ren), and the request is supported by the placement worker;
   e. Removal is court-initiated;
   f. The child is returning to the physical custody of the birth parent(s);
   g. Removal results from a licensing action; and
   h. Removal is to the Youth Rehabilitation and Treatment Center or detention center.
3. Failure of the agency to follow conditions of a contract, Nebraska statutes, or Department of Health and Human Services policy and regulations.
4. The decision not to use the Foster Care Payment Checklist or concerns about the accuracy of the list.

NOTE: The child will remain in the foster home while an appeal of the removal of a child is pending except as described above in Statement 2, a thru h.

A grievable issue will first be addressed by the worker and supervisor. If resolution is not reached, an informal short-term team made up of non-involved workers, supervisors and a foster parent representative will address the issue. This team is responsible for reviewing the information, meeting with the involved foster parent and staff, resolving and taking action on the issue, and notifying in writing the foster parent and staff of action taken and the reason for the action.

If the foster parent is not satisfied with the decision of the local team, the foster parent may forward a copy of his/her grievance and the report from the team to the director. The director will review all the information and make a decision. The decision of the director will be provided in writing to the foster parent(s), worker and supervisor. The Director's decision is final.

See Out-of-Home Placement Guidebook for Procedures on Complaints and Grievances.

Nebraska Department of Health and Human Services, Department of Children and Family Services; Child and Family Services Rules and Regulations, Title 390 – Child Welfare and Juvenile Services. Retrieved October 29, 2012 from http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-390/Chapter-7.pdf

Treatment Family Care Service Definition

Service Name	Treatment Family Care (TFC)
Setting	Treatment Family Care home
Facility License	The community based agency that operates the TFC program as required by Department of Public Health; and the individual treatment family care homes as licensed by Department of Health and Human Services.
Basic Definition	TFC is an all-inclusive rehabilitative model of care that provides intensive care for youth provided by trained and supported treatment parents. TFC must be a community based behavioral health program under the clinical direction of a psychiatrist, psychologist, or LIMHP. TFC is a Medicaid eligible, highly supportive, and individualized approach serving youth ages 20 and younger who have a history of trauma in addition to complex mental health or substance use disorders that are causing functional impairment. Children and youth with co-occurring developmental or intellectual disabilities and/or who are medically fragile are included. The youth have a history of psychiatric residential or inpatient treatment, or have been unsuccessful in remaining at home with outpatient services, and are clinically identified as requiring out of home treatment at the TFC level. This level of care will address the symptoms that affect the daily functioning of the youth and prevent further regression. This service requires intensive involvement and frequent contact between members of the treatment team. It is intended to provide a high degree of structure and supervision.
Service Expectations	• An Initial Diagnostic Interview (IDI) will be completed prior to the beginning of treatment and will identify TFC as the level of care needed. This IDI will serve as the initial treatment plan for the youth until a comprehensive treatment plan is developed. • The discharge plan is to be defined at intake and is reviewed and updated at each 30 day treatment team meeting, or sooner, as clinically indicated. • Utilization of a team approach to decision making is used in this program. • The treatment team will develop the comprehensive treatment plan within 30 days of admission. • Treatment shall address the mental health/substance use and bio psychosocial issues that have contributed to the youth's need. • The treatment plan will identify goals, objectives, and interventions necessary to improve or prevent regression in the mental health status of the youth. • Ongoing treatment meetings will be held at a minimum of every 30 days until treatment services are no longer necessary or the youth is no longer demonstrating benefit from this level of treatment. • In cases where parental rights are intact and the permanency plan is reunification, the reunifying family is the parent. In cases where reunification is not the permanency plan, the reunifying family is identified as the home with which the youth will experience permanency. When the youth enters TFC without an identified reunifying home upon discharge, one of the goals of the plan must be to develop that resource while TFC is being provided. • The treatment team will consist of the youth, TFC parents, licensed clinician, agency staff, reunifying family, and other support networks deemed appropriate to the treatment review and planning process.

Treatment Family Care Service Definition

	• Clinical expectations include: 1) oversight of the treatment plan, 2) collaboration with formal and informal networks, 3) provision of treatment and rehabilitative interventions, 4) ongoing assessment of the youth to determine progress in the treatment, 5) regular review, and updating, if necessary, of the diagnosis and treatment interventions. • A licensed clinician provides treatment services in the youth's home, the TFC home and/or in the community. Clinical services are provided for the youth, the reunifying family, and the TFC parents as deemed appropriate in the treatment plan. The frequency of this service is to be no less than weekly for each or as otherwise defined by the treatment plan and endorsed by the clinical supervisor. Frequency of services can be titrated as needed during the termination phase of treatment. • The licensed clinician will also serve as the liaison for communication and a treatment consultant for all treatment team members. • The licensed clinician will provide the reunifying family and the TFC parent(s) assistance in understanding clinical issues that impact the youth. • A TFC member will be available to provide rehabilitative intervention for the youth. • The clinical director or the licensed clinician will be available to provide crisis intervention to support all members of the treatment team at all times. • The reunifying family is involved, as clinically appropriate, and is active in service decisions for the youth. • The service is all inclusive and will be reimbursed at a daily rate for treatment services in the TFC home. • The following criteria must be met for a client's admission to a TFC program: o The need for TFC must be identified on an Initial Diagnostic Interview based on the following criteria: The client must have sufficient need for active treatment at the time of intake to justify the expenditure of the client/family's and program's time, energy, and resources; Of all reasonable options for active treatment available to the client, active treatment in this program must prevent placement in a more restrictive setting and be reasonably expected to improve the client's condition; o The proposed or revised treatment plan must be the most efficient and appropriate use of the program to meet the client/family's particular needs; o The plan must address active and ongoing involvement of the family in care provision; and o The program is designed to meet the needs of clients age 20 and younger. • The community based behavioral health program that operates the TFC program, and trains and supports the TFC family, provides a 20 hour initial training on mental health and substance use disorders, including the effects of trauma on youth, suicide prevention, emotional and behavioral interventions, in addition to training topics required by the agency. • It is the responsibility of the TFC parent(s) to attain 12 additional training hours per year to be determined and approved by the agency which the program is operated out of. • In addition to the biological, adoptive or guardianship children, the TFC parent(s) will have no more than two youth receiving TFC treatment residing in their home at a time (special consideration is given to sibling groups). • The TFC program shall have a director and an adequate number of non-licensed staff to provide administration, training, and any additional support of the TFC program.

Treatment Family Care Service Definition

	• Length of service is individualized according to the needs of the youth. • When TFC treatment is complete, the youth will be discharged from TFC treatment.
Staffing	• Licensed Program Clinical Director (psychiatrist, psychologist or LIMHP) • Licensed and/or provisionally licensed clinician • Child placing agency staff • TFC parents
Hours of Operation	• 24/7 with the availability of clinical assistance.
Desired Individual Outcome	• The youth has met the treatment plan goals and objectives. • The condition that brought the child to this treatment level is stabilized, and the child is able to successfully maintain at home and in the community in the absence of the supportive services and interventions provided in the TFC home. • The youth has support systems secured to help maintain safety and stability at home and in the community.
Admission guidelines	All of the following guidelines are required to be met: • The youth has a current edition DSM diagnoses for a disorder that is causing functional impairment requiring TFC level of intervention. • The youth has been unsuccessful in a lower intensity of services and/or is clinically identified as requiring TFC care treatment to prevent regression and improve symptoms and functioning. • The youth has a history of psychiatric residential or inpatient treatment or is at risk of requiring a higher level of care in the absence of this program. And one or more of the following: • The youth is experiencing or is at risk for self-harming, aggressive, or destructive behaviors • The youth has a significant history of trauma Excluding factors include the following: truancy and law violations in the absence of other symptoms.
Continued stay guidelines	• The youth is making progress toward the goals but has not made sufficient progress to consider discharge; and/or • There is sufficient clinical information to show that TFC level of care continues to be the least restrictive level of care that can meet the individual needs of the youth.
Discharge Criteria	• The youth no longer meets admission criteria or meets criteria for a more or less intense level of service; • And one of the following: o Youth has not benefited from the TFC program and there is not a reasonable expectation of further progress at this level of care. o The youth has met the goals of TFC and can be safely discharged from treatment.