

Nebraska Caregiver Responsibility Tool

The Nebraska Caregiver Responsibility Tool determines the foster care maintenance rate for caregivers of children and youth in foster care.

The tiered caregiving responsibilities take into consideration the level of accommodations, interventions, additional planning and consideration in a variety of settings required for the child's safety and well-being. Each level includes the responsibilities of the previous level. Payment increases as the caregiver responsibility increases. Payment level decreases as caregiving intensity decreases in accordance with the child's growth, development and decreased need.

LEVEL OF RESPONSIBILITY	TIERED CAREGIVING RESPONSIBILITIES
ESSENTIAL (L1)	Routine caregiving and nurturance for a child that is developmentally on track and consistent with chronological age.
ENHANCED (L2)	Caregiving requires a low level of modifications or minor adaptations; these could be temporary or ongoing. Additional consideration and planning is needed in some settings but not all. Caregiver(s) seeks support, advocates and self-educates about the child's special circumstances.
INTENSIVE (L3)	Caregiving requires a moderate level of special planning and accommodations in multiple settings. Condition-specific training or certification, intensive involvement with service providers is expected at this level of responsibility.
SPECIALIZED (L4)	Caregiving requires a high level of safety dependent and/or medically required interventions. Caregiver(s) must have additional training and/or certification to provide therapeutic or medical interventions for child's exceptional needs.

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 category rated (level) L2 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 completed 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.

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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 last 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.

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. Transportation arrangements should be detailed in the LOR Tool.

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

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

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

Service Area: _____ Child Placing Agency: _____

Assessment Type:

- | | | |
|---|---|--|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Request of caregiver | <input type="checkbox"/> Change of placement |
| <input type="checkbox"/> Reassessment (6 months from date of previous tool) | <input type="checkbox"/> Request of agency/department | <input type="checkbox"/> Change in child's circumstances |
| | | <input type="checkbox"/> Change in law or regulation indicates a need for revision |

LOR1 Medical, Physical Health & Wellness	
The Medical, Physical Health and Wellness category of the NCR describes the physical health, wellness and medical caregiving responsibilities.	
L1	<p>Definition:</p> <ul style="list-style-type: none"> • Caregiver ensures the child attends routine medical, optical and dental appointments; schedules, arranges and participates as appropriate; • Caregiver maintains record of appointments and follow up care, shares developmentally appropriate health information with child. • Caregiver follows established policies to ensure child's physical health needs are met by providing basic healthcare and response to illness or injury. • Caregiver administers medications as prescribed, keeps a medication log of all prescribed and over-the-counter medications, understands the medications, and submits the medication log monthly.
L2	<p>Definition:</p> <ul style="list-style-type: none"> • 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, orthodontics, physical disabilities, and pregnant/parenting teen. • Caregiver provides instruction and assistance to a parenting youth to ensure safety and wellness as well as increased abilities to be self-sufficient. • Additional health concerns and Caregiver's role in meeting these additional needs must be documented. • Caregiver transports* and participates in additional medical appointments, including monthly medication management, and monitors health concerns as determined by case professionals. • Caregiver transports* and participates in physical, occupational and/or speech therapy.

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L3	<p>Definition:</p> <ul style="list-style-type: none"> • Caregiver provides hands-on specialized interventions to manage the child’s chronic health and/or personal care needs. Examples include support of hearing and visually impaired, using feeding tubes, physical therapy, or managing HIV/AIDS. • Any specialized interventions provided by the Caregiver should be reflected in the child’s case plan and/or treatment plan. • Caregiver works with family of origin to co-parent the child, coaching techniques and attending appointments. Examples include attending meetings with doctors, specialists, educators, and therapists together. • Documentation should illustrate Caregiver’s training and/or certification; specialized interventions utilized to manage chronic health and/or personal care needs; efforts to engage parent(s).
L4	<p>Definition:</p> <ul style="list-style-type: none"> • Caregiver has advanced specialized knowledge and training by medical/treatment professional to provide and/or collaborate to provide all medical care to a child with complex medical needs so that the child can be safely cared for in a home setting. Examples include (but are not limited to) Caregiver providing and coordinating medical care for a child with a tracheostomy and/or ventilator, a child undergoing or who has undergone a transplant, a child with severe burns, a child participating in hospice or palliative care, a child undergoing chemotherapy, radiation, or other therapies. • Caregiver provides all appropriate activities of daily living due to child’s medical condition; • Caregiver attends all medical procedures, surgeries, and hospitalizations; • Caregiver provides a home environment that supports the child’s medical equipment and/or is willing to make home and/or vehicle modifications.
Comments	

*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.

LOR2 Family Relationships/Cultural Identity	
The Family Relationships and Cultural Identity category of the NCR describes caregiving responsibilities necessary to support the child’s relationship with their family of origin, and to support the child’s healthy development of an integrated identity relevant to their culture and developing identity as an individual.	
L1	<p>Definition:</p> <ul style="list-style-type: none"> • Caregiver supports efforts to maintain connections to family of origin, including siblings and extended family, and/or other significant people as outlined in the case plan;

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	<ul style="list-style-type: none"> • Prepares and helps child with parenting time 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; treats/speaks about family of origin respectfully. • Caregiver follows established parenting time plan and supports ongoing child- parent and sibling contact. • Caregiver provides opportunities for the child to participate in culturally relevant experiences and activities including transportation.* • Caregiver assists with the integration and development of the child’s identity. Activities could include working together on the child’s lifebook, advocating for the child in school, medical and other settings when appropriate, collecting and sharing photo/videos of family members. • Caregiver fosters connections to members of the child’s racial, ethnic, religious, cultural, and tribal heritage.
L2	<p>Definition:</p> <ul style="list-style-type: none"> • Caregiver arranges and supervises ongoing contact between child and family of origin and/or other significant people or teaches parenting strategies to other Caregivers as outlined in the case plan. • Caregiver provides regular instruction to the parent(s) outlining parenting strategies. This feedback must be reflected in Caregiver’s required ongoing documentation. • Caregiver seeks information to learn about identity, intercultural and interracial families, and the importance of cultural connections for children in out of home placement. • Caregiver helps the child work through dynamics of family of origin. This could include seizing teachable moments, coaching the child/family, and seeking services to assist the child in understanding healthy coping skills for managing challenging and meaningful relationships.
L3	<p>Definition:</p> <ul style="list-style-type: none"> • Caregiver works with family of origin to co-parent child, sharing parenting responsibilities, OR supports parent who is caring for child. • 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). • Caregiver helps child make sense of challenging and meaningful relationships by seeking services, training, interventions, and/or other supports. • Caregiver regularly attends cultural events with the youth/child to enhance cultural connections, such as attending places of worship, salons, community events and other cultural lifestyle activities in order to support the youth’s identity formation and self-expression. • Caregiver recognizes cultural differences and allows for time to celebrate all cultures; • Seeks out additional supports and family to create a pro-social network long-term.

Comments

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LOR 3 Supervision, Structure, & Behavioral	
The Supervision, Structure, and Behavioral category of the NCR describes the level of supervision and structure necessary to meet the child’s needs.	
L1	<p>Definition:</p> <ul style="list-style-type: none"> • 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. • Caregiver provides age and developmentally appropriate supervision, structure, and behavioral and/or emotional support. • Caregiver provides examples of strategies and interventions implemented. • Caregiver provides supervision that is appropriate and expected for the chronological age of the child. For instance, 24 hour supervision of an infant or two year old would be considered appropriate for the age of the child.
L2	<p>Definition:</p> <ul style="list-style-type: none"> • Caregiver follows current established treatment plan or safety plan to ensure child’s safety and well-being are addressed. • Structure and supervision requires minor adaptations or modifications in some but not all settings on a temporary, or on an ongoing basis. • Additional consideration and planning is needed in some settings such as afterschool, playing outside, running errands, or during family outings, but not all settings. • Caregiver seeks out and self-educates about the child’s specific condition and advocates on behalf of the child’s needs. • Caregiver has regular contact with medical, mental health, or other treating professionals and participates, and/or supports the family of origin, in participating in mental health services for the child as appropriate.
L3	<p>Definition:</p> <ul style="list-style-type: none"> • Requires individualized and ongoing special planning and modifications in order to be successful in all settings such as home, school, extracurricular, errands, family outings. • Caregiver provides direct care and supervision that involves the provision of highly structured interventions such as using specialized equipment and/or techniques and treatment regimens on a constant basis. • Caregiver seeks assistance from external sources to create specialized structure in the home that meets the child’s behavioral and emotional needs.

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	<ul style="list-style-type: none"> • Interventions 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 is expected for the age of the child. If the plan is not followed, the child is at risk of imminent danger. • Caregiver maintains frequent, contact (at least two or more times per month) with mental health professionals and actively participates in mental health services for the child and monitors the child’s behavioral health needs. • Caregiver provides instruction and assistance to a parenting youth to ensure safety and well-being, as well as increased abilities to be self-sufficient. • Caregiver works closely with all professionals to understand court supervision expectations including risk, need, and responsivity (such as gender, learning style, motivation, culture and mental health) for justice involved youth.
L4	<p>Definition:</p> <ul style="list-style-type: none"> • Caregiver provides direct care and supervision on a continual basis during all awake time with the possibility of additional checks during not-awake periods. This level of supervision would be expected for a child with high medical needs. • Supervision includes the provision of highly structured interventions such as using specialized equipment and/or techniques and treatment regimens to ensure the safety of child and others. Examples of specialized equipment include apnea monitors, alarms, single bedrooms modified for treatment purposes, or adaptive communication systems, etc.; • Continuous direct care and supervision could also be the result of caring for a parenting youth in the home who has the additional responsibility of rearing their own biological child. • Caregiver seeks assistance from external sources to create specialized structure in the home that meets the child’s behavioral and emotional needs. This includes working with multiple 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 or legal risk. • This level requires at least one Caregiver to have a flexible schedule when a child cannot be maintained in other settings, including daily programming disruptions, unpredictable behaviors or cautionary measures linked to a parenting youth or frequent illnesses necessitating a Caregiver’s immediate response. • Caregiver maintains at minimum, weekly contact with mental health professionals and is an integral participant in the child’s mental health services and behavioral interventions. • Respite needs must be determined in advance with specialized pre-determined Caregivers included in an established plan. • Child and condition specific training could include criminogenic risk, trauma, crisis response, verbal de-escalation, caring for youth after institutional placements, special populations, etc. • Caregiver works with the child’s team to keep a current support plan understanding high risk domains and building skill around those, incentives and sanctions for youth involved in court.

Comments

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LOR 4 Education and Cognitive Development

The Education and Cognitive Development category of the NCR describes the level of educational and developmental interventions and techniques necessary to meet the child’s needs.

L1	<p>Definition:</p> <ul style="list-style-type: none"> • 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. • 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.) • Educational goals may include both school-based as well as job training goals (for older youth).
L2	<p>Definition:</p> <ul style="list-style-type: none"> • 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. • Caregiver implements monitoring in the home to reflect established learning plan objectives or collaborates with professionals regarding truancy matters, suspensions, advocating and bringing attention to educational concerns and engagement with school 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 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.
L3	<p>Definition:</p> <ul style="list-style-type: none"> • 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.

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	<ul style="list-style-type: none"> • Caregiver may require specialized training or certification in order to meet the child’s educational and cognitive needs. • Caregiver is an active participant in transition planning for a child moving from one educational setting to another. Examples include re-entry, truancy, transition from inpatient or congregate care, alternative education programming, etc.
<p>Comments</p>	

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<p>LOR 5 Socialization</p>	
<p>The Socialization category of the NCR describes the extent of caregiving responsibilities for a child to participate in developmentally appropriate activities. This could include school-based activities, sports, community-based activities, etc. Caregiver exercises Reasonable and Prudent Parenting standards.</p>	
<p>L1</p>	<p>Definition:</p> <ul style="list-style-type: none"> • 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. • 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.
<p>L2</p>	<p>Definition:</p> <ul style="list-style-type: none"> • Caregiver provides additional guidance to the child which 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. Examples may include educating coaches, camp counselors, etc. on higher needs of child, characteristics of an under-socialized child, be available (i.e. on call) to assist the child in participation. • Caregiver’s intervention and participation is beyond what would be expected for the chronological age of the child in order to ensure the child’s participation in the activity. • The child may not be able to participate without adult support requiring the Caregiver to attend and potentially shadow or intervene when necessary. Caregiver can give examples of the child’s normalized participation in the activity.
<p>L3</p>	<p>Definition:</p>

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	<ul style="list-style-type: none"> • 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. • Caregiver seeks out specialized and individualized activities appropriate for the child’s needs and aligned with the child’s interest. • Caregiver must participate and fully supervise child during all community and enrichment activities beyond what is expected for the chronological age of the child. Child requires special accommodations to participate in some normative activities and may not meet minimal performance requirements for some of those activities. • Understands specific needs of the child, educating themselves to finding highly specialized activities for the child, and ensuring the child has the ability to socialize and be engaged in the community with their peers in way that is safe and appropriate, and meets their needs. • Caregiver can provide examples of child’s normalized involvement in the activity.
<p>Comments</p>	

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<p>LOR 6 Support/Nurturance/Well-Being</p>	
<p>The Support, Nurturance and Well-Being category of the NCR describes caregiving to support the child, provide nurturance to promote healing and well-being. Examples include reassurance, affection, and involvement in family and community activities as necessary in order to promote the child’s well-being.</p>	
<p>L1</p>	<p>Definition:</p> <ul style="list-style-type: none"> • 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 advocates for services as needed. • 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 services as needed.

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L2	<p>Definition:</p> <ul style="list-style-type: none"> • Caregiver seeks out and self-educates about the child’s condition, • Works with professionals to develop, implement, and monitor specialized behavior management, support, and/or intervention strategies to address ongoing behaviors that interfere with support/nurturance and well-being needs. • Caregiver provides structure, behavioral and/or emotional support beyond what is considered to be age and developmentally appropriate. • Caregiver is able to provide examples of strategies and interventions implemented and professional who is guiding the plan. • Caregiver engages the family of origin to promote transfer of learning and continuity across settings.
L3	<p>Definition:</p> <ul style="list-style-type: none"> • In accordance with a formal behavioral management or support plan as directed by child’s needs and outlined by a professional, 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. • 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 contact (at least two or more times per month) 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.
<p>Comments</p>	

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LOR 7 Specialized Skills	
<p>The Specialized Skills category of the NCR describes the level of interventions, technique, training, and skill of the Caregiver to meet the child’s needs. Caregiver can provide documentation of training and certifications acquired to meet the child’s needs.</p>	
L1	<p>Definition:</p> <ul style="list-style-type: none"> • Caregiver maintains open communication with the child’s team about the child’s progress and adjustment to placement. • 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. • Caregiver has a documented respite plan.
L2	<p>Definition:</p> <ul style="list-style-type: none"> • The child’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, such as adolescent brain development or the effects of trauma on development. • Caregiver must utilize specialized knowledge, skills, and abilities to maintain child’s placement. • Demonstrates flexibility to respond to child’s needs in the moment and makes minor accommodations as needed to support the child. • Caregiver should provide examples of their specialized knowledge, skill, and abilities to ensure placement stability and participation in in-service training.
L3	<p>Definition:</p> <ul style="list-style-type: none"> • The child’s needs require daily or weekly involvement/participation by the Caregiver with intensive services and external supports provided by service providers as defined in case plan and/or treatment team. • Caregiver must collaborate with external supports in order to maintain placement. These external supports provide intensive interventions within the Caregiver’s home, without which child could not safely be maintained. Interventions must be selected and implemented in collaboration with the case manager. • Caregiver collaborates with intensive service interventions and demonstrates specialized knowledge, skills, and abilities to maintain child’s placement. • Additional condition specific training is required to maintain placement and prevent disruption. • Utilizes trained Caregivers to provide planned respite and Caregiver has their own support systems available to help. • Caregiver is open to additional trainings to stabilize the placement.
L4	<p>Definition:</p> <ul style="list-style-type: none"> • Interventions at this level are safety dependent or medically required. • Caregiver must be trained or certified to provide the therapeutic or medical interventions. • External supports provide intensive interventions within the Caregiver’s home, without which child could not safely be maintained. • The child’s needs require daily involvement/participation by the Caregiver with intensive in- home services and/or other treatment team members as defined in the case plan and or treatment team.

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	<p>The child’s needs require structured interventions specific to his/her needs as identified by the treatment team.</p> <ul style="list-style-type: none"> • Planned respite with skilled Caregivers that are also trained in how to administer the high medical needs, or backup support that knows the child’s needs and is able to provide specialized interventions. • Demonstrates a high degree of skill and the resiliency to maintain stability for the youth. Examples include the ability to de-escalate intimidating behavior, property destruction, and frequent episodes of missing from care. • Caregiver is equipped to provide medical interventions, and uses a support network available to provide backup medical interventions.
<p>Comments</p>	

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<p>LOR 8 Transition To Permanency and/or Another Planned Permanent Living Arrangement</p>	
<p>The Transition to Permanency and/or Another Planned Permanent Living Arrangement category of the NCR describes the level of preparation and involvement by the Caregiver necessary to prepare the child or youth for their permanency objective. This includes reunification with the family of origin, adoption, guardianship and Another Planned Permanent Living Arrangement. In this category, L1 and L2 are for permanency and L3 is for preparing a youth for transition planning for another planned permanent living arrangement.</p>	
<p>L1</p>	<p>Definition:</p> <ul style="list-style-type: none"> • Caregiver provides efforts to work with family and/or other significant adults to facilitate successful transition home or into another permanent placement. • Caregiver maintains communication with child’s team about progress towards permanency and availability as a permanency option for the child; • Caregiver completes the “Caregiver Information Form” for Juvenile Court review hearings; • Caregiver is an active participant in the child’s team and transition planning and advocates for the child’s need for permanency. • Caregiver regularly collaborates with team members to ensure child’s permanency goals are met.
<p>L2</p>	<p>Definition:</p> <ul style="list-style-type: none"> • Provides mentoring and coaching with the family of origin on the child’s schedule, techniques, interventions, in preparation for “discharge planning” and continuity of care. • Caregiver collaborates with case manager and other community resources to ensure child’s permanency goal is met. • 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,

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	<p>education, self-care, housing, transportation, employment, accessing community resources and lifelong connections.</p> <ul style="list-style-type: none"> • 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). • 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 achieves permanency.
L3	<p>Definition:</p> <ul style="list-style-type: none"> • Caregiver actively teaches and builds competence in the development of life skills, including attending classes with the youth when relevant and plays an active, hands-on approach in teaching life skills, to ensure youth is prepared for transition to adulthood. • Caregiver supports active participation of youth age 14 or above (who is able to transition to independent living) in services to facilitate the development of life skills and the transition to living independently as an adult. • Caregiver takes an active role in planning and coordinating day services, special education planning, self-sufficiency and other highly specialized services to be provided after age 19 due to the youth's needs. • The Caregiver ensures the young adult has obtained all necessary documentation and all necessary ongoing connections have been established, such as ongoing doctor appointments, a list of stable adults the young adult can call for help, etc. • For a youth with high medical needs, the Caregiver works with the child's treatment and medical team to arrange for continuity of services following discharge from state custody.
Comments	

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Required Signatures

Caregiver 1: _____
(Print) (Sign) (Date)

Caregiver 2: _____
(Print) (Sign) (Date)

CFS/Case Manager: _____
(Print) (Sign) (Date)

CPA Worker: _____
(Print) (Sign) (Date)

Nebraska Caregiver Responsibility Tool
Summary and Level of Parenting

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

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

Assessment Type:

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

Worker Completing Tool: _____ Service Area: _____

Caregiver(s): _____

Child Placing Agency: _____ CPA Worker: _____

Select 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 & Wellness	
LOR 2: Family Relationships/Cultural Identity	
LOR 3: Supervision, Structure, & Behavioral	
LOR 4: Education/Cognitive Development	
LOR 5: Socialization/Age-Appropriate Expectations	
LOR 6: Support/Nurturance/Well-Being	
LOR 7: Specialized Skills	
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.

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 24-27
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	
Specialized				Weighted score=10-12

Level of Parenting: _____

CFS/Case Manager: _____
(Print) (Sign) (Date)

CFS/Case Manager Supervisor: _____
(Print) (Sign) (Date)