



Nebraska Children's Commission
521 South 14th Street
Lincoln, NE 68508

March 29, 2016

Patrick O'Donnell, Clerk of the Legislature
State Capitol, Room 2018
PO Box 94604
Lincoln, NE 68509-4604

Dear Mr. O'Donnell:

Neb. Rev. Stat. §43-4217(4) requires the Foster Care Reimbursement Rate Committee of the Nebraska Children's Commission to submit its report and recommendations to the Health and Human Services Committee electronically by July 1, 2016, and every four years thereafter. This report is intended to fulfill the requirements of the above statute for the year 2016.

The attached report represents the work and collaboration of many stakeholders, including the Department of Health and Human Services – Children and Family Services, Nebraska Families Collaborative, the Administrative Office of Probation, and foster parents, in addition to many providers and child advocacy groups. The Nebraska Children's Commission reviewed and approved this report the March 15, 2016, meeting.

Respectfully,

Beth Baxter
Chairperson
Nebraska Children's Commission

Peg Harriott
Co-Chair
Foster Care Reimbursement Rate Committee

Gene Klein
Co-Chair
Foster Care Reimbursement Rate Committee

Enclosure:
Foster Care Reimbursement Rate Committee 2016 Report

Nebraska Children's Commission
Foster Care Reimbursement Rate Committee



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

March 15, 2016

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

Foster Care Reimbursement Rate Committee

March 15, 2016

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

History & Background

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

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

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

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

Rate Recommendations

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

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

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

Foster Parent Base Rates

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

Foster Parent Rates

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

Foster Parent Pre-Assessment Rate

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

Agency Support Rate

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

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

Recommendations:

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

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

The NCR Tool

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

Recommendations:

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

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

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

Training Needs

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

Recommendations:

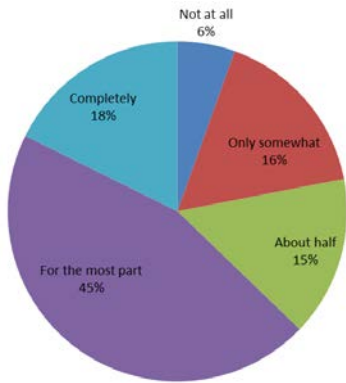
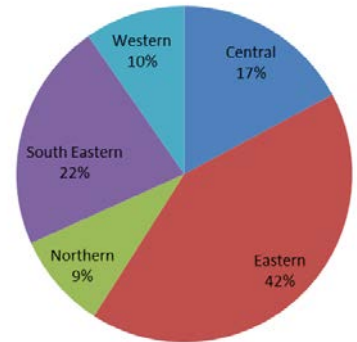
- 1. DHHS and partners should continue to implement a training and quality assurance plan to educate workers on the changes and requirements in the tool.** DHHS has engaged with partners to develop and provide training on the NCR for workers, and has indicated a willingness to continue this training.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

Foster Parent Survey Highlights

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

Foster Parent Service Area of Residence

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

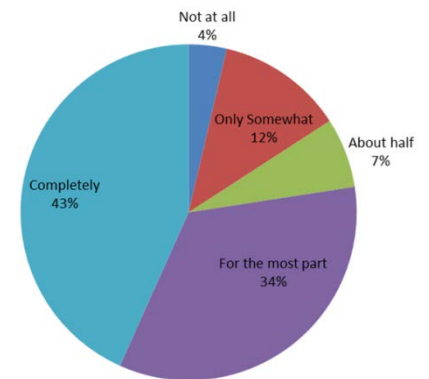


“I feel that the last time I filled out the NCR, it captured all of the services I provide for that child.”

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

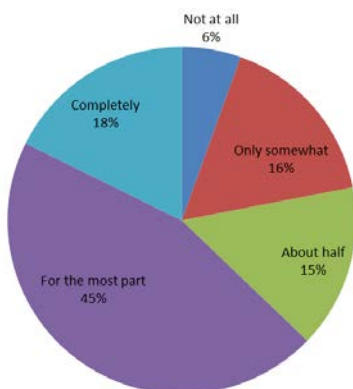
“The last time I filled out the NCR, I understood the purpose of the NCR.”

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



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

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



Foster Care Reimbursement Rate Committee Membership

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

Foster Care Reimbursement Rate Committee Membership

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

Nebraska Caregiver Responsibilities (NCR)

Child's Name: _____

Child's Master Case # _____

Today's Date: _____

Last Assessment Date: _____

Previous Score: _____

Assessment Type:

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

Worker Completing Tool: _____

Service Area: _____

Caregiver(s): _____

Child Placing Agency: _____

CPA Worker: _____

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

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

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

CIRCLE ONE ONLY

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

CIRCLE ONE ONLY

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

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

CIRCLE ONE ONLY

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

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

CIRCLE ONE ONLY

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

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

CIRCLE ONE ONLY

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

CIRCLE ONE ONLY

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

CIRCLE ONE ONLY

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

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

SIGNATURES:

NAME: _____

Foster Parent

DATE: _____

NAME: _____

Foster Parent

DATE: _____

NAME: _____

CFS/FPS Worker

DATE: _____

NAME: _____

CFS/FPS Supervisor

DATE: _____

NAME: _____

CPA Representative (if involved)

DATE: _____

NAME: _____

Other Participant

DATE: _____

NCR TOOL

Nebraska Caregiver Responsibilities Summary and Level of Parenting

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

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

Assessment Type:

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

Worker Completing Tool: _____ Service Area: _____

Caregiver(s): _____

Child Placing Agency: _____ CPA Worker: _____

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

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

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

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

Weighted Score: _____

Record the Total LOR Score from page 1: _____

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

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

Level of Parenting: _____

NAME: _____

CFS Worker

NAME: _____

CFS Supervisor

DATE: _____

DATE: _____