Level of Care Workgroup
Meeting Minutes
February 18, 2014
10:00 - 12:00

Present: Lana Temple-Plotz, Karen Knapp, Ryan Suhr, Barb Nissen, Jenna Davenport, Jackie Meyer

Absent: Michelle Anderson, Katie McLeese Stephenson, Susan Henrie

Resources: Jodi Allen, Micaela Young (Cedars), Ronda Newman (NFC), Leesa Sorensen

Discussion:

1. Additions/changes to LOC tool
    a. we have improved the definitions and discussed adding boxes to the front page to include:
        i. initial
        ii. reassessment (6 months from date of previous tool)
        iii. change of child circumstance
        iv. permanency plan change
        v. request of foster parent
        vi. request of agency/department
        vii. change of placement
        viii. Line to indicate the date of next review
    b. Lana will clean up the definitions, add the boxes and weighting of LOC 1,3 and 7.
    c. Group noted that the tool may be an effective tool to use when matching foster parents to the youth they'll potentially serve. By having foster parents complete the tool prior to any placements, DHHS and agencies will have a better understanding of what responsibilities foster parents are willing to assume.

2. Linking SDM/CANS/NCR - workgroup again discussed the importance of each of these tools being linked or "crosswalked." If the CANS is redone then the NCR should be redone.

3. Communication Plan - workgroup again discussed the importance of the new process and tools being communicated to foster parents and agencies by DHHS, NFC and Probation.

4. Training and Quality Assurance Plan - workgroup again discussed the need for a solid training and quality assurance plan and referenced the original Level of Care subcommittee report as a good resource.

Recommendations to Rate Committee:

1. DHHS implement LOC tool with changes effective July 1, 2014

2. DHHS implement parenting levels (essential, enhanced, intensive) and corresponding rates effective July 1, 2014:

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*

3. DHHS implement Pre-Assessment Rates effective July 1, 2014:

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

4. DHHS work to link the SDM to the CANS to the LOC tool

5. Rate Committee determine if respite needs to be defined. Workgroup members discussed this definition but then determined defining respite was beyond the scope of our work. The definition included:
    a. 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 supportive payment paid to the agency or the foster parent payment in cases where foster parents are supported by DHHS. Any costs associated with the respite care plan would be the responsibility of the agency or DHHS.

5. DHHS work with NFC and Probation to come up with a communication plan and process for rollout of training.

6. DHHS utilize the previous Level of Care subcommittee report as a reference when developing a training and quality assurance plan.

7. By July 1, 2015 a report be submitted by DHHS, Probation and the 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

Submitted by: Lana Temple-Plotz

Foster Care Reimbursement Rate Committee
Recommendations Draft Document
(with April 1, 2014 approved changes)
XXX X, 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.

B. Recommend the Nebraska Children's Commission continue to monitor the progress of the work being done by the Department of Health and Human Services (DHHS), NFC, ~~Probation,~~ the Foster Care Reimbursement Rate Committee, and other related industry groups to ensure that: base rates; level of parenting rates; and ~~agency support~~ Child Placement Agency rates are established and implemented:
   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.

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

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

D. Recommend the implementation of the Nebraska Caregiver Responsibilities (NCR) tool for all youth placed ~~effective~~ July 1, 2014, or after. As the NCR is a newly developed tool, DHHS and NFC may override the NCR tool administration results if determined to be in the child's best interest.

E. Recommend the adjustments highlighted in red on the NCR tool be made prior to implementation (attachment).

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F. ~~Recommend the following tools SDM/CANS/NCR be linked together for implementation when making a determination regarding foster parent rate.~~

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

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

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

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

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

J. Recommend that respite costs be addressed as follows:

> Development of a respite care plan is the joint responsibility of DHHS/Agency Supported Foster Care provider and the foster parents. Respite is included in the supportive payment paid to the agency or the foster parent payment in cases where foster parents are supported by DHHS. Any costs associated with the respite care plan would be the responsibility of the agency or DHHS.

K. Recommend that transportation costs for foster parents and agency support services be reimbursed in the following level for transportation that exceeds an xx mile limit.
   a. xxxxx

L. Recommend the Nebraska Children's Commission require the development of a **solid training, quality assurance and communication plan** to support the implementation of the NCR tool and the change in foster parent rates and agency provider rates. Training, quality assurance and communication plans will need to be developed and implemented by DHHS, NFC and Probation. It is recommended that the initial Level of Care subcommittee report be used as a reference when developing the training and quality assurance plan.

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, NFC and Probation to meet the needs of children with unexpected and unusual circumstances.

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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.

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

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DHHS Daily Rate Structure, Effective July 1, 2014

Maintenance Payments	*Age*	*Essential Daily Rate*	*Enhanced Daily Rate*	*Intensive Daily Rate*	*Adminstratve/Support Daily Rate*
	0 - 5	20.00	27.50	35.00	10.26 (45% of Average Rate)
	6 - 11	23.00	30.50	38.00	12.22 (40% of Average Rate)
	12 - 18	25.00	32.50	40.00	15.06 (40% of Average Rate)

Adminstrative Payments	*Essential*	*Enhanced*	*Intensive*
Foster Care Specialist	5.43	6.84	8.88
Foster Care Supervisor	0.85	1.07	1.40
License/Tng Recurit	2.27	2.27	2.27
+ 20% Indirect Rate	1.71	2.04	2.51
Total Adminstrative Payment	10.26	12.22	15.06

DHHS/CFS: (DT:ratestructuremay2-14)

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 Child Circumstance

Worker Completing Tool: _____ Service Area: _____

Caregiver(s): _____

Child Placing Agency: _____ CPA Worker: _____

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

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

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

LOC 1 Medical/Physical Health & Well-Being		
L1	Caregiver arranges and participates, as appropriate in routine medical and dental appointments; Provides basic healthcare and responds to illness or injury; administers prescribed medications; maintains health records; shares developmentally appropriate health information with child.	

	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 andother 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 participatingin 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:	

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).

SIGNATURES:

Youth:_____ Date:_____

NAME:_____
Foster Parent

NAME: _____
Foster Parent

DATE: _____

DATE: _____

NAME: _____
CFS Worker

NAME: _____
CFS Supervisor

DATE:_____

DATE:_____

NAME: _____
CPA Representative (if involved)

NAME: _____
Other Participant

DATE:_____

DATE:_____

Nebraska Caregiver Responsibilities
Summary and Level of Parenting

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

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

Assessment Type:

- ☐ 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 LOC categories on the Nebraska Caregiver Responsibilities tool and record them below:

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

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

Weighted Score: _____

Record the Total LOC Score from page 1: _____

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

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

Level of Parenting: _____

NAME: _____

CFS Worker

NAME: _____

CFS Supervisor

DATE:_____

DATE:_____