

**Level of Care Workgroup**  
August 21, 2015  
1:00 PM – 3:00 PM  
Nebraska Children’s Home Society  
4700 Valley Road  
Lincoln, NE

**Call to Order**

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The Level of Care Workgroup Chair, Lana Temple-Plotz, began the meeting at 1:05 p.m. She welcomed the members present.

*Workgroup Members present (7):*

Susan Henrie	Jacquelyn Meyer	Lana Temple-Plotz
Karen Knapp	Dave Newell	
Doug Kreifels (1:31)	Stacey Scholten	

*Guests in Attendance (2):*

Bethany Allen	.....	Nebraska Children’s Commission
Amanda Felton	.....	Nebraska Children’s Commission

**Discussion**

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Lana asked if Bethany Allen, Policy Analyst with the Nebraska Children’s Commission, would refresh the members on the topics needing review from the last meeting. Ms. Allen identified four topics that needed to be addressed. The four topics included transportation responsibilities, the appropriateness of Level of Care (LOC) 8 within the Nebraska Caregiver Responsibilities (NCR) tool, addressing the needs of children that are over and above what the NCR accommodates for, and the potential for a fourth Level within the LOCs of the NCR tool.

**A. Transportation**

Lengthy dialogue ensued regarding the mechanisms in place to provide payment for transportation received by the foster parents and by the agency. The group questioned if proper education was being given to the caregivers regarding transportation reimbursement and the process for receiving it.

The topic shifted when Dave Newell noted that the complications are less to do with payment, and more to do with the logistics of transporting the children. In homes with several youths, often times the agencies will supplement transportation needs to caregivers who cannot fulfill all the necessary transportation needs. The Workgroup agreed that a group should be formed to clarify who will assume transportation responsibilities for youth – the caregiver or the agency - by revising the language in each level definition of the NCR. Individuals recommended to work on this project included Karen Knapp, Jacquelyn Meyer, and Robin Chadwell.

## **B. Level Of Care (LOC) 8**

The Workgroup moved on to the topic of the LOC 8 in the NCR. It was debated as to if the LOC should be split with Transition to Permanency as the eighth LOC and Independent Living as a ninth LOC. One option raised was to keep them both under LOC 8, but to include a place to indicate if the youth's plan is for Permanency or Independent Living. If this option were selected, Karen Knapp noted that whatever plan was selected would need to be very clear in what that looked like for both the caregiver and the agency involved.

As the Workgroup focused in on LOC 8, it became clear that the language of the definitions was confusing. The group of Karen, Jacquelyn, and Robin already working on addressing the transportation definitions within the NRC agreed to also revisit the definitions within this LOC to clear up any confusion regarding Permanency vs. Independent Living.

## **C. Outlier Children With Needs Above and Beyond the Levels of the NCR/Adding a fourth Level to the LOCs**

Currently, youth that have needs that are greater than those covered in the NCR tool, have a Letter of Agreement created that outlines their required services. The benefits to keeping youth with extraordinary needs under a Letter of Agreement are that the administration is aware of each individual case and the situations surrounding them. The negative to using Letters of Agreement as opposed to a something like a fourth level of care is that there is no standardized methodology for the rates, which prevents the use of Federal IV-E funding.

Several ideas were proposed including adding a fourth level that requires administrative approval and creating a standard methodology for determining rates for higher levels of functional, cognitive, or medical needs. It was determined that this issue may be larger than the scope of the Workgroup and would be presented to the Foster Care Rate Reimbursement Committee who can subsequently propose a recommendation to the Nebraska Children's Commission.

## **D. Discrepancies between caregiver and agency responsibilities regarding the needs of the child**

Throughout the general discussion, the topic of caregiver/agency responsibilities continued to come up. The members conferred over how to handle situations in which caregivers are unable to take on the higher responsibilities required to manage the child in their care.. In these cases the agencies must step in and compensate to meet the youth's needs. It was mentioned that there was a need for an administrative reimbursement rate and a separate rate for caregivers so that appropriate compensation could be administered to both parties. Conversation ensued regarding how to accommodate this need.

The Workgroup decided that some sort of standardized needs assessment was needed to assist in recognizing the level of care necessary for the youth. Debate occurred as to if the Child and Adolescent Needs and Strengths (CANS) tool or the Family Strengths and Needs Assessment (FSNA) would be a more appropriate way to assess child needs. In order to make an educated decision, the members agreed to invite people with expertise with both tools to discuss how they relate and compare. The two individuals recommended to discuss

the tools with the Workgroup were Dan Little with the Nebraska Families Collaborative and Ashley Peters from the Department of Health and Human Services.

As for how to address the need to pay the agencies at a higher rate when the foster parents are unable to take on the higher responsibilities required to manage the child in their care, the Workgroup had difficulty reaching a solution. The members recalled that the Administration rate for reimbursement was originally determined by the Foster Family-Based Treatment Association (FFTA). It was agreed to take this issue to the FFTA for review.

### **Final Recommendations**

- Karen Knapp, Jacquelyn Meyer, and Robin Chadwell will look into the LOC definitions and how they relate to transportation.
- The same group mentioned above will review LOC 8 and clean up the definitions to clear up any confusion that may occur between the terms Permanency and Independent Living.
- Dan Little and Ashley Peters, individuals with expertise in the use of NCR and how it relates to the CANS and the FSNA, will attend the next meeting to discuss the two tools.
- The issue of outlying children with needs beyond the NCR will be brought to the attention of the Foster Care Rate Reimbursement Committee for review.
- The Foster Family-Based Treatment association would be approached about the discrepancies between youth needs and foster parent responsibilities and their experience with the issue.

### **Next Meeting Planning**

Bethany Allen informed the Workgroup that if they wished any of these issues to be included in the December 2015 legislative report of the Nebraska Children's Commission that they would need to have it prepared for recommendation to present at their November 17<sup>th</sup> meeting. Mr. Newell indicated that he would like to look into recommending Medicaid Treatment Foster Care as an option under the next Medicaid plan. A meeting was scheduled for 2:00 p.m. – 4:00 p.m. on Wednesday, September 16, 2015 to review the progress of the Workgroup and make final recommendations for a report to submit to the larger Foster Care Reimbursement Rate Committee and the Nebraska Children's Commission.

### **Adjournment**

The meeting adjourned at 2:40 p.m.

08/26/2015

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# Nebraska Caregiver Responsibilities (NCR)

Child's Name: \_\_\_\_\_

Child's Master Case # \_\_\_\_\_

Today's Date: \_\_\_\_\_

Last Assessment Date: \_\_\_\_\_

Previous Score: \_\_\_\_\_

## Assessment Type:

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

Worker Completing Tool: \_\_\_\_\_

Service Area: \_\_\_\_\_

Caregiver(s): \_\_\_\_\_

Child Placing Agency: \_\_\_\_\_

CPA Worker: \_\_\_\_\_

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

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

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

**CIRCLE ONE ONLY**

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

**CIRCLE ONE ONLY**

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

**CIRCLE ONE ONLY**

<b>LOC 3 Supervision/Structure/Behavioral &amp; Emotional</b>	
<b>L1</b>	<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>
<b>L2</b>	<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>
<b>L3</b>	<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 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.</p> <p>Definition: Caregiver follows established treatment plan to ensure child's safety and well-being. Treatment plan requires immediate and ongoing (more than once daily) monitoring and interaction. Strategies and interventions are developed in accordance with treatment plan and in consultation with case manager and must be followed to ensure child's immediate and ongoing safety and well-being. If plan is not followed child is at risk of imminent danger. Caregiver maintains frequent contact with mental health professionals and actively participates in services and monitoring. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.</p>
Outline the caregiver responsibilities:	

**CIRCLE ONE ONLY**

<b>LOC 4 Education/Cognitive Development</b>	
<b>L1</b>	<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 <b>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.)</b></p>
<b>L2</b>	<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>
<b>L3</b>	<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>

**CIRCLE ONE ONLY**

<b>LOC 5 Socialization/Age-Appropriate Expectations</b>	
<b>L1</b>	<p>Caregiver works with others to ensure child's successful participation in community activities; ensures opportunities for child to form healthy, developmentally appropriate relationships with peers and other community members, and uses everyday experiences to help child learn and develop appropriate social skills.</p> <p>Definition: Caregiver encourages and provides opportunities for child to participate in age-appropriate peer activities at least once per week. Caregiver can give examples of the child's participation the activity. Caregiver * transports to activity if needed. Caregiver monitors negative peer interactions. Examples may include: school-based activities, sports, community-based activities, etc.</p>
<b>L2</b>	<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>
<b>L3</b>	<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>

**CIRCLE ONE ONLY**

<b>LOC 6 Support/Nurturance/Well-Being</b>	
<b>L1</b>	<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>
<b>L2</b>	<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>
<b>L3</b>	<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>

**CIRCLE ONE ONLY**

<b>LOC 7 Placement Stability</b>	
<b>L1</b>	<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>
<b>L2</b>	<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>
<b>L3</b>	<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**

<b>LOC 8 Transition To Permanency and/or Independent Living</b>	
<b>L1</b>	<p><b>For all children regardless of their permanency objective,</b> Caregiver provides routine ongoing efforts to work with biological family and/or other significant adults to facilitate successful transition home or into another permanent placement. Caregiver provides routine assistance in the on-going development of the child/youth life book.</p> <p>Definition: Caregiver collaborates with case manager and other community resources to ensure child’s permanency goal is met. Caregiver works with youth in ongoing development of youth’s life book in preparation for permanency. Caregiver addresses developmentally appropriate daily life skills with the child.</p>
<b>L2</b>	<p>Caregiver actively provides age-appropriate adult living preparation and life skills training for child/youth age 8 and above, as outlined in the written independent living plan and determined through completion of the Ansell Casey Life Skills Assessment.</p> <p><b>For those youth available for adoption or guardianship</b> who have spent a significant portion of their life in out of home care, the caregiver (with direction from their agency and in accordance with the case plan), actively participates in finding them a permanent home including working with team members, potential adoptive parents, therapists and specialists to ensure they achieve permanency.</p> <p>Definition: <b>For children 8 and above</b> 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.</p> <p><b>For children with goals of adoption and guardianship,</b> the Caregiver regularly collaborates with the permanency staff to ensure child’s permanency goals are met. If the caregiver will be providing permanency for the child, the caregiver is actively participating in adoption preparation activities. (examples include training, support group, mentor support, respite care) Caregiver can provide examples of ongoing efforts to ensure permanency.</p>

**CIRCLE ONE ONLY**

<b>L3</b>	<p>Caregiver supports active participation of youth age 14 or above in services to facilitate transition to independent living.</p> <p><b>For children with goals of adoption and guardianship, the Caregiver regularly collaborates with the permanency staff to ensure child’s permanency goals are met. If the caregiver will be providing permanency for the child, the caregiver is actively participating in adoption preparation activities. (examples include training, support group, mentor support, respite care) Caregiver can provide examples of ongoing efforts to ensure permanency.</b></p> <p>Definition: Caregiver partners with independent living resources to ensure youth is prepared for transition to independent living. Caregiver provides assistance and interventions on an ongoing basis and in accordance with established IL plan (for youth over age 15). Caregiver demonstrates role in preparing youth for independent living by providing concrete examples of provided intervention and child’s skill acquisition.</p>
	Outline the caregiver responsibilities:

**SIGNATURES:**

NAME: \_\_\_\_\_

Foster Parent

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

Foster Parent

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

CFS/FPS Worker

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

CFS/FPS Supervisor

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

CPA Representative (if involved)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

Other Participant

DATE: \_\_\_\_\_



\*Please detail arrangements in responsibilities section for each LOC. If the caregiver is unable to provide transportation, alternate arrangements must be discussed in detail at this time. Please record those arrangements in the responsibilities section as well.

#### Proposed changes to LOC 8

L1 See added phrase.

L2 For children whose permanency objective is reunification, guardianship or adoption, 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.

In addition to the above responsibilities, for those children with Independent Living as a permanency objective or 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.

In addition to the above responsibilities, for children with goals of adoption and guardianship, the Caregiver regularly collaborates with the permanency staff to ensure child's permanency goals are met. If the caregiver will be providing permanency for the child, the caregiver is actively participating in adoption preparation activities. (For example: training, support group, mentor support, respite care) Caregiver can provide examples of ongoing efforts to ensure permanency.

L3

For those youth whose permanency objective is reunification, guardianship or adoption, caregiver supports active participation of youth 14 and above in services to facilitate the development of adult life skills. For children with goals of adoption and guardianship, the Caregiver regularly collaborates with the permanency staff to ensure child's permanency goals are met. If the caregiver will be providing permanency for the child, the caregiver is actively participating in adoption preparation activities. (examples include training, support group, mentor support, respite care) Caregiver can provide examples of ongoing efforts to ensure permanency.

For children whose permanency objective is Independent living, caregiver partners with Independent Living resources to ensure youth is prepared to transition to living independently as an adult. Caregiver provides assistance and interventions on an ongoing basis and in accordance with the youths IL plan.

Definition: For those youth whose permanency objective is reunification, guardianship or adoption, caregiver facilitates the provision of services including but not limited to assistance with budgeting, education, self-care, permanency and lifelong connections. Caregiver provides assistance and interventions on an ongoing basis and in accordance with the established IL plan for you over age 15.

For youth whose permanency objective is Independent Living, caregiver facilitates the provision of services including but not limited to assistance with budgeting, education, self-care, permanency, lifelong connections, finances, housing, transportation, employment and community resources. Additionally, caregiver works with and coordinates closely with the youths PALS specialist to ensure a smooth transition to an independent adult living situation.