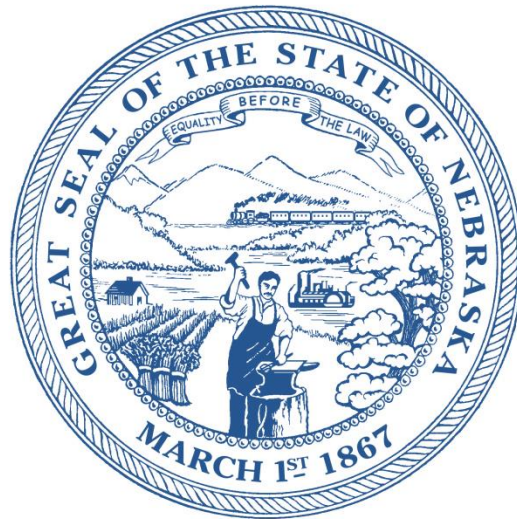


# **The Nebraska Foster Care Review Office Report on the State Ward Permanency Pilot**

Submitted pursuant to LB905 (2014)



**Issued March 24, 2015**

# Foster Care Review Office Report On the State Ward Permanency Pilot

March 24, 2015

## Background

LB905 (2014) created the State Ward Permanency Pilot as of July 1, 2014, providing \$1,500,000 in general funds. The Project serves state wards who are eligible for services through the DHHS Division of Developmental Disabilities, but do not qualify for priority funding under the Developmental Disabilities Service Act. State wards receiving an enhanced level of care or otherwise assessed to have above-average habilitative needs are to be given priority to participate in the Pilot.

LB905 bill requires that the Pilot collect data on the following:

1. The impact of services provided in the Pilot on the state wards' developmental progress.
2. The total number of state wards participating in the Pilot and their status in the child welfare system.
3. The number of state wards participating in the Pilot who achieves permanency, whether through adoption, guardianship, reunification, or another form of permanency.
4. The level of stability in placements for state wards in the Pilot.
5. The impact on the overall support to families before and after permanency is achieved.

The collected data is to be reported to the Foster Care Review Office. The FCRO is to analyze the data and provide a report to the Health and Human Services and Appropriations Committees every six months throughout the term of the Pilot, which is to terminate June 30, 2016. This is the first such report.

To complete the FCRO report, we discussed each individual case with the child welfare case manager and supervisor to ensure that we had the most current information regarding the youth's needs and status. We also discussed any and all process and systemic issues that have occurred since the Pilot began in July 2014. This data and information was analyzed and made a part of this report.

DHHS Development Disabilities sent the Pilot data to the FCRO in mid-February, 2015. A copy of the information they sent is in **Appendix A**. In summary, Pilot data shows:

Item	Average	Median
Annual Cost Per Child	\$92,691	\$78,224
State Portion	\$41,941	\$34,419
CFS Cost	\$88,056	\$71,350
Length of time in care (in days)	1,549 days	1,280 days
# of Placements As State Ward	8 placements	6 placements

## Data Analysis

Based upon the information received by the FCRO, the following is a summary of the five types of data required to be collected under LB905:

### **1. Number of State Wards in Pilot and Current Child Welfare Status**

Regarding the number of children participating in the Pilot, as of December 2014, there were **38 children** served by the Pilot. The status for each category of these youth is as follows:

- Developmental disability eligibility was put into place and state wardship was terminated by the court (**4 children**):
  - One child had achieved permanency through out-of-home specialized developmental disability services with the parents retaining custody and state ward status terminated by the juvenile court.
  - One child had achieved permanency through family reunification with developmental disability supports and state ward status terminated by the juvenile court.
  - One child had achieved permanency through an enhanced family home with developmental disability services and state ward status was terminated by the juvenile court.
  - One child had achieved permanency through family reunification but developmental disability services are still pending but the state ward status was terminated by the juvenile court.
  
- Children that reached age of majority while participating in Pilot process (**4 children**):
  - Two children reached the age of majority and are now in an adult guardianship and receiving developmental disability funding.
  - One child reached the age of majority prior to achieving permanency so Bridge to Independence services is being utilized while he transitions into developmental disability services and hopefully receiving SSI funds.
  - One child reached the age of majority prior to achieving permanency and is receiving developmental disability services but not sure as to status of any type of adult guardianship.
  
- Developmental disability services were denied (**1 child**):
  - One child was originally authorized for developmental disability services but has been denied due to his adaptive functioning level.
  
- Developmental disability services were approved but family declined the services (**1 child**):
  - One child was approved for developmental disability services but there was a disagreement as to the best placement for this child so services were declined to ensure placement stability.
  
- Developmental disability services have been approved and implemented but state wardship is not terminated by the juvenile court (**9 children**).

- Developmental disability services have been approved but have not been implemented as of the date of this report due to process issues (**13 children**).
- Developmental disability services have **not** been approved but are in the eligibility determination status as of the date of this report (**6 children**).

## **2. Number of State Wards Achieving Permanency**

There were four state wards that achieved permanency by having DD eligibility put into place and their state ward status ended by the courts. Another four wards reached the age of majority (legal adulthood) during the Pilot implementation, which should not be considered permanency achieved due to the effects of the Pilot.

Since we are only nine months into the Pilot, the number achieving permanency due to the Pilot should increase during the upcoming year.

## **3. Level of Stability in Placements for those Children accepted into Developmental Disability Services**

Of those children receiving developmental disability services, since July 2014 one child had two placements and the remainder had only one placement.

## **4. Impact of Services on State Wards' Developmental Progress**

None of the state wards involved in this Pilot have been eligible and receiving developmental disability services for over six months. Each of these children does have an Individualized Personal Plan with specific goals. At this time, no report was possible on the progress of these children.

## **5. Impact on Families before and after Permanency**

This information in the future will be included on each child's Individualized Personal Plan but it is not currently available due to being in the early stage of the Pilot.

## **Process and Systemic Issues**

In the discussions that were held by the Foster Care Review Office and DHHS CFS case manager or NFC case manager (in the Eastern Service Area), various process and systemic issues came to light that need further investigation. It is the plan of the FCRO to continue to work with all of the stakeholders during the next year to resolve some of these issues.

The following are some of the most pressing **process issues** stated to the FCRO during these meetings:

1. **Initial communication issues and lack of fully collaborative efforts between DHHS/DD and DHHS/CFS** regarding the Pilot. As “sister agencies” there should be cross-educational trainings both for child welfare case managers and for developmental disability service coordinators so that each understand the specific requirements and responsibilities. It is our understanding that this cross-training has started but a plan needs to be developed to ensure that this educational piece continues. By truly educating all staff, better communication will occur. All stakeholders interviewed did state that communication has improved in the past couple of months so the FCRO does want to acknowledge and give credit for important changes.
2. **Lack of effective documentation and communication regarding specific reasons for denial of DD eligibility or when developmental disability funding is to begin.** Currently, when a child is denied developmental disability benefits, the denial letter does not contain specific information as to the reasons for denial. This makes it extremely difficult to determine the best course of action to take in the best interest of the child. Also, once eligibility is determined and funding is available there needs to be communication between DHHS/DD and DHHS/CFS as to when DD services are set to begin.
3. **There were no specified time frames communicated regarding when DHHS/DD must respond to an application requesting DD eligibility.** State regulations require that once eligibility is determined, notification must be sent within 14 calendar days. There are no time periods set in State regulations regarding the time by which DHHS/DD must determine eligibility. DHHS/DD documents state that DD has 30 days from either the receipt of all documents by DHHS/DD or 90 days after a DHHS/DD service specialist is assigned. These are very difficult time periods to compute or to even know when these events have occurred. In some cases in this Pilot, the eligibility process took so long that evaluations needed to be re-done. This caused further delays for some of these children. DHHS/DD only accepts evaluations that are valid within a one year time period.
4. **Many of the children involved in this Pilot have co-occurring issues** such as lower cognitive abilities and mental/behavioral health issues. This does complicate treatment and service selection when the children have multiple issues. It also has impacted the ability to find appropriate placements for these children, thereby, delaying the ability to receive developmental disability services.

The following are some of the most pressing **systemic** issues stated to the FCRO during these meetings:

1. **There are major philosophical differences and a lack of systemic processes between DHHS/DD, DHHS/CFS, and DHHS/Medicaid in regard to how decisions are made.** Some of these differences are dictated by federal and state law but not all of these differences are so dictated. These are “our” children and not just children in one system or another.
  - DHHS/CFS, for instance, is required to put the best interests of the child first with the belief that children grow best in a family setting and not in congregate care. DHHS/CFS services for these children are prescribed by a court process. On the other hand, DHHS/DD can and does utilize congregate care settings. For example, a child that was in a licensed foster home willing to become an enhanced family home but DHHS/DD would only fund if the child was moved to a congregate care setting. Each agency should be focused on meeting the best interest needs of the child through a “trauma-focused” lens that mitigates the number of placement changes.
  - There is not currently a team approach to each individual child’s care. DHHS/CFS, DHHS/DD and DHHS/Medicaid representatives need to triage each case in order to determine which system can best serve that child’s individual set of needs. This type of triage system should occur for any and all children and not just the children involved in this Pilot. It should also occur at the preventative level or at the time of a call to the DHHS/CFS Hotline and not just once the juvenile court is involved.
2. **There is no uniformity between the requirements for a DHHS/CFS licensed foster home and DHHS/DD enhanced family home.** Licensed foster homes have very specific state regulations that require, for example, home studies and background checks. DHHS/CFS has contracts with non-profit agencies and internal staff to ensure that these regulations are being met through oversight. DHHS/DD Enhanced family homes are certified but not licensed and with some state regulations. Consistency should occur between DHHS/CFS and DHHS/DD to ensure a smooth transition of homes between these two systems. In fact, the Pilot found that it can take several months for a DHHS/CFS licensed foster home to be recognized as a DHHS/DD enhanced family home. This further delays DHHS/DD funding. As a system, we need to develop and implement a common set of requirements for the best interest of this vulnerable population.
3. **Many DD funded children reside in DD group homes.** Since many of these DD homes are less than four beds, the home does not need to be licensed as a residential child caring facility. One question that we need to ask is who provides the oversight regarding these homes. DD requirements come into play when there are four or more people placed in this type of setting. This is one of our most vulnerable populations so we need to ensure that their needs are being met including oversight over these types of placements.

4. **There are no clear guidelines or rules regarding who gets notice of the DHHS/DD denial and who can appeal a denial by DHHS/DD when the denial involves a state ward.** This is especially true when the parental rights of the state ward have been terminated. There is no biological parent to receive DHHS/DD denial notice or to effectuate an appeal. This leads to question if DHHS/CFS can appeal a denial decision made by DHHS/DD. If DHHS/CFS can't appeal a denial by DHHS/DD, who is truly advocating for the best interest of this child in these situations? A court-appointed guardian ad litem could possibly fulfill this role but most guardian ad litem feel that this requires a special court order vesting with them the power to make these decisions. That is even assuming that the guardian ad litem is notified of any denial which they usually are not. Even if parental rights are intact, who can assist the parent in the appeal process or at least educate them on the appeal process. Is this outside of the duties and responsibilities of a DHHS/CFS case manager? There are no clear processes or procedures with regard to these roles to ensure due process occurs.
5. **There are no clear guidelines or rules regarding who can be accepted as a guardian for a DHHS/DD eligible child.** Under DHHS/DD requirements, if a child receives DD funding and does not reside in the parental home or parental rights are no longer intact, there must be a guardian arranged to accept financial payment. This guardian cannot be the DD placement nor can it be anyone who has a "conflict of interest" with the child. In some cases, DHHS/DD has defined this to be any person who knows the child or the placement which makes it extremely difficult to locate such a person. Many cases in the Pilot are pending DHHS/DD funding until a guardian can be located and approved. DHHS/DD stated that this requirement is part of the DHHS/Medicaid waiver. As a system, we need to thoroughly research this area and determine how these situations can and should be handled to meet the needs of the children and families as well as meet legal requirements.
6. **Further research needs to be completed into whether there is a disincentive to adopt state wards with developmental disability issues.** Any monthly adoption subsidy is substantially less than payment as an enhanced family home and the adoption subsidy ends when the child reaches age 19. Do we as a system need to consider some type of blended or braided funding for these children to ensure permanency is achieved?
7. **Clarification of the determination of DHHS/DD priority funding.** DHHS/DD regulations state that priority funding is given to (a) individuals who need immediate intervention to prevent imminent physical harm caused by abuse or neglect; lack of medical care; or lack of food, housing or clothing or (b) individuals for whom immediate intervention by the Department is needed to prevent harm to themselves or others. These definitions would appear to include the majority of children within the child welfare system that meet DHHS/DD eligibility requirements. This has not been the case since the position has been taken that once a child is a state ward in the child protection system; they are no longer in imminent physical harm or needing immediate intervention. This is clearly a question of timing regarding the application

for DD services. Again, if there was a team approach between DHHS/CFS and DHHS/DD at the initial entry into the child protection system, a decision could be made regarding which system can most appropriately meet the needs of this child and family.

**The following are recommendations offered by the FCRO based on the data and information from the earliest stages of the Pilot.**

1. When a potentially DD eligible child comes to the attention of child protection system, ensure that the vulnerable child is screened for eligibility promptly and appropriate services prioritized. For many such families neglect is a combination of exhaustion and a need for supports. Getting children and families into appropriate services (such as respite care, educational services, personal assistance, and assistive technologies) could prevent further neglect or abuse and assist in keeping children safe.
2. Increase communication across silos. Develop a true team approach and break down artificial barriers to assisting families in need. Ensure that CFS caseworkers understand the DD System and vice versa. Assist other stakeholders regarding the special needs of children with a developmental disability. Communicate the rules clearly and effectively, and include the source for such rules (federal, state law, policies, procedures, administrative memos, etc.).
3. Determine how there could be a meaningful appeals process if DD services are denied, and then work to build such a process.

The FCRO appreciates the assistance from DHHS/CFS and DHHS/DD on the completion of this report and we look forward to analyzing additional data from the Pilot in the future.

The FCRO offers to help host collaborative meetings between DHHS/CFS and DHHS/DD if that would be helpful in addressing system issues and promoting a better understanding between the systems.

Respectfully submitted,

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## **Appendix A**

### **Information Provided by the Project**

#### **Department of Health and Human Services Division of Developmental Disabilities State Ward Permanency Pilot Project Report as of December 31, 2014**

Legislative Bill 905 (2014) created the State Ward Permanency Pilot Project (SWPPP) as of July 1, 2014, providing \$1,500,000 in general funds for developmental disabilities services to state wards in order to provide optimal habilitative supports and promote permanency. The SWPPP serves state wards who are eligible for services through the Division of Developmental Disabilities (“the Division”) but do not qualify for priority funding as set forth in the Developmental Disabilities Services Act. State wards receiving an enhanced level of care or otherwise assessed to have above-average habilitative needs are to be given priority to participate in the SWPPP.

#### **Project Initiation/Category Development:**

The Division initiated project implementation by compiling a list of state wards from the NFOCUS system who had been previously assessed to be eligible for developmental disability services. As it initially appeared that the SWPPP funding allocation would not be sufficient to fund all eligible state wards, the Division collaborated with the Division of Children and Family Services and assigned the eligible individuals into the following four categories:

- Category 1 – state wards being served through contracts providing for specialized services and those being served in institutions;
- Category 2 – state wards being served in enhanced foster care settings;
- Category 3 – state wards being served in standard foster care settings; and
- Category 4 – state wards being served in their family homes.

The Division then worked with the Division of Children and Family Services and Nebraska Families Collaborative (NFC), the states child welfare contractor in the Eastern Service Area, to gather documentation confirming each individual’s ward status and service category. SWPPP offers were sent between May and August of 2014 to all individuals in Category 1 and Category 2 as confirming documentation was obtained.

#### **Identification and Assessment of Additional Potentially Eligible State Wards:**

In the initial phases of the project, it became apparent that there were a few state wards with developmental disability characteristics for whom an eligibility determination had never been requested. There were others who had previously been denied eligibility for developmental disability services for lack of substantiating documentation. The Division collaborated with the Division of Children and Family Services to ensure that these

individuals were properly assessed and supported them through the eligibility determination process. A few individuals became state wards after the initiation of the SWPPP; for those individuals, the Division worked with Children and Family Services to expedite the eligibility determination process. These newly eligible state wards who also met Category 1 and Category 2 criteria were extended SWPPP offers as the necessary documentation was obtained.

Two potentially eligible state wards had yet to be offered inclusion into the SWPPP as of December 31, 2014. The Division continues to work with Children and Family Services to assess the eligibility of one state ward and SWPPP funding is being reserved for this individual pending completion of this task. The Division was able to complete the eligibility process for one other newly-identified individual in November, and he has been assigned a Community Supports Coordinator to support entry into developmental disability services; while this individual's inclusion in the SWPPP was confirmed verbally with this individual and his Children and Family Services support team, a formal offer letter was not sent until January 2015 due to some enhanced challenges that required team prioritization over the SWPPP documentation needs.

**Resource Analysis/Extension of SWPPP to Individuals in Category 3 and 4:**

The Division administered assessments of individuals in Category 1 and 2 to identify funding levels for their developmental disability services. Funds were also reserved to cover potential supports needed during the summer months for those who cannot access supports through their local special education programs. It became apparent during this resource allocation process that sufficient funding existed to extend offers to the individuals in the remaining categories. Thus SWPPP funding offers were extended to all remaining eligible youth in November and December.

While the Division continues to coordinate with Children and Family Services to assess the support needs/funding levels for a few individuals, it is estimated that the SWPPP funding is now fully allocated as follows:

<b>SWPPP Priority Level</b>	<b>Number of Individuals Included in the SWPPP</b>	<b>Estimated Annual State Costs for DD Services</b>
Category 1	17	\$ 965,503
Category 2	16	\$ 427,551
Category 3	4	\$ 138,006
Category 4	1	\$ 20,770
<b>Total</b>	<b>38</b>	<b>\$ 1,551,829</b>

Current projections exceed the \$1,500,000 allocated to the SWPPP. However, all youth in developmental disability services are required to access available special education services in the summer; thus the funding reserved for summer supports is not anticipated to be fully expended. The SWPPP will remain within the allocated budget.

Based on current projections, the SWPPP is considered to be fully allocated and Division does not anticipate including new individuals in the project. However, the Division will continue to monitor the remaining support needs/funding level assessments and the utilization of summer services to determine whether additional funds become available.

### **Targeted Caseload Team:**

LB905 requires the Division to provide for trained caseworkers (generally known in developmental disability services as service coordinators). Individuals in the SWPPP are supported by DD Community Coordinator Specialists (CCSs) who are on the Division's Targeted Caseload Team. This team was created in 2012-13 to support individuals with enhanced service needs (at-risk youth, individuals committed to the custody of the Division through the Developmental Disabilities Custody Act, individuals transitioning from institutional settings, etc.) These CCSs meet all the qualifications of DD Service Coordinators, but are also provided additional training to prepare them for handling complex cases and involvement with various legal and service systems. CCSs maintain small caseloads, and through the initial SWPPP implementation efforts, the Division has ensured that CCSs maintain caseloads of 18 or fewer individuals. The Targeted Caseload Team is expected to perform enhanced service monitoring commensurate with the needs of the individuals to whom they are assigned.

### **Biannual Reporting Requirements:**

LB905 requires particular data collection related to individuals included in the SWPPP as follows:

- The total number of state wards participating in the SWPPP and their current status in the child welfare system: This information is tracked in columns k and l in the accompanying State Ward Permanency Pilot Project Summary. To date, 38 individuals have been included in the SWPPP and their status is as follows:
  - Permanency has been achieved for one individual through out-of home specialized developmental disability services, with the parents retaining custody, and ward status was terminated by the court.
  - Permanency has been achieved for one individual through family reunification, and with developmental disability supports in process the court terminated ward status.
  - One individual aged-out of ward status prior to permanency being achieved; this individual continues to utilize the Bridge to Independence services while he transitions into developmental disability services.
  - Thirty-five individuals remain state wards with: 8 individuals currently receiving developmental disability services, 24 individuals working with their teams to transition into developmental disability services, 2

individuals being assessed for eligibility considerations, and 1 individual declining developmental disability services.

- Impact of services on state wards' developmental progress: Every person served in the developmental disability services system has an Individualized Personal Plan (IPP) that is formulated by the individual's team; every IPP contains habilitation plans and goals, for which progress is reviewed on an annual basis (with an abbreviated review occurring at the semi-annual meeting). As none of the state wards involved in the SWPPP have been supported with their IPP and habilitation programs for a six month period, it is premature to report on their progress.
- Number of state wards who achieve permanency in the child welfare system: This information is tracked in column i in the accompanying State Ward Permanency Pilot Project Summary. To date, two individuals included in the SWPPP have achieved permanency in the child welfare system.
- The level of stability in placements: This information is tracked in columns n through s in the accompanying State Ward Permanency Pilot Project Summary.
- The impact on the overall support to families before and after permanency is achieved for twelve months following court involvement: This information will be included in each individual's IPP. A summary of each individual's situation is included in column t of the accompanying State Ward Permanency Pilot Project Summary. At this point, it is premature to share much information in this regard.

### **SWPPP Initial Conclusion:**

As noted in the accompanying State Ward Permanency Project Summary, the DD Community Coordinator Specialists have been working diligently with the treatment and support teams for each individual. These teams include representatives from the individual's family, the court system (including attorneys for the individuals and often for their biological parents as well), the Division of Children and Family services and its contractors, and an array of medical and clinical professionals. Often these teams are dealing with intense challenges related to immediate health and safety needs, and those needs have had to take priority over transition into developmental disability services.

Continuity of care is important for the individuals on the SWPPP. For many of the individuals in the SWPPP, great efforts have been taken to maintain the relationships they have developed with their families and with existing licensed Foster Care Providers and their families where possible. The teams have worked to connect licensed Foster Care Providers with specialized developmental disabilities organizations to enable them to become Extended Family Home providers where possible (which involves significant training and oversight by the specialized developmental disability provider). The teams have also worked, where possible, to collaborate on creative solutions to allow

individuals to return to their family homes with the support of specialized developmental disability services. In both of these circumstances, transition may be significantly delayed due to the necessary training, assessments, and array of support needs necessary to meet the needs of the individual and their family while remaining in compliance with the regulations applicable to the provision of developmental disability services.

Additional challenges have been encountered related to the provision of room and board costs (i.e. rent, utilities, and food costs while being served in an out-of-home placement). The Medicaid-funded Children's Developmental Disability Waiver cannot be used to pay for room and board costs; those are considered the responsibility of the parents. In some circumstances the biological parents are retaining parental rights and are taking responsibility for those costs. In other cases, the Division of Children and Family Services is collaborating to arrange funding through sources such as Social Security Disability funds, subsidized adoptions/guardianships, or direct payment until the individuals reach adulthood (at which time they should be eligible for Social Security Disability funds to be used for this purpose). While these challenges have resulted in some transition delays, the teams have worked successfully together to create solutions to these challenges.

At this point, most of the Division's efforts have been significantly focused on transitioning individuals involved in the SWPPP into developmental disability services – with many individuals continuing to participate in transition activities. The project has been successful at creating opportunities for the various agencies to work together on solutions for individuals in the SWPPP that should translate to ongoing partnerships in other areas of need as well. While the SWPPP has experienced limited success to-date, it is anticipated that more progress will be obtained over the next six months as all eligible individuals finalize their transition into services and the teams are able to focus efforts on permanency efforts.

a	b	c	d	e	F	g	h	i	j	k	l	m	n	o	p	q	r	s
Individual Identifier	Age	Estimated Annual Cost For DD Services	State Portion (estimate 44%)	Cost Basis	Level	Placement at Date of Referral	Agency	CFS/NFC Cost	Date Pilot Funding Offered	DD Service Status	State Ward Status	Cost of DD Services July 1 - December 31, 2014	Length of Prior CFS Custody (in days)	Total Length of CFS Custody (in days)	# of CFS Placements	Date of Entry into DD Services	# of Physical Placements after Entry into DD Services	Days in Custody after Entry into DD Services
BP-JS	16	\$78,225	\$34,419	Actual IBA	Level 2	Enhanced Foster Care	CFS	\$80,151	8/27/2014	In Services	Active	\$ -	1,912	2,968	19	12/1/2014	1	45
SB-SE	15	\$47,205	\$20,770	Actual IBA	Level 1	YRTC	OJS	\$135,050	7/17/2014	In Process	Active	\$ -	101	438	5	Process	N/A	N/A
LB-JD	17	\$55,000	\$55,000	Estimate (not yet Medicaid Eligible)	Level 3	In Home with Specialized Supports	CFS	\$5,140	11/26/2014	In Process	Terminated, Permanency Achieved through Reunification	\$ -	90	539	2	In Process	N/A	N/A
MB-SS	13	\$112,565	\$49,528	Estimate (Based on Current Service Costs)	Level 1	CFS Funded Group Home	CFS	\$112,565	11/26/2014	In Process	Active	\$ -	1,772	2,087	7	In Process	N/A	N/A
BB-JS	14	\$349,630	\$165,862	Exception Rate Authorized for Enhanced Supports to Address	Level 1	CFS Funded Group Home	CFS	\$ 350,148	7/17/2014	In Process	Active	\$ -	-	610	6	In Process	N/A	N/A
JC-JD	16	\$78,224	\$34,419	Actual IBA	Level 1	CFS Funded Group Home	CFS	\$153,217	7/10/2014	In Services	Active	\$4,053	-	254	3	11/7/2014	2	69
DC-KI	14	\$78,224	\$34,419	Actual IBA	Level 2	Agency-Based Foster care	CFS	\$26,627	11/26/2014	In Process	Active	\$ -	1,229	2,847	6	In Process	N/A	N/A
AD-SS	18	\$127,750	\$56,210	Estimate (Based on Current Service Costs)	Level 1	PRTF	NFC	\$127,750	7/2/2014	In Process	Active	\$ -	-	482	3	In Process	N/A	N/A

a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s
Individual Identifier	Age	Estimated Annual Cost For DD Services	State Portion (estimate 44%)	Cost Basis	Level	Placement at Date of Referral	Agency	CFS/NFC Cost	Date Pilot Funding Offered	DD Service Status	State Ward Status	Cost of DD Services July 1 - December 31, 2014	Length of Prior CFS Custody (in days)	Total Length of CFS Custody (in days)	# of CFS Physical Placements	Date of Entry into DD Services	# of Physical Placements after Entry into DD Services	Days in Custody after Entry into DD Services
AD-SR	13	\$42,638	\$18,761	Actual IBA	Level 2	Agency Based Foster	NFC	\$111,470	7/10/2014	In Process	Active	\$ -	-	3,562	21	In Process	N/A	N/A
RF-SR	18	\$39,374	\$17,324	Actual IBA	Level 3	Kinship Foster Home	NFC	\$14,600	11/26/2014	In Process	Active	\$ -	152	2,101	18	In Process	N/A	N/A
MG-JS	18	\$53,564	\$23,568	Actual IBA	Level 2	Agency Based Foster	NFC	\$54,750	7/17/2014	In Process	Active	\$ -	-	2,099	29	In Process	N/A	N/A
GG-SE	18	\$47,205	\$20,770	Actual IBA	Level 2	CFS Funded Group	CFS	\$75,555	7/17/2014	In Services	Active	\$ -	-	233	2	11/1/2014	1	75
JG-JD	7	N/A	N/A	N/A	Level 2	Enhanced Foster Care	CFS	\$59,332	8/26/2014	Service Coordination Only (DD Services)	Active	\$ -	158	1,285	3	Declined	N/A	N/A
AH-SS	9	\$78,224	\$34,419	Actual IBA	Level 1	CFS funded placement	CFS	\$130,123	8/26/2014	In Services	Active	\$7,346	-	358	1	9/1/2014	1	136
SJ-SS	18	\$78,224	\$34,419	Actual IBA	Level 2	CFS funded placement	CFS	\$80,151	11/26/2014	In Process	Active	\$-	1,134	2,691	17	In Process	N/A	N/A
LL-JS	19	\$62,976	\$27,709	Actual IBA	Level 2	Agency Based Foster	NFC	\$22,145	5/23/2014	In Process	Terminated, Aged-Out	\$-	2,342	3,902	8	11/1/2014	1	75
CM-SS	19	\$42,638	\$18,761	Actual IBA	Level 3	Foster Home	CFS	\$14,600	11/26/2014	In Process	Active	\$-	606	1,007	5	In Process	N/A	N/A
CD-SS	15	\$166,957	\$73,461	Exception Rate Authorized for Enhanced Supports to Address Behavioral Risk	Level 1	CFS funded placement	CFS	\$113,969	8/26/2014	In Services	Active	\$-	1,503	2,917	14	10/17/2014	1	90

a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s
Individual Identifier	Age	Estimated Annual Cost For DD Services	State Portion (estimate 44%)	Cost Basis	Level	Placement at Date of Referral	Agency	CFS/NFC Cost	Date Pilot Funding Offered	DD Service Status	State Ward Status	Cost of DD Services July 1 - December 31, 2014	Length of Prior CFS Custody (in days)	Total Length of CFS Custody (in days)	# of CFS Placements	Date of Entry into DD Services	# of Physical Placements after Entry into DD Services	Days in Custody after Entry into DD Services
WM-SR	12	\$78,224	\$34,419	Actual IBA	Level 2	Foster Home-Agency-Based	CFS	\$37,686	8/26/2014	In Process	Active	\$ -	-	1,947	6	In Process	N/A	N/A
RN-SR	17	\$78,224	\$34,419	Actual IBA	Level 1	Enhanced Foster Care	CFS	\$114,929	11/26/2014	In Process	Active	\$ -	-	548	2	In Process	N/A	N/A
DN-SR	7	\$80,151	\$35,266	Estimated (Based on Average CDD Cost of Services)	Level 1	Foster Home-Agency-Based	CFS	\$55,099	Pending	Eligibility Review Pending	Active	\$ -	-	863	2	Eligibility Review In Process	N/A	N/A
NP-JD	17	\$62,976	\$27,709	Actual IBA	Level 1	CFS Funded Group	CFS	\$95,248	7/10/2014	In Services	Active	\$3,243	-	411	2	11/7/2014	2	69
SP-JD	16	\$47,205	\$20,770	Actual IBA	Level 2	Foster Home - Agency Based	CFS	\$67,352	8/26/2014	In Process	Active	\$ -	2,423	3,034	21	In Process	N/A	N/A
WR-JS	19	\$141,982	\$62,472	Exception Rate Authorized for Enhanced Supports to Address Behavioral Risk	Level 1	CFS Funded Group Home	CFS	\$113,969	5/23/2014	In Process	Active	\$ -	1,110	2,483	29	In Process	N/A	N/A
IR-SE	11	\$62,976	\$27,709	Actual IBA	Level 2	Enhanced Foster Care	CFS	\$55,100	8/26/2014	In Services	Active	\$5,581	318	1,263	6	11/1/2014	1	75
ER-SE	18	\$164,250	\$72,270	Estimated (Based Upon Need for Medical Risk Services)	Level 1	LOA	NFC	\$60,394	12/16/2014	In Process	Active	\$-	-	557	5	In Process	N/A	N/A
TR-SR	13	\$106,637	\$46,920	Actual IBA	Level 2	Agency Based Foster Home	NFC	\$54,750	7/17/2014	In Process	Active	\$-	1,571	2,200	18	1/1/2015	1	14



a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s
Individual Identifier	Age	Estimated Annual Cost For DD Services	State Portion (estimate 44%)	Cost Basis	Level	Placement at Date of Referral	Agency	CFS/NFC Cost	Date Pilot Funding Offered	DD Service Status	State Ward Status	Cost of DD Services July 1 - December 31, 2014	Length of Prior CFS Custody (in days)	Total Length of CFS Custody (in days)	# of CFS Physical Placements	Date of Entry into DD Services	# of Physical Placements after Entry into DD Services	Days in Custody after Entry into DD Services
AR-SS	4	\$106,637	\$46,920	Actual IBA	Level 3	Foster Home	CFS	\$75,348	11/26/2014	In Process	Active	\$-	-	1,221	7	In Process	N/A	N/A
LS-SS	17	\$47,205	\$20,770	Actual IBA	Level 2	Intensive Foster Home	NFC	\$54,750	7/17/2014	In Services	Active	\$12,032	1,066	1,300	1	8/15/2014	1	153
JS-JS	12	\$47,205	\$20,770	Estimate (Based upon Projected Level of Need)	Level 2	Agency Based Foster Home	CFS	\$14,600	8/27/2014	Eligibility Review Pending	Active	\$-	82	1,306	5	Eligibility Review In Process	N/A	N/A
CS-JS	17	\$62,976	\$27,709	Actual IBA	Level 2	Enhanced Foster Care	CFS	\$62,050	9/3/2014	In Process	Active	\$-	-	4,171	8	In Process	N/A	N/A
JS-SR	15	\$62,976	\$27,709	Actual IBA	Level 1	CFS Funded Group Home	CFS	\$106,743	7/17/2014	In Process	Active	\$3,243	-	1,274	7	11/1/2014	1	75
MS-SE	9	\$106,637	\$46,920	Actual IBA	Level 1	Enhanced Foster Care	NFC	\$58,400	In Process	In Process	Active	\$-	-	485	9	In Process	N/A	N/A
NS-SE	15	\$42,638	\$18,761	Actual IBA	Level 1	Enhanced Foster Care	NFC	\$75,555	7/2/2014	In Services	Terminated, Permanency Achieved through Out-of-Home Placement with Parental	\$13,622	-	440	4	7/1/2014	1	14

a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s
Individual	Age	Estimated Annual Cost For DD Services	State Portion (estimate 44%)	Cost Basis	Level	Placement at Date of Referral	Agency	CFS/NFC Cost	Date Pilot Funding Offered	DD Service Status	State Ward Status	Cost of DD Services July 1 - December 31, 2014	Length of Prior CFS Custody (in days)	Total Length of CFS Custody (in days)	# of CFS Physical Placements	Date of Entry into DD Services	# of Physical Placements after Entry into DD Services	Days in Custody after Entry into DD Services
JT-JD	13	\$47,205	\$20,770	Estimate (Based upon Projected Level of Need)	Level 4	In-Home Supports	CFS	\$28,354	11/26/2014	In Process	Active	\$-	13	232	3	In Process	N/A	N/A
AW-JD	9	\$78,224	\$34,419	Actual IBA	Level 2	Enhanced Foster Care	NFC	\$28,017	7/10/2014	In Process	Active	-	-	2,233	5	12/1/2014	1	45
CW-SS	19	\$	\$	Exception Rate Authorized for Enhanced Supports to Address Behavioral Risk	Level 1	NFC funded RHD Group Home	NFC	\$	5/25/2014	In Process	Active	\$	-	1,628	5	11/14/2014	1	62
DW-JK	14	\$	\$	Estimate (Based upon Current Cost)	Level 1	CFS Funded Group Home	CFS	\$	11/26/2014	In Process	Active	\$	550	881	7	In Process	N/A	N/A

**Acronyms**

CFS	Child and Family Services
IBA	Individual Budgeted Amount
ICAP	Inventory for Client and Agency Planning
LOA	Letter of Agreement
OJS	Office of Juvenile Services
NFC	Nebraska Family Collaborative

<p style="text-align: center;"><b>Appendix B</b> <b>Relevant Sections of LB905 (2014)</b></p>
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(5)(a) There is included in the amount shown for this program for FY2014-15 \$1,500,000 General Funds for a State Ward Permanency Pilot Project which is hereby created. The pilot project shall provide developmental disabilities services to state wards in order to provide optimal habilitative supports and promote permanency.

(b) The pilot project shall serve (i) state wards who are eligible for services through the Division of Developmental Disabilities of the Department of Health and Human Services and who do not qualify for priority status and (ii) state wards who are in need of habilitative supports to achieve permanency. Services shall include any service provided pursuant to the Developmental Disabilities Services Act available to persons under twenty-one years of age.

(c) A state ward shall be eligible to participate in the pilot project if he or she qualifies for developmental disabilities services and has been assessed to need individually planned and coordinated habilitative supports, such as those addressing skills necessary for self-care, communication, mobility, and capacity for

independent living. State wards currently receiving an enhanced level of care through letters of agreement between the Division of Children and Family Services of the Department of Health and Human Services and the providers of such enhanced level of care and state wards with above-average habilitative needs as indicated on assessments shall be given priority to participate in the pilot project.

(d) The Division of Developmental Disabilities of the Department of Health and Human Services, the Division of Children and Family Services of the department or any lead agency, the State Department of Education, and developmental disabilities service providers shall collaborate to implement the pilot project to promote stability and permanency for state wards, to provide assessments, and to provide training to caseworkers and service providers.

(e) The pilot project shall collect data on the following:

(i) The impact of services provided pursuant to the pilot project on state wards' developmental progress;

(ii) The number of state wards participating in the pilot project who achieve permanency in the child welfare system, including adoption, permanent guardianship, reunification, or another form of permanency;

(iii) The level of stability in placements for state wards participating in the pilot project;

(iv) The total number of state wards participating in the pilot project and their current status in the child welfare system;

and

(v) The impact on the overall support to families before and after permanency is achieved through adoption, permanent guardianship, reunification, or another form of permanency for twelve months following court involvement.

(f) Data collected from the project shall be reported to the Foster Care Review Office which shall analyze the data and electronically provide a report to the Health and Human Services Committee of the Legislature and the Appropriations Committee of the Legislature every six months during the term of the pilot project.

(g) The pilot project shall terminate June 30, 2016.

Please feel free to contact us at the address below if there is a specific topic on which you would like more information, or check our website for past annual and quarterly reports and other topics of interest.

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