

Eastern Service Area

Operations Manual

Children and Family
Case Management Contract

April 15, 2016

Operations Manual

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1) Purpose of the Operations Manual

The subrecipient is required to follow all DHHS regulations, policies and practice memos as well as state and federal law. The purpose of the Operations Manual is to outline processes that are specific to the day to day operations of the Eastern Service Area (ESA) that are not included in Department of Health and Human Services Regulations, Policies, Procedures and the Children and Families Case Management subaward with the subrecipient . The Operations Manual is an attachment to the subaward and may be amended as needed by agreement of the parties In accordance with the process set forth hereinafter.

The Operations Manual provides direction to the subrecipient in greater detail on the expectations for standardization in the operation and delivery of case management and related services.

- 1) The Operations Manual will be reviewed and amended as agreed to by the parties. A request by the subrecipient to amend the Operations Manual shall be made in writing to the subaward liaison or Eastern Service Area Administrator. The request shall include:
 - a) Identification of the originator of the request.
 - b) The date the request was submitted.
 - c) The section of the Operations Manual that needs to be changed.
 - d) The proposed change.
 - e) The reason the change is requested.
 - f) Proposed time frames associated with the change.
- 2) The DHHS subaward liaison / Eastern Service Area Administrator will convene a representative group of both parties to review the requested amendment.
- 3) The Operations Manual may be modified only by written amendment, drafted by DHHS Eastern Service Area Administrator, and signed by both parties with respective dates.

- 4) The most current version of and any amendments to the Operations Manual will be posted on the DHHS Division of Children and Family Services Website.

http://dhhs.ne.gov/children_family_services/Pages/children_family_services.aspx

2) Subrecipient and DHHS Roles and Responsibilities

The roles and responsibilities outlined in this section are not intended to replace policy or DHHS regulations. The purpose of the role and responsibility matrix is to further define the responsibilities associated with the day to day operations of delivering case management to children and families in the ESA.

Referrals to Subrecipient:

The subrecipient shall accept all referrals from DHHS. Referrals to the subrecipient will be made via a single referral line established by the Subrecipient. The subrecipient must have a method to accept these referrals 24 hours a day/7 days a week for Coordinated Response. For referrals to ongoing case management, referrals will be accepted 8:00 a.m. to 5:00 p.m. Monday through Friday only. A standard information and referral form will be established and utilized for each referral and will include all information known to DHHS at the time of referral.

DHHS will make referrals to NFC to access services for families during the Initial Assessment phase when a safety threat is identified. DHHS will refer families for ongoing case management at the completion of the SDM Risk Assessment (30 days) when there is not a safety threat identified but families are determined to be a high or very high risk and have voluntarily accepted ongoing case management services. Court involved cases initiated through Coordinated Response will be referred to NFC for ongoing case management following a staffing which will occur at such intervals as both DHHS and NFC have agreed upon. Transition of case management responsibilities will be effective immediately following the Protective Custody Hearing.

At the time of referral for Coordinated Response Services Access, DHHS will determine and communicate to the subrecipient via phone the response time required for the subrecipient's response and whether the response must be in person, for a specified need such as placement and/or flexible funding items. When there is a need for immediate safety planning services or a placement is needed, the subrecipient shall respond within two (2) hours unless otherwise directed by DHHS. Subrecipient shall respond to all other referrals for services access within 24 hours. A response is defined as direct phone or face to face contact with the family who is the subject of the referral. In a two (2) hour response, the subrecipient may be required to meet the DHHS Child and Family Services Specialist at the family home to arrange safety services, to facilitate and ensure a safety provider will respond to the home or to secure placement for a child(ren) being removed from the family home. In the event out-of-home placement is required the subrecipient is responsible for providing supervision to the child(ren) if agency based placement is not located within three (3) hours. When requested, the subrecipient shall participate in the initial family team meeting to be held within 72 hours of referral as arranged and facilitated by DHHS.

If a referral is made to subrecipient during the Initial Assessment phase, subrecipient shall provide DHHS with recommendations for services, interventions and strategies to address safety concerns identified by DHHS. The subrecipient shall initiate services in a timely manner.

DHHS is responsible to enter NFOCUS organization role (either "service provision" or "case management" for subrecipient) and legal status of all children in the family. At the time of case closure, DHHS is responsible to update the legal status of all children and update the organization role on NFOCUS.

Below matrix outlines the separation of roles between DHHS and subrecipient under the Coordinated Response Initiative which takes effect July 1, 2016.

Coordinated Response Initiative

DHHS	NFC
<ul style="list-style-type: none"> • DHHS is responsible for and shall complete initial assessments (i.e., investigations), including all initial safety and risk assessments, of reports of child abuse or neglect. • When DHHS identifies a safety threat, need for safety planning (in-home or out-of-home), DHHS will make a referral for an intervention related to a safety threat and/or safety plan. • DHHS is the sole case manager responsible for the monitoring and managing of the safety plan while listed as primary worker. Primary worker transfer will occur after protective custody hearing on court involved cases and at the completion of risk assessment on non-court involved cases. NFC will become primary worker after completion of the case transfer. DHHS will follow mutually agreed upon transfer process at time of case management referral. • DHHS is responsible for monitoring of and modification to the safety plan while holding primary case management. • DHHS is responsible to attend and to present the safety plan at the protective custody hearing. DHHS will communicate with all legal parties. DHHS shall provide a written plan when reunification is recommended at protective custody hearing. • DHHS will coordinate with probation if they have an active docket. • DHHS is responsible for locating, approving, and completing walk-throughs for any relative or kinship placements while assigned as primary worker. DHHS is responsible for completing appropriate relative placement packets within 12 hours of placement (request to load, W9, 	<ul style="list-style-type: none"> • NFC shall maintain adequate capacity of appropriate services, interventions, strategies, or resources, to address safety concerns identified by DHHS prior to transfer of and after transfer of ongoing case management from DHHS to NFC • NFC will regularly review capacity and interventions needed to maintain ongoing access to safety services in order to prevent removals and maintain in-home safety plans. • NFC shall maintain the ability to accept safety service referrals 24/7 via the NFC intake process. This will include 2-hour maximum on-site response with service implementation for in-home safety planning. For out of home safety placement needs, NFC shall respond immediately to begin identifying and securing appropriate placement. • NFC shall identify non-kin out-of-home placement options and will provide hourly email updates to the assigned IA staff until placement is located. This update will include most current placement search results. This non-kin search may occur concurrently with DHHS's efforts to locate relative/kinship placements. If after 3 hours, no out of home placement is located, NFC will be responsible to provide supervision of the child while continuing to search for and secure placement. • NFC shall communicate with the referring IA staff to identify the assigned service providers that will be responding to the home. This will include contact information for the identified provider. Provider shall make contact with the assigned IA staff prior to initiating any interventions.

background check cover sheet w/signature). The request to load form will serve as the referral for kinship home study.

- DHHS will determine level of supervision needed for safety planning purposes while primary assigned worker.
- DHHS is responsible for all monthly contacts, team meetings, placement changes, safety plan modifications, and all other case management duties while assigned as primary case manager.
- DHHS will complete initial FTM if still primary case manager 15 days from legal status change.
- Initial SDM Risk tool shall be completed within 30 days of Intake
- DHHS will communicate with the assigned County Attorney if not in support of the removal.
- Complete the initial visitation plan and document in NFOCUS within 72 hours of removal.
- DHHS will ensure placement is updated in NFOCUS within 72 hours of placement occurrence.
- DHHS will provide information for kinship support services and make referral to NFC
- DHHS will identify and refer when a need for Family Finding services exists.
- DHHS will refer to NFC for coordination and payment of any good or service required to maintain safety in the parental home, including but not limited to in home safety services, transportation, hotel, beds, supervision/monitoring, respite, etc.
- DHHS will complete superintendent letter for any child placed out of home.
- DHHS will complete EDN referral per DHHS policy
- DHHS will ensure foster care physical is scheduled within 14 days of removal and documented in NFOCUS.
- DHHS will document any known psychotropic medication prescribed to

- Any provider of a safety service will provide written documentation to the assigned IA staff no less than weekly and immediately for drug testing or concerns with the safety plan.
- NFC will identify visitation provider for children placed out-of-home. Visitation with parents will begin as soon as possible but no later than 72 hours after removal.
- NFC will develop appropriate safety interventions within its network to meet the current and future needs of our community and families.
- NFC will provide Family Finding services for all children not initially placed in kin/relative care.
- NFC will make initial contact with the family within 24 hours of referral.
- NFC will complete the relative/kinship home study within 30 days of placement.
- NFC will secure kinship support services when referred.
- NFC will obtain requested goods and services to support relative/kinship placement or in home safety plan placement.
- NFC will secure requested evaluations to expedite reunification or case closure
- NFC will secure appropriate interventions to support the DHHS plan to reunify or close.
- NFC will attend the protective custody hearing
- NFC shall schedule a FTM within 72 hours of receipt of ongoing case management.
- NFC Administration will review unsafe, non-court if it will not transfer to ongoing within 40 days of intake.
- NFC will accept all referrals for case management in accordance with mutually agreed upon transfer process.

the minor at time of foster care placement.

- DHHS will complete IMFC paperwork.
- DHHS will complete applicable relative notices and notice to the court per DHHS policy while primary case manager
- DHHS will follow all requirements of ICWA identifications and notifications in accordance with DHHS policy. DHHS will document all ICWA information that is known while primary case manager.
- DHHS will identify possible evaluations, or therapeutic interventions when applicable, that may assist with case closure or reunification by protective custody hearing DHHS will refer to NFC for coordination of recommended evaluations or service that are necessary prior to transfer of case management.
- DHHS will coordinate with legal parties and DHHS legal when recommending reunification or closure at protective custody.
- If not recommending case closure at the protective custody hearing, DHHS will refer to NFC for ongoing case management prior to scheduled court date. (NFC will not make contact with family until after court hearing).
- DHHS will respond to any issues or concerns from the family while assigned primary case management.
- DHHS will update child's legal status in NFOCUS.
- DHHS Administration will review families assessed to be unsafe with no pending legal filing if it will not transfer to ongoing within 40 days of intake.

Structured Decision Making:

The subrecipient shall be trained in and utilize the Structured Decision Making® model (SDM) assessment tools throughout the life of the case.

Intake:

The subrecipient shall not create, staff or operate a reporting hotline system for accepting, screening or assigning suspected abuse/neglect. The DHHS shall maintain the single statewide reporting hotline. The subrecipient shall report any instances of suspected child abuse/neglect to the DHHS statewide hotline at 1-800-652-1999 as required mandatory reporters under Neb. Rev. Statute § 28-710.

Initial Assessment:

The subrecipient will not be responsible for completion of initial safety and risk assessments of new allegations of abuse/neglect on families. All accepted allegations of child abuse/neglect will be assigned to a DHHS Initial Assessment Child and Family Services Specialist (CFSS). The subrecipient shall not enter findings. All findings will be entered by DHHS staff.

If the subrecipient is already involved with a family in a court or non-court involved case, the subrecipient will be involved in the interviews and collateral information. The subrecipient will be responsible to complete the safety assessment. DHHS will review and approve the safety assessment. Information gathered during the course of the DHHS IA investigation will be added to the safety assessment by the assigned CFS Specialist. If the subrecipient is completing an affidavit on an active court or non-court involved family as a result of the safety assessment, a DHHS administrator will review the affidavit prior to subrecipient submission. DHHS will determine if further face to face interviews are necessary in situations where the subrecipient has already completed an

affidavit. Any additional information gathered will be added to the assessment by DHHS.

Safety Planning:

Safety planning is the responsibility of the DHHS CFS Specialist throughout the Initial Assessment phase. DHHS will identify specific safety threats, safety plan needs and outcomes necessary to be coordinated by the subrecipient for the purposes of safety planning. The subrecipient shall make necessary referrals to subcontractors and second tier subrecipients or directly provide for service interventions adequate to manage and control for safety in the home. The subrecipient is responsible for monitoring of the interventions and strategies utilized to achieve outcomes identified within the Safety Plan. DHHS is responsible to identify potential informal participants in the safety plan and to gather information necessary for DHHS to complete these background checks and determine suitability. DHHS is responsible for the decision to approve safety plan participants recommended by the subrecipient.

The subrecipient will notify DHHS immediately of any changes in circumstance or concern within a safety plan. This notification will be made verbally to the DHHS CFS Specialist assigned or to the coverage Supervisor if after hours.

Any contact with the parents during the initial assessment phase will be discussed with the DHHS CFS Specialist and completed jointly whenever possible. DHHS CFS Specialist will inform the subrecipient of any police holds or other reasons why contacts should be controlled or not occur. Safety plans, including visitation plans, will not be modified by the subrecipient during the initial assessment phase.

Out of Home Assessments and Placement Concerns:

The subrecipient is not responsible for and will not conduct "out of home assessments" on intakes accepted for placement concerns on allegations accepted for abuse/neglect occurring in out of home settings (including foster homes, daycare, group homes, other

facilities). DHHS will coordinate with subrecipient in gathering information and monitoring of safety plans needed for children in placement. The subrecipient will work with DHHS to complete the SDM tool - Assessment of Placement, Safety and Suitability (APSS) which will determine any necessary action needed in the placement. The subrecipient shall enforce and monitor corrective actions as determined by the APSS to support the placement home. DHHS is responsible for any licensing actions needed on a home or facility licensed by DHHS.

Out of Home Placements:

The subrecipient will place children with family or with adults known to the children whenever it is safe to do so and will make every effort to minimize the level of trauma experienced by the child during initial placement or any placement change.

The subrecipient will consider the proximity of the placement to the child's home school when making placement decisions. When it is not in the child's best interest to attend their home school, the subrecipient will make provisions for immediate enrollment in a new school and will ensure that all educational records are shared with the new school at or before time of admission.

The subrecipient shall ensure that a child in need of out-of-home care will be placed in a safe, appropriate, and approved or licensed home or facility. The subrecipient is responsible for locating and securing all out of home placements. Non-custodial parent, relative and kinship support and placement options will be identified and secured before agency placement. The subrecipient shall ensure that the best interest of the child is considered and supported in all placements, to include best match, the child's home school, siblings being placed together, proximity to parents and other siblings and any special needs. The subrecipient shall document "child characteristics" in NFOCUS to assist with suitability of placement with child's unique needs. The subrecipient shall provide all necessary supports to the foster placement to safely maintain the child in their home. The subrecipient shall provide support and training to all relative and kinship homes if not affiliated with an agency. The subrecipient shall collaborate with its

provider network to maintain an adequate capacity of available foster placements comparative to the number of children in out of home care, including specific age group, special need options and ability to maintain the child's home school location.

The subrecipient shall obtain authorization from DHHS to make an initial placement in agency –based care as well as prior court authorization as required by state law.

When an initial out of home placement is needed during an Initial Assessment, a service referral will be made to the subrecipient by DHHS in accordance with the referral process. The subrecipient will be responsible to locate an out of home placement that is in the best interest of the child(ren) considering the child's home school, siblings being placed together, proximity to parents and any special needs of the child. Prior to utilizing agency-based foster care, DHHS will explore and rule out all non-custodial parents, relatives and kinship homes. DHHS will make a referral to the subrecipient for Family Finding services as needed and will identify and notify all relatives and kin in writing within thirty (30) days of the initial removal. During Initial Assessment, DHHS will document all identified family and kin in the NFOCUS kinship screens. The subrecipient will continue to document identified family and kin as needed throughout ongoing case management. During the Initial Assessment phase, DHHS will generate and send the notice to all relatives/kin identified and send the notice to the Court of all relatives/kin notified consistent with Neb Rev. Statute. After case management has been referred to the subrecipient and new relatives/kin are identified, the subrecipient will generate and send all relative/kin notifications and send the notice to the Court

DHHS is responsible for the walk through and collecting of information and consents to complete the background checks on kinship/relative homes during Initial Assessment. The Subrecipient is responsible for walkthrough and collecting of information and consents to complete the background checks on kinship/relative homes throughout the course of ongoing case management. DHHS and/or Subrecipient will complete the background check and document the results in NFOCUS kinship narrative.

When it is necessary to utilize agency-based foster care, the subrecipient will obtain approval from the agency responsible for supporting the foster home prior to placement or within 24 hours of any emergency placement. The subrecipient will also notify the foster care agency of all other children placed in the foster home to address the safety and best interest of all children in the home.

After the initial removal, all placement changes must have prior approval by DHHS and the Court. The subrecipient will provide written recommendation to DHHS for any placement move. Upon approval from DHHS, DHHS legal will draft and submit, when applicable, the motion for a placement change to the Court and legal parties.

Placement notice to the Court and legal parties must be provided no less than seven (7) calendar days prior to effective date of the change in placement. The subrecipient shall arrange for and carry out the placement change once approval is received from DHHS and the Court. The subrecipient shall document all placement changes in NFOCUS within 72 hours of the change of placement. Emergency placement changes require notice to the Court within 24 hours.

The subrecipient is responsible for providing the "Statement of Disclosure" to the foster parent and obtaining the foster parent's signature after providing disclosure to the foster placement and foster care agency of all known information specific to the child, including medical, behavioral and educational information.

Background Checks:

The subrecipient is not responsible for and shall not complete background checks on non-custodial or relative/kinship placements and/or safety plan participants. DHHS is responsible for the completion of these background checks. DHHS is responsible for obtaining all necessary information and consents to complete said check during Initial Assessment. The subrecipient is responsible for obtaining and submitting all necessary information and consents to complete background checks to DHHS throughout the course of ongoing case management. DHHS will then complete the full background

check and document results in NFOCUS kinship narrative. DHHS will also provide relevant background check information to the subrecipient for the hard copy file.

Approval for Placement in an Unlicensed Home:

The complete process is detailed in Administrative Memo #18-2013

http://dhhs.ne.gov/children_family_services/Documents/AM18-2013.pdf

Initial Assessment:

DHHS shall identify all non-custodial, relative or kinship options for placement during Initial Assessment when needed. DHHS shall complete the paperwork to request a full background check. DHHS shall complete the initial walk through of the entire residence to ensure that the home is safe. DHHS shall complete and submit the "Request for Approved Status" packet to DHHS local Resource Development Unit when complete. DHHS shall submit documentation required for payment of relative or kinship placement, as well as documentation required for initiation of the home study to the subrecipient.

Ongoing Case Management:

The subrecipient shall identify all non-custodial, relative or kinship options for placement at time of needed placement. The subrecipient shall complete the paperwork and submit to DHHS to request a full background check. The subrecipient shall complete the initial walk through of the entire residence to assess for safety in the home. The subrecipient shall complete and submit the "Request for Approved Status" packet to DHHS local Resource Development Unit when complete. Upon approval, DHHS will load the home as an "organization" in NFOCUS. The home cannot be loaded onto NFOCUS without this "Request for Approved Status" packet. This must be completed within 48 hours of placement so that the placement change on NFOCUS can occur within 72 hours of placement. Within thirty (30) days of placement, a full home study will be completed and forwarded to the DHHS local Resource Development unit to approve continued placement in the home.

Ongoing Case Management:

The subrecipient is responsible for ongoing case management as defined in statute, DHHS regulations, policy, administrative memos and local protocol for both court involved and non-court involved families. The responsibilities and definitions of ongoing case management are outlined in Administrative Memo #17-2013

http://dhhs.ne.gov/children_family_services/Documents/AM17-2013.pdf

DHHS is responsible for updating all legal status and organization role types.

Subrecipient will not modify legal status or organization role type. At the time of case closure, DHHS will be responsible for final review and CFS case closure on NFOCUS.

Subrecipient will provide case closing checklist to DHHS within 72 hours of case closure for both court and non court families, at which time DHHS will modify legal status and organization type.

The subrecipient is responsible for referral and provision of all necessary supports, services and interventions to address the conditions identified in the Safety/Risk Assessments and Family Strengths and Needs Assessments or otherwise identified by the family team. The subrecipient shall provide timely services and interventions that are individualized, accessible, culturally competent, and linguistically appropriate and trauma informed. The subrecipient is responsible for documentation of all contacts with the child/family/providers, progress reports, assessments/evaluations/reports and any other information related to the family. The subrecipient shall provide or arrange for child and family transportation as needed related to safety and the case plan. All documentation must be entered into NFOCUS within three (3) business days of occurrence.

All children in out of home care will have an active Parenting Time plan that is developed with the family to identify the frequency, supervision and location of the visits between parents, siblings, and child. Children who are placed in out of home care shall have an initial visit with their parents no more than five (5) calendar days after the child's removal from their home. Parenting time should be developed in accordance with the Nebraska Supreme Court Guidelines specific to frequency and duration. The subrecipient shall utilize documentation and observation of parenting time to assist with the assessment process. Parenting Time reports from providers will be documented in NFOCUS.

The subrecipient shall develop a case plan in collaboration with the family to identify needs, strengths and strategies to assist the family. The case plan will be developed and documented in NFOCUS within policy timeframes. The subrecipient will utilize the Family Strengths and Needs Assessment and information from family team meetings to assist in developing this case plan. The subrecipient shall work with the family to determine the permanency objective, concurrent plan when appropriate and timeframes to achieve permanency, as well as specific outcomes and needs. Case plans must include signatures of the parents.

The subrecipient shall evaluate family progress through gathering information from service providers, Structured Decision Making® assessments and family team input.

The subrecipient shall serve all non-court families in accordance with the same policies, procedures and expectations for service delivery as court involved families.

For court involved cases, court reports and case plans will be reviewed and approved by DHHS prior to the subrecipient submitting the report to the Court. The subrecipient shall prepare and submit case plans/court reports to DHHS for approval at least three (3) business days prior to the date the report is due to the court. DHHS will review for best interest and reasonable efforts as well as ensuring that the Structured Decision Making® assessments are completed and support the court report/case plan

recommendations. DHHS will document review and approval in the CFS program case narrative. Upon approval from DHHS, the subrecipient shall submit the court report/case plan to the family, court and all legal parties. DHHS legal will be available to the subrecipient for legal staffings and to request early hearings or other motions. Recommendations for case closure of court involved cases must be approved by DHHS (and documented in the CFS program case narrative) prior to being made to the Court.

The subrecipient shall comply with all court orders. The subrecipient shall attend all court hearings and will be prepared to provide effective testimony on assessment results of Structured Decision Making ® tools and recommendations related to the child's best interest. Testimony provided by an expert witness will be at the subrecipient's expense. The subrecipient will adequately prepare children to attend court hearings. Children are required to attend court hearings unless otherwise directed by the Court or DHHS. The subrecipient shall refer and staff families with the county attorney's office pursuant to the Adoption and Safe Families Act (ASFA) at the time a child is in out of home placement 15 months out of the last 22 months.

The subrecipient will work with the Court and DHHS regarding court orders that do not meet federal and state law.

The subrecipient shall conduct and document face to face contacts with each child and parent each month per regulation and policy. The frequency of contacts is determined by the risk level within the Structured Decision Making risk assessment. Prior to the referral for ongoing case management, the subrecipient shall coordinate all contacts with the DHHS Initial Assessment worker.

The subrecipient shall generate the School Notification letter and deliver this letter to the child's respective school district when a child becomes a state ward and when wardship ends. Placing the letter in the U.S. mail with first class postage affixed shall constitute delivery for purposes of this Manual. Children shall remain in their home school unless it is not in their best interest. If the child is placed out of the parental home, the

subrecipient is responsible for arranging transportation to maintain school placement. The subrecipient shall complete the Educational Court Report attachment when applicable. The subrecipient shall attend all Individual Education Plan (IEP) or Multi-Disciplinary Team (MDT) meetings regarding the child. The subrecipient will review and include in the case file all grades, report cards, progress reports, IEP reports, etc. to meet the child's educational needs. The subrecipient shall submit the Early Childhood Development referral when applicable and follow through with recommended services/assessments.

The subrecipient shall work with DHHS legal to notify the respective tribe when a child is reported to have Native American heritage, is a member or is eligible to be a member of a federally recognized Indian tribe. The subrecipient shall provide to DHHS legal any potential tribal affiliation and demographic information necessary to provide said notice.

DHHS is solely responsible for consenting to medical, mental health and substance abuse treatment for state wards. The subrecipient will contact DHHS to request consents for treatment and will adhere to determinations made by DHHS. Medical decisions for non-court involved children must be made by the child's parent(s). When medical consent is needed for a state ward, the subrecipient shall inform DHHS and provide all relevant information related to the medical consent needed. DHHS will communicate directly with the medical staff to provide the consent if deemed appropriate.

The subrecipient is responsible to develop and sustain an array of services and supports designed to meet the unique needs of children and families. All services and supports must be accessible to all children and families served by the subrecipient in the Eastern Service Area. The service array will include services and supports that assess the strengths and needs of children and families; addresses the need of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable and assist children in foster and adoptive placements achieve permanency. The service array must be

inclusive of practices that are evidence based, trauma informed and culturally and linguistically appropriate.

The subrecipient shall ensure that all state wards receive well child checks, medical care, dental care and vision care and assist in coordination of any follow up care needed. All children placed in out of home care must have an initial physical exam within 15 days of their removal. For non-wards, the subrecipient shall assist the parent and/or child in accessing medical, dental and vision services.

The subrecipient shall complete an application for Developmental Disabilities for a potentially eligible child and coordinate accessing and submitting all necessary assessments for the purposes of eligibility determination.

The subrecipient shall work with the family to access mental health and substance abuse services as needed in connection with the Managed Care Organization/Administrative Service Organization (MCO/ASO) for those individuals who are Medicaid eligible. For non-Medicaid eligible individuals, the subrecipient shall assist in referrals and coordination to access community resources.

The subrecipient shall provide to the Foster Care Review Office (FCRO) access to the family file as required by statute. The subrecipient shall document that a review was completed in a program case narrative in NFOCUS. The subrecipient shall attend FCRO meetings as requested and respond to FCRO questionnaires

Adoption and Guardianship:

The subrecipient shall develop an adoption recruitment plan for the ESA . The subrecipient and subcontractors and second tier subrecipients providing foster care are responsible to develop a pool of well-trained and supported foster care families to provide placement stability and permanency to children in need of foster care. The

subrecipient will collaborate with DHHS to develop the Eastern Service Area Diligent Recruitment and Retention of Foster Families Plan. The subrecipient will be responsible for the implementation of the plan and will provide progress reports to DHHS upon request. The subrecipient is responsible to monitor subcontractors and second tier subrecipient's implementation of the plan and will provide progress reports to DHHS upon request. The Diligent Recruitment and Retention of Foster Families Plan will be inclusive of all federal requirements associated with this plan.

The subrecipient shall place children on the Adoption Exchange via DHHS policy and upon the approval of central office. The subrecipient shall respond to any inquiries from potential adoptive placements. The subrecipient shall complete the Adoptive Placement Agreement including all disclosures of information per regulation and policy. The subrecipient shall provide for or arrange for relinquishment counseling as needed. The subrecipient shall draft relinquishment paperwork for DHHS approval. Upon approval by DHHS, the subrecipient shall facilitate the relinquishment meeting with a DHHS representative present. The subrecipient shall not officially accept the relinquishment or draft the relinquishment acceptance letter. The subrecipient shall not give consent to adoption or sign the adoption consent paperwork.

The subrecipient shall prepare any needed due diligence affidavit. The subrecipient shall complete the Adoption Home Study. The subrecipient shall not negotiate the adoption subsidies or approve the adoption subsidy paperwork. The subrecipient shall provide all documentation to DHHS that is necessary to support a financial subsidy. The subrecipient shall complete the Adoption Packet paperwork and submit to DHHS who will submit to the adoption attorney. The Subrecipient shall provide financial payment for the adoption attorney if not approved in the subsidy.

When a licensed foster home expresses an interest in placement of children into their home for the purposes of adoption, the subrecipient shall inquire about their willingness to be entered onto the state and national adoption registry. If the licensed foster home

agrees, the subrecipient shall enter the family information onto the state and federal registry.

The subrecipient shall not negotiate guardianship subsidies or complete guardianship subsidy paperwork. The subrecipient shall provide all needed documentation to DHHS to support a guardianship subsidy.

Dual Adjudicated Youth:

A small population of youth will be referred for case management who are also adjudicated 43-247 (1), 43-247 (2), 43-247 (3b) or 43-247 (4). For these youth, the subrecipient shall not make recommendations or decisions to commit youth to the Youth Rehabilitation and Treatment Center (YRTC) or recommendations or decisions to parole a youth from the YRTC. These decisions will remain the responsibility of the DHHS. If a youth is committed to YRTC and is also referred to the subrecipient, the subrecipient shall coordinate with the YRTC for placement and services. Any youth remaining on DHHS Parole, shall be served by the subrecipient and all community based services provided under the Conditions of Parole individualized plan.

Interstate Compact on the Placement of Children (ICPC):

The subrecipient shall comply with all ICPC regulations when seeking a placement out of state. The subrecipient shall prepare ICPC paperwork and submit to DHHS central office to initiate a request for placement out of state. Upon ICPC approval, the subrecipient shall facilitate the placement out of state and ensure foster care payment as needed. The subrecipient shall ensure that the child's needs can be met in this out of state placement and coordinate any services prior to placement.

The subrecipient shall maintain monthly face to face contact with any child placed in a facility/congregate setting out of state and document this face to face contact on

NFOCUS. The subrecipient shall not have monthly face to face contact with those youth placed in family home settings per ICPC regulations. The subrecipient shall communicate with the receiving state as needed.

The subrecipient will have no responsibility for youth placed in Nebraska from another state, unless a new Child Welfare case is opened in Nebraska and subsequently referred to the subrecipient.

Licensed Foster Homes:

The subrecipient shall collaborate with the provider network to recruit, train and support foster homes to support placement needs within the service area. The subrecipient and subcontractors and second tier subrecipients providing foster care are responsible to develop a pool of well-trained and supported foster care families to provide placement stability and permanency to children in need of foster care. The subrecipient will collaborate with DHHS to develop the Eastern Service Area Diligent Recruitment and Retention of Foster Families Plan. The subrecipient will be responsible for the implementation of the plan and will provide progress reports to DHHS upon request. The subrecipient is responsible to monitor subcontractors and second tier subrecipient's implementation of the plan and will provide progress reports to DHHS upon request. The Diligent Recruitment and Retention of Foster Families Plan will be inclusive of all federal requirements associated with this plan. The subrecipient shall ensure that there is a sufficient capacity of homes to meet the diverse needs and ages of children needing out of home placement. The subrecipient shall provide or arrange for supportive services as needed within the foster home.

The subrecipient shall not approve or issue licenses but shall recommend to DHHS initial and renewal licensing of foster/adoptive homes per timeframes in regulation and policy. The subrecipient shall obtain information and submit request to DHHS to complete background checks. The subrecipient shall complete a home study utilizing the DHHS home study format. The subrecipient shall ensure all required information is

included in the licensing packet and submitted to DHHS for approval and license issuance.

The subrecipient shall provide all information to load the home onto NFOCUS for post placement kinship homes to DHHS Resource Development. The subrecipient shall load the full home study onto NFOCUS for post placement kinship homes. DHHS shall scan the background checks into NFOCUS.

The subrecipient shall ensure the licensed homes directly supported by the subrecipient will comply with licensing standards and statutes related to licensed foster homes. The subrecipient shall report to DHHS any licensing complaints or violations. DHHS will be responsible for accepted allegations and any licensing action. The subrecipient shall develop a corrective action plan as needed and document compliance of said plan on NFOCUS.

The subrecipient will utilize Trauma Informed Partnering for Safety and Permanence-Model Approach to Partnership in Parenting (TIPS-MAPP) for foster parent training with all subcontractors and second tier subrecipients who are providing foster care.

Dispute Resolution:

In situations when the subrecipient and DHHS are in disagreement, the resolution process will proceed as follows:

Subrecipient Director and DHHS Administrator will review and present information to their respective manager.

Subrecipient COO and DHHS Service Area Administrator will review and discuss. If unable to agree, matter will be forwarded to Subrecipient CEO and DHHS Deputy Director. If still unable to agree, the Director of the Division of Children and Family Services will be the final decision maker.

Incident Reporting:

The subrecipient shall report in writing to DHHS any Critical Incident within (4) hours; including evenings, weekends and holidays. The term Critical Incident includes, but is not limited to;

- 1) Death of a child/youth resulting from abuse or neglect, where abuse or neglect is a possible cause or contributing factor in child death or in any case of unexpected child death where there is not a clearly identified medical cause such as illness, a trauma event such as a motor vehicle accident or something similar;
- 2) Death or serious injury of a staff person
- 3) Near fatality, life threatening condition or serious injury of a child/youth resulting from abuse or neglect;
- 4) Suicide, or attempted suicide or a state ward or child/youth DHHS is involved with;
- 5) Elopement of a youth from a state run facility;
- 6) Law Enforcement: Legal allegations or arrests of DHHS youth for serious illegal/criminal activity (e.g. homicide, manslaughter, near fatality of another person, sexual assault, 1st or 2nd degree assault, aggravated or armed robbery, etc.);
- 7) High Profile – Any other event that is highly concerning, poses potential liability, or is of emerging public interest;
- 8) Any other incident designated by the Division Director.

The subrecipient shall immediately report any missing child or child who has eloped to DHHS and Law Enforcement. The subrecipient shall immediately complete the Protective Service Alert template to central office whenever a child is missing.

3) Caseload Ratio Requirements

The subrecipient will have staffing capacity to be in compliance with state statutes and will report caseload size and supervisory caseload ratios in aggregate form to DHHS upon request. Neb. Rev. Stat. §68-1207

4) Documentation/File Retention

The subrecipient will be responsible for maintaining the official family file for each child/family. This family file includes documentation maintained in N-FOCUS, as well as the paper hard file. All documents, including Initial Assessment files, State Ward files, non-court files and foster family files are to be imaged into NFOCUS. The

subrecipient shall shred or return all documents once scanned into NFOCUS. The following documents should be maintained in the hard file:

- Any certified document containing a raised seal such as a birth certificate or certified court order;
- Signed relinquishment of parental rights;
- Original documents necessary for an adoption or evidence in the court room;
- Any document that is not readily or easily readable once imaged;
- Social security card
- Photographs, cards or other keepsakes that may be valuable to the family.

N-FOCUS Documentation

1. The subrecipient will utilize N-FOCUS to document all case activities pertaining to referred children and families.
2. The subrecipient will document all case activities on N-FOCUS within three (3) business days of completion of activities above unless otherwise specified.
3. Documentation must be factual and include behavioral, cognitive and emotional indicators that are directly related to the caretaker's ability to achieve the goals identified in the case plan/court report, reasonable efforts and best interest of children. This data may also be used for purposes of federal measures, and must be sufficient to meet the federal requirements.
4. All Structured Decision Making ® assessments are to be documented in the respective icons on NFOCUS.

At time of case closure, the subrecipient shall utilize the Case Closing Checklist for completing case closure and hand deliver the hard case file to DHHS per case closing administrative memo. Subrecipient will complete this checklist and provide case to DHHS within 72 hours of closure, at which time DHHS will also modify legal status and organization type.

5) Record Keeping

1. The subrecipient agrees to keep an individual record on each foster or adoptive family. At a minimum the record will include copies of:
 - A. Criminal History Records Check
 - B. References
 - C. Current and historical home studies
 - D. The license issued by the state
 - E. All training the family has received

2. The subrecipient agrees to keep records of all the following information:
 - A. Quality assurance review activities and results;
 - B. Documentation of all pre-service and ongoing training provided to subrecipient's staff;
 - C. Educational and credentialing requirements;
 - D. Background check information on all staff;

6) Transportation Standards

The subrecipient shall comply with all applicable Public Service Commission regulations and requirements to the extent they apply to the subrecipient's activities in the performance of this subaward. When children, youth and families are transported by employees, subrecipients, foster and/or adoptive parents, volunteers, or interns of the subrecipient, the transporter must:

- A. Be at least 19 years of age, (except immediate family and foster family members);
- B. The subrecipient shall utilize an escort for all commercial transportation services for children ages 12 and under or as needed for a child ages 13 through 18;
- C. Have proof of a current and valid driver's license;
- D. Have no more than six points assessed against his/her Nebraska driver's license, or meet a comparable standard in the state where s/he is licensed to drive. This requirement does not apply to immediate family, foster parent, and/or adoptive parent;
- E. Currently have no limitations that would interfere with safe driving;
- F. Use seat belts and child passenger restraint devices as required by law;
- G. Not smoke while transporting;
- H. Not transport while under the influence of alcohol or any drug that impairs the ability to drive safely;
- I. Not provide transportation if s/he has a communicable disease which may pose a threat to the health and well-being of the client;
- J. Complete a defensive driving course as sanctioned by the Nebraska Safety Council or similar agency. This requirement does not apply to immediate family, foster parents, and/or adoptive parents;
- K. Have and maintain the minimum automobile liability and medical insurance coverage as required by law;
- L. Utilize secure transportation in compliance with DHHS requirements.

7) Foster/Adoptive Home Studies and Approval Studies

The subrecipient is responsible for assuring all home studies are completed as directed in regulation and DHHS policy. This includes home studies for a licensed foster home, relative foster home, kinship foster home, or an adoptive home. All home studies are to be completed on the format designated by DHHS.

An individual who conducts foster/adoptive home studies or approval home studies shall have at a minimum a bachelor's degree in human services or a related field or five years of full time equivalent experience in child welfare programming and a high school diploma or GED. (474 NAC 6-009.02D Casework qualifications)

The following background checks must also be completed on individuals who conduct any home study:

- The Nebraska Child Abuse and Neglect Central Registry
- The Nebraska Adult Abuse and Neglect Central Registry
- The Nebraska State Patrol
- Sexual Offender Registry

An Adoption Home Study must be completed by DHHS or a licensed child placing agency which meets the licensing requirements to provide adoption services. This home study must be completed within one (1) year prior to finalization of the adoption.

The subrecipient shall license approved homes when homes meet the licensing requirements based on Regulations and DHHS policy to maximize access to title IV-E funding. The subrecipient shall recommend licensing waivers for relatives to DHHS.

8) Required Reports

The subrecipient will adhere to the following schedule of Reporting Periods and Due Dates:

Monthly Reports	Reporting Periods	Due Dates
<input type="checkbox"/> January	January 1 – January 31	February 28/29
<input type="checkbox"/> February	February 1 – February 28/29	March 31
<input type="checkbox"/> March	March 1 – March 31	April 30
<input type="checkbox"/> April	April 1 – April 30	May 31
<input type="checkbox"/> May	May 1 – May 31	June 30
<input type="checkbox"/> June	June 1 – June 30	July 31
<input type="checkbox"/> July	July 1 – July 31	August 31
<input type="checkbox"/> August	August 1 – August 31	September 30
<input type="checkbox"/> September	September 1 – September 30	October 31
<input type="checkbox"/> October	October 1 – October 31	November 30
<input type="checkbox"/> November	November 1 – November 30	December 31
<input type="checkbox"/> December	December 1 – December 31	January 31
Quarterly Reports	Reporting Periods	Due Dates
<input type="checkbox"/> Quarter 1	July 1 – September 30	October 30
<input type="checkbox"/> Quarter 2	October 1 – December 31	January 30
<input type="checkbox"/> Quarter 3	January 1 – March 31	April 30
<input type="checkbox"/> Quarter 4	April 1 – June 30	July 30
Annual Reports	Reporting Periods	Due Dates
<input type="checkbox"/> Annual Progress and Services Report	June 1 – May 31	May 31
<input type="checkbox"/> Annual Financial Report	Subrecipient Fiscal Year	Within 6 months of the Subrecipient Fiscal Year

Monthly Finance Reports:

Monthly financial statements will be provided by the subrecipient to DHHS within 30 calendar days of the end of the month. The financial statements will include a balance sheet, income statement, and statement of cash flows in a format that is acceptable to DHHS. The financial statements will be prepared using the accrual basis of accounting and using generally accepted accounting principles (GAAP).

Thirty (30) calendar days following the end of each month beginning August 2015, an aging of accounts payable must be provided by the subrecipient to DHHS. The accounts payable aging will be consistent with the monthly financial statements provided to DHHS and list by vendor the amount owed to each vendor and; what portion of the amount owed has been due less than 30 days; what portion has been due between 30 days and 59 days; what portion has been due between 60 days and 89 days; what portion has been due between 90 days and 119 days; and what portion has been due 120 days or longer. In addition, a reconciliation of accrued expenses to the balance sheet will also be provided each month to the DHHS. Nothing in this section is intended to limit access to the subrecipient's records and information as provided elsewhere in this subaward and the terms of this section shall survive termination of this subaward.

Quarterly Reports

Quarterly reports shall include the following information:

Personnel Files:

- a. Report data as outlined in the Personal File Review tool (form provided by DHHS), analysis of the data and activities to improve the data in the future.

Foster Parent Recruitment and Retention:

Subrecipient will submit data and information related to foster parent recruitment and retention utilizing the statewide reporting template utilized by all foster care providers.

Quarterly Caseload and Training Report:

As required by Nebraska Statutes § 68-1202, 68-1207, and 68-1207.01 DHHS is to submit an annual report to the Governor and Legislature. Caseload and training section shall include:

Quarterly Caseload:

Staffing information, including:

- a. The subrecipient allotted Full Time Employees (FTE) for Family Permanency Specialists;
- b. The subrecipient Family Permanency Specialist positions that are filled and able to carry a full caseload (that is, have completed training);
- c. The subrecipient Family Permanency Specialist positions that are currently in training;
- d. The subrecipient Family Permanency Specialist positions that are vacant;
- e. The subrecipient allotted FTEs for Supervisors;
- f. The subrecipient supervisor positions that are filled; and
- g. The subrecipient supervisor positions that are vacant.
- h. Any other subrecipient positions that are not Family Permanency Specialists

Length of employment data, including:

- a. Average length of employment within the agency for Family Permanency Specialists (in years);
- b. Average length of employment within the position of Family Permanency Specialists (in years);
- c. Average length of employment within the agency for Family Permanency Specialist Supervisors (in years); and
- d. Average length of employment within the position of Supervisor (in years)

Turnover rates, including:

- a. Monthly turnover rate for Family Permanency Specialists (using the formulas in the text below);
- b. Monthly turnover rate for Supervisors (using the formulas in the text box below, but replacing all references to "Family Permanency Specialists" with "Supervisor");
- c. Average annual turnover rate for Family Permanency Specialists (using the formulas in the text box below), reported only in the quarterly report coinciding with the end of the calendar year; and
- d. Average annual turnover rate for Supervisors (using the formulas in the text box below, but replacing all references to "Family Permanency Specialists" with "Supervisor"), reported only in the quarterly report coinciding with the end of the calendar year.

To calculate the monthly turnover rates, subrecipient will need to record the following:

- Total number of filled FTEs at the beginning of each month.
- Total number of entries during each month, including:
 - New hires;
 - Family Permanency Specialists who transfer into the office or service area from another office or service area; and
 - Staff who transfer into a Family Permanency Specialist position from another position within the agency.
- Total number of exits during each month, including:
 - Terminations;
 - Internal transfers
- Total number of filled FTEs at the end of each month = (total number of filled FTEs at the beginning of the month + total number of entries during the month) – total number of exits during the month.

To calculate monthly turnover rate, subrecipient will need to insert the information above into the formula below:

- Monthly turnover rate = (total number of exits during the month – “internal transfers”)/total number of filled FTEs at the beginning of the month.

To calculate average annual turnover rate, subrecipient will need to add the turnover rates for each of the twelve months and divide by twelve.

Quarterly Training

The subrecipient will provide the following information in a quarterly report and submit to DHHS:

- a. For initial training of new or reassigned employees:
 1. The total number of staff that received initial training in the calendar year; and

2. The total number of initial training hours broken out by the following settings (i.e., classroom and lab sessions, on-the-job field training, and all settings combined) in the calendar year; and
 3. The total cost for initial training for the state fiscal year (for example, the quarterly report coinciding with the end of the calendar year 2011 will include 2011 state fiscal year costs), including the salary and benefits of staff attending training, the cost for training space, material, and other training-related expenses.
- b. For ongoing training:
1. The total number of staff that received ongoing training in the calendar year; and
 2. The total number of ongoing training hours broken out by the following presenters (i.e., subrecipient grant staff, external presenters, and all presenters combined) in the calendar year; and
 3. The total cost for ongoing training for the state fiscal year (for example, the quarterly report coinciding with the end of each calendar year including the salary and benefits of staff attending training, the cost for training space, material, and other training-related expenses)

Annual Reports

The Annual Report shall include a description of the specific accomplishments and progress achieved to date in the past year regarding improved outcomes for children and families, as well as providing a more comprehensive, coordinated, and effective child and family services continuum. The Eastern Service Area Administrator will be the point of contact with subrecipient for all reporting and APSR information requests.

Included in the Annual Report, for the below items, describe the steps the agency will take to expand and strengthen the range of existing services and to develop and implement services to improve child outcomes. Explain planned activities, new

strategies for improvement, and the method(s) to measure progress in the upcoming year:

Collaboration

- a. Describe activities in the ongoing process of coordination and collaboration efforts conducted across the entire spectrum of the child and family service delivery system. This should include stakeholder or partner involvement in the review of progress made in the past year and expected updates for the coming year.
- b. Provide an update on how the agency has demonstrated meaningful collaboration with the courts.

Training (as required by the APSR/45 CFR 1356.60(b)(2) to be submitted to the ACF) must include:

- a. Description of the initial in-service training program for new or reassigned Family Permanency Specialist that include a description of the content and scope of the classroom and work experience components of the training, as well as the duration of the initial in-service training period and the specific supports provided during this period.
- b) For all types of training (e.g., training for individuals preparing for employment, initial in-service training, ongoing in-service training, foster/adoptive training, Indian Child Welfare Act (ICWA), Chafee and the categories of short-term training) include the following:
 - 1) a brief, one-paragraph syllabus of the training activity;
 - 2) description of the setting/venue for the training activity;
 - 3) description of the duration category of the training (i.e., short-term, long-term, part-time, full-time);
 - 4) description of the proposed provider of the training;
 - 5) description of the audience to receive the training
 - 6) estimated cost

Coordination with Tribes

The subrecipient will describe the specific activities that have been or will be undertaken to improve or maintain a relationship with the Tribes and compliance with ICWA. Include information on any changes to procedures, and/or a description of trainings implemented to increase compliance with ICWA.

Disaster Plan:

The subrecipient will report any impact as a result of any disaster in the past year that affected subrecipient's ability to provide services. (e.g. floods, tornados, fires, blizzards, etc.) The subrecipient will describe how its disaster plan was used, the effectiveness of the plan and any changes made.

Foster & Adoptive Parent Recruitment and Retention Plans:

Subrecipient will submit data and information related to foster parent recruitment and retention utilizing the statewide reporting template utilized by all foster care providers.

Monthly Caseworker Visits

The subrecipient will describe the action steps the subrecipient is taking to ensure that, 95 percent of children in foster care are visited on a monthly basis by their workers, and that the majority of the visits occur in the residence of the child.

Inter-Country Adoptions

The subrecipient will report the number of children who were adopted from other countries and who entered into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or adoption, the plans for the child, and the reasons for the disruption or dissolution.

Continuous Quality Improvement:

The subrecipient will describe how the agency utilizes continuous quality improvement to monitor and improve the agency's performance as well as subcontractors and second tier recipient's performance.

Independent Living:

The subrecipient will describe specific accomplishments and planned activities to:

- a) assist youth to successfully transition to adulthood;
- b) assist youth with receiving the education, training, and services necessary to obtain employment;
- c) assist youth to prepare for and enter post-secondary training and educational institutions;
- d) provide emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults;
- e) provide financial, housing, counseling, employment, education and other appropriate services and support to former foster care recipients between 18 and 21 years of age
- f) provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption;
- g) the population(s) to be served;
- h) the geographic areas where the services will be available; and
- i) the estimated number of youth to be served
- j) the activities to coordinate services with other Federal and State programs for youth;

The subrecipient will provide information on specific training that was conducted and planned to assist foster parents, adoptive parents, group home staff, and subrecipient staff understand adolescents preparing for independent living;

Use of Promising Practices and Evidence-Based Models

- a) Describe specific promising practices or evidence based models being utilized or developed within agency and/or subcontractors and second tier subrecipients.
- b) Describe method in which fidelity is being applied to reported evidence based models or promising practices.
- c) Describe fidelity data collected and analyzed to determine effectiveness of models used.

Protocol for Reporting Suspected Abuse and Neglect

The subrecipient will describe internal protocol for reporting suspected abuse and/or neglect as required by state mandatory reporting laws.

Insurance

- a. Copies of Certificate of Insurance
- b. Policy regarding Subrecipient

Annual Finance Report

The subrecipient shall provide an annual financial report that includes the following attachments:

- a. Audited Financial Statement
- b. Internal Revenue Service Form 990

9) Continuous Quality Improvement

The subrecipient shall work with DHHS to complete all necessary Continuous Quality Improvement (CQI) activities. CQI activities include but are not limited to:

A. Federal Compliance

- 1) State Mini and Full Child and Family Services Reviews (CFSR)
 - (a) The DHHS team will be responsible for the ongoing organization of reviewers, pulling case samples, coordinating logistics with local service area staff and writing the final report.
 - (b) The subrecipient will prepare case files and make them available to the DHHS quality assurance team for the reviews.
 - (c) The subrecipient will work with the DHHS quality assurance team to schedule CFRS case interviews with the case manager, parents, foster parents, child, providers and other case participants when applicable

- 2) Federal CFRS Review
 - (a) The subrecipient, at its expense, will provide requested support to meet federal requirements set forth in the round 3 of the CFRS. This includes the completion of the Statewide Assessment in 2015/2016 and for round 3 federal site review scheduled for 2017.

B. State Continuous Quality Improvement

- 1) Statewide CQI Team
 - (a) The subrecipient will attend and participate in all statewide CQI meetings.

- 2) Local Service Area CQI Team
 - (a) The subrecipient will facilitate and participate in all local service area CQI meetings and activities. Activities include ongoing CQI

work groups assigned to focus on specific Service Area CQI priorities.

3) Statewide & Local Quality Assurance Reviews

- (a) The subrecipient will provide requested information and work with the DHHS CQI team and the local DHHS administration to complete all necessary statewide and Service Area Quality Assurance Reviews.

4) Out-of-Home Care facilities: Licensing of Foster and Adoptive Homes and Approval of Relative Homes and Child Specific Homes

- (a) DHHS will review all licensing packets and approved homes to determine that the subrecipient is completing that all licensing/approval requirements and time frames are being met.
- (b) The subrecipient will inform all licensed and approved foster homes that DHHS may arrange visits (announced or unannounced) to conduct compliance checks of the licensed home.
- (c) DHHS will review a sample of completed home studies for content and timeliness.
- (d) DHHS will review a sample of subrecipient's home studies using a review tool and guidebook.

5) Personnel File Review

- (a) Every two years, DHHS will review the subrecipient's personnel files of staff who have direct contact with children and families.
- (b) The subrecipient will review a random sample of personnel files of each subcontractor staff that has direct contact with children and families, except as described in section (C) below. The sample methodology will be provided by DHHS. The sample size for each subcontractor will follow the schedule below:
 - a. The subrecipient will select a point in time prior to identify a random sampling of personnel files,

- b. The subrecipient will not be required to review a random sampling of personnel files of those subcontractors and second tier subrecipients that are subject to regulation, licensing, or certification requirements that include background checks on themselves or their staff. Such subcontractors and second tier subrecipients may include, but not be limited to, hospitals, residential treatment centers, drug testing facilities, licensed medical and mental health professionals. Furthermore, the subrecipient will not be required to review a random sample of personnel files of service providers located out of state that the subrecipient is required to utilize because of a court order. The subrecipient will provide to the subaward liaison, a list of subcontractors that will not undergo a random sample of personnel file reviews.

6) Site Visits

- (a) The subrecipient will cooperate and participate with any direct observations of subrecipient staff by DHHS and/or observations of subrecipient staff interactions between children and families.

10) Insurance Requirements

The subrecipient shall not commence work under this subaward until he or she has obtained all the insurance required hereunder and such insurance has been approved by the State. The subrecipient shall not allow any subcontractor to commence work on his or her subcontract until all similar insurance required of the subcontractor has been obtained and approved by the State (or subrecipient). Approval of the insurance by the State shall not limit, relieve or decrease the liability of the subrecipient hereunder. If by the terms of any insurance a mandatory deductible is required, or if the subrecipient elects to increase the mandatory deductible amount, the subrecipient shall be responsible for payment of the amount of the deductible in the event of a paid claim.

1. Workers' Compensation Insurance: The subrecipient shall take out and maintain

during the life of this subaward the statutory Workers' Compensation and Employer's Liability Insurance for all of the subrecipient's employees to be engaged in work on the project under this subaward and, in case any such work is sublet, the subrecipient shall require the subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the subcontractor 's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. Where applicable, this policy shall provide USL&H coverage. This policy shall include a waiver of subrogation in favor of the State. The amounts of such insurance shall not be less than the limits stated hereinafter.

2. Commercial General Liability Insurance and Commercial Automobile Liability Insurance. The subrecipient shall take out and maintain during the life of this subaward such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect subrecipient and any subcontractor performing work covered by this subaward from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this subaward , whether such operation be by the subrecipient or by any subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter. The Commercial General Liability Insurance shall be written on an occurrence basis, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury and Subaward Liability coverage. The policy shall include the State, and others as required by the subaward documents, as an Additional Insured. This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered excess and non-contributory. The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned and Hired vehicles.

3. Insurance Coverage Amounts Required

- A. Workers' Compensation and Employer's Liability

- (1) Coverage A Statutory Coverage B

- (2) Bodily Injury by Accident \$100,000 each accident
- (3) Bodily Injury by Disease \$500,000 policy limit
- (4) Bodily Injury by Disease \$100,000 each employee

B. Commercial General Liability

- (1) General Aggregate \$2,000,000
- (2) Products/Completed Operations Aggregate \$2,000,000
- (3) Personal/Advertising Injury \$1,000,000 any one person
- (4) Bodily Injury/Property Damage \$1,000,000 per occurrence
- (5) Fire Damage \$50,000 any one fire
- (6) Medical Payments \$5,000 any one person

C. Commercial Automobile Liability

- (1) Bodily Injury/Property Damage \$1,000,000 combined single limit

D. Umbrella/Excess Liability

- (1) Over Primary Insurance \$1,000,000 per occurrence

4. Evidence of Coverage

- A. The subrecipient shall furnish the DHHS with a certificate of insurance coverage complying with the above requirements. The certificates shall include the name of the company, policy numbers, effective dates, dates of expiration and amounts and types of coverage afforded. If the State is damaged by the failure of the subrecipient to maintain such insurance, then the subrecipient shall be responsible for all reasonable costs properly attributable thereto. Notice of cancellation of any required insurance policy must be submitted to DHHS when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

11) Professional Development/Training

1. Both DHHS and the subrecipient will provide for the professional development of staff through different training opportunities. DHHS and the subrecipient will coordinate training efforts to ensure that staff from both agencies have every opportunity for professional development. DHHS and the subrecipient will share training curriculum and work to cross-train staff on the day to day operations.

A. Initial and Ongoing Case Management Training

- (1) Pursuant to LB853, All Family Permanency Specialists and Family Permanency Specialist Supervisors must participate in mandatory pre-service training related to Child and Family Services. All subrecipients who are deemed an organization under subaward with DHHS shall use the same program for initial training used for all Child and Family Services Specialists employed by DHHS. DHHS shall create a formal system for measuring and evaluating the quality of such training. All Family Permanency Specialists shall complete a formal assessment process after initial training to demonstrate competency prior to assuming responsibilities as case managers.
 - (2) The subrecipient will provide training progress reports and assessment scores on all Family Permanency Specialists participating in pre-service training to DHHS upon request to ensure competency.
 - (3) In addition to pre-service training, each Family Permanency Specialist and Family Permanency Specialist Supervisor must have a minimum of 24 hours of ongoing training per calendar year. The training received will support the development of skills to be a more effective Family Permanency Specialist or Family Permanency Specialist Supervisor
2. If a Family Permanency Specialist or Family Permanency Specialist Supervisor has previously completed DHHS's New Worker Training, the subrecipient may submit a

written request to DHHS's Service Area Administrator to waive the requirement that the Family Permanency Specialist repeat training.

12) Professional Accountability

1. The subrecipient will meet specific performance and accountability targets that impact the safety, permanency, and well-being of children.
2. The subrecipient will work collaboratively with DHHS to develop and implement an effective performance program improvement plan (PIP.). All outcomes will be posted on DHHS's Website for public viewing.
3. The subrecipient and DHHS will review the data measures regularly through CQI activities and as otherwise needed. Outcome measures will be determined through mini CFSR and federal CFSR.
4. The performance measures described below will be measured effective the date the subrecipient assumes case management activities for the family.

OUTCOME#1: Safety

Children are first and foremost protected from Abuse and Neglect

INDICATOR 1a:

The sub recipient will ensure that less than 7.9% of the children experience recurrence of maltreatment within 12 months. This measure utilizes CFSR Round III as a basis and is limited to instances where NFC has an open case

Definition of Federal Measure:

- Of all children who were victims of a substantiated or indicated maltreatment report during a 12-month period, what percent were victims of another substantiated or indicated maltreatment report within 12 months?
 - *This is Federal Measure that reports on a rolling 24 month period. The children included in this report were victims of abuse or neglect during the first 12 months of the 24 month period. If the child was a victim of a subsequent abuse or neglect incident within 12 months of the first incident of abuse or neglect they appear on this report. Victims are defined as children where the court or DHHS has substantiated the allegations.*

INDICATOR 1b:

The sub recipient will ensure the rate of maltreatment per day for youth in foster care is less than 7.0.

Definition of Federal Measure:

- Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?
 - *This is a Federal Measure that reports on a rolling 12 month period. This measure includes all children currently in foster or group care and children formerly in foster and group care who are now placed with their parents. The rate is the number of youth maltreated by any perpetrator including foster parents, parents, relatives or others per 100,000 days in care.*

OUTCOME #2: Permanency

Children will experience stability and permanency.

INDICATOR 2a:

The sub recipient will ensure the rate of placement moves per day of foster care for children who enter care in a 12 month period is less than 4.12.

Definition of Federal Measure:

- Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?
 - *This is the Federal Measure that reports on a rolling 12 month period. Of all the children who enter out-of-home care during a 12-month period, the number of placement moves per 1000 days of care. The first placement does not count as a move*

INDICATOR 2b:

The sub recipient will achieve a 43.8% score for Permanency in 12 months for children entering into Foster Care.

Definition of Federal Measure:

- Of all children who enter foster care in a 12-month period, what percentage are discharged to permanency within 12 months of entering foster care?

- *This is a Federal Measure that reports on a rolling 36 months of data. . . Of all children entering care 2 years prior and who remained in care for 8 days or longer, the percent who met either of the following criteria: (1) the child was discharged to reunification, adoption or guardianship in less than 12 months from the date of entry into care, or (2) the child was placed in a trial home visit in less than 11 months from the date of entry into foster care and the trial home visit was the last placement setting prior to discharge to reunification. This is an entry cohort measure.*
- *Data Source: N-FOCUS Round 3 Federal Measures*

INDICATOR 2c:

The sub recipient will achieve a 46.2% score for Permanency in 12 months for children in care 12 to 23 months.

Definition of Federal Measure:

- *Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) for 24 months or more, what percentage are discharged to permanency within 12 months of the first day?*
 - *This is Federal Measure that reports on a rolling 12 month period. Of all the children in care 12 to 23 months as of the first date of the reporting year, the percent who are discharged to permanency within 12 months of the first day of the reporting year. Permanency is defined as reunification, adoption or guardianship.*

INDICATOR 2d:

The sub recipient will achieve a 36.3% score for Permanency in 12 months for children in care 24 Months or More.

Definition of Federal Measure:

- *Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) for 24 months or more, what percentage are discharged to permanency within 12 months of the first day?*
 - *This is Federal Measure that reports on a rolling 12 month period. Of all the children in care 24 month or more as of the first date of the reporting year, the percent who are discharged to permanency within 12 months of the first day of the reporting year. Permanency is defined as reunification, adoption or guardianship.*

INDICATOR 2e:

The sub recipient will ensure that less than 8.3% of the children re-enter into care within 12 months of discharge.

Definition of Federal Measure:

- Of all children who enter foster care in a 12-month period who were discharged within 12 months to reunification, living with a relative, or guardianship, what percentage re-entered foster care within 12 months of their discharge?
 - *This is a Federal Measure that reports on a rolling 36 months of data. Of all children entering care 2 years prior, who remained care for 8 days or longer, and who were discharged to reunification or guardianship as defined in the 'Youth Entering Out-of-Home Care Permanency in 12 Months measure, the percent who re-enter care within 12 months of discharge.*
 - *Data Source: N-FOCUS Round 3 Federal Measures*

INDICATOR 2f:

The subrecipient will achieve a 95% monthly visitation rate for all youth in their care.

Definition of Measure: Case managers will have monthly face to face visit with children for both court and non-court involved youth.

INDICATOR 2g:

The subrecipient will achieve a 100% rate of documenting all placement locations/changes within 72 hours of the placement for all out of home youth.

OUTCOME #3: Well-Being

Families have enhanced capacity to provide for their children's needs.

Children receive adequate services to meet their needs.

INDICATOR 3a:

The subrecipient will achieve a 95% Substantially Achieved score for CFSR Item 15.

Definition of Federal Measure: During Period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency and well-being and promote achievement of the case goals.

INDICATOR 3b:

The subrecipient will achieve a 95% Substantially Achieved score for CFSR Item 16.

Definition of Federal Measure: During Period under review, the agency made concerted efforts to assess the child's educational needs.

INDICATOR 3c:

The subrecipient will achieve a 95% Substantially Achieved score for CFSR Item 17.

Definition of Federal Measure: During Period under review, the agency made concerted efforts to address the physical health needs of the children, including dental needs.

INDICATOR 3d:

The subrecipient will achieve a 95% Substantially Achieved score for CFSR Item 18.

Definition of Federal Measure: During Period under review, the agency made concerted efforts to address the mental/behavioral health needs of the children.

13) Case Transfer

The subrecipient is responsible for all services and case management for families referred by the Eastern Service Area, including cases that are transferred into the Eastern Service Area from another Service Area. If the family relocates from the Eastern Service Area, responsibility for case management and service provision will be transitioned to the respective Service Area where the family has moved in accordance with policy. DHHS shall review, approve or deny all requests for transfer out of the Eastern Service Area and shall refer any families transferring into the Eastern Service Area.

14) Independent Living for Youth

1. The subrecipient agrees to develop an individualized Transitional Living Plan with the involvement and leadership of youth, which describes how youth of various ages and stages of independent living will be assisted in the following areas:
 - A. Education;
 - B. Employment;
 - C. Health coverage, including the child's potential eligibility of Medicaid coverage under Affordable Care Act;
 - D. Financial Assistance, including education on credit card financing, banking and other services;
 - E. Housing;
 - F. Developing and maintaining a solid support system;
 - G. Transition to adult services, if the needs assessment indicates that the child is reasonably likely to need or be eligible for services.

2. The subrecipient will:
 - A. Assist state wards in completing the Ansell-Casey Skills Assessment upon their 15th birthday and yearly thereafter until they successfully reach permanency.
 - B. Assist youth age 14 or older who are in foster care to obtain a consumer credit report on an annual basis.
 - C. Before the child reaches 19 years of age, the CFS Specialist shall provide the youth a certified copy of the youth's birth certificate and facilitate securing a federal social security card.
 - D. Coordinate services to youth who have achieved Independent Living through Permanency Goal.
 - E. Coordinate service to state wards that exit care after age 16 by achieving permanency through adoption and/or relative guardianship.

- F. Coordinate services to youth from other states who currently reside in Nebraska and fall under A, B and C and are eligible by federal standards.
3. The subrecipient is not responsible for coordinating Independent Living services:
 - A. For youth served in the adult developmental disability system who are age 19 or older.
 - B. For children who return home through reunification. For individuals during the time of adult incarceration.
 - C. For youth that are residing in another state.
 4. The subrecipient will be responsible to report data for the National Youth in Transition Database (NYTD).
 - A. The subrecipient will make efforts to locate youth and ensure survey completion on youth required to be reported to the National Youth in Transition Database.
 5. The subrecipient will annually provide to any youth who are age 16 or older information about Bridge to Independence program and how to apply for the program. The subrecipient will cooperate with requests from and meetings organized by the Bridge to Independence staff in order to assist the youth be better informed about the Bridge to Independence program.
 6. The subrecipient will refer appropriate youth to the Regional Behavioral Health system in compliance with existing policy.

15) Foster Care Rates and Adoption/Guardianship Subsidies

The subrecipient will follow DHHS regulation and policy regarding rates paid to foster care providers. The subrecipient will work with foster parents to ensure they understand the foster family rate is intended to support the family/child needs to meet the desired outcome of placement stability. Subsidy payments are determined by the level of the caregiver responsibility and the needs of the child; and not by the income or resource needs of the foster parents/adoptive parents. Reference link for specific levels and rates. http://dhhs.ne.gov/children_family_services/Documents/AM%204-2015.pdf

In order to determine the rate at which a foster parent is reimbursed for the care of a child placed in their home, two documents must be completed by the subrecipient:

- The Structured Decision Making ® Family Strengths and Needs Assessment (FSNA) or the Child and Adolescent Strengths and Needs Assessment (CANS);
AND
- The Nebraska Caregiver Responsibility Tool (NCR)

The subrecipient will complete the NCR tool during a face to face meeting with the foster parent(s), and the foster care agency representative if the foster parent is supported by a contracted agency. The subrecipient, foster parent, and foster care agency representative (when present), must sign and date the NCR tool to document their participation.

The level of parenting the foster parent agrees to provide, along with the age of the child, will determine the daily reimbursement rate calculated through NFOCUS. The initial NCR must be completed within thirty (30) calendar days after the child's removal. The NCR tool must be scanned into NFOCUS.