

# Work Plan: Qualified Residential Treatment Provider (QRTP)

The document is organized by relevant provisions in Family First that are related to the requirements of qualified residential treatment programs (QRTP).<sup>1</sup> It offers questions for consideration to support a jurisdiction's preparation to meet the federal requirements consistent with the jurisdiction's vision for implementation.

## Forming a Shared Vision for Transformation

Efforts to meet Family First QRTP requirements should be embedded within a clear vision for improving a jurisdiction's foster care placement array to better meet the needs of children and families while ensuring that children are safely placed in the least restrictive and most family-like setting. Jurisdictions may wish to use the following reflective questions to guide conversations with their staff and external stakeholders to articulate the state's vision and goals for leveraging Family First to improve foster care statewide. The scope and nature of each state's vision for change will vary. Nonetheless, a well-articulated and shared understanding of the change effort underway, accompanied by clear goals for improving child and family outcomes, is an essential underpinning of any system change effort.

- What is the shared understanding of the value of congregate care in the continuum of child welfare placement options?
- What are the opportunities to rethink how to support high quality therapeutic or treatment foster care (as an alternative to congregate care)?
- What strategies/processes might be implemented to divert youth from congregate care placements?
- What are priority outcomes (at the individual, program, and system levels) and how will they be measured?

Implementation Planning Considerations	Current Status	Remaining Work	Lead(s)	Completion Target Date
<b>Accreditation</b>				
Licensed in accordance with the Title IV-E requirements.				
Identify data sources on licensure of providers				
Determine if a new licensing category is needed for QRTPs				
do we want to put something here about navigating IMD conflicts?				
Accredited by an HHS approved, independent & not-for-profit organization (e.g., COA, JACHO, CARF, etc.).				
Identify data available on accreditation of providers				
Consider appropriate fiscal incentives to support accreditation (initial or sustained)				
Identify and provide technical assistance to providers to support their understanding of accreditation requirements & options				
<b>Trauma-Informed Treatment Model</b>				
Trauma-informed treatment model to address needs of children with serious emotional/behavioral disorders.				
Identify opportunities to support more trauma-informed care in residential settings				
Adopt existing "trauma-informed" model(s) or define specific measurable standards (i.e., policies, procedures, and practice criteria on staff training, screening/assessment, treatment planning, available evidence-based services, safe and accommodating service environment/mileu, staff wellness, etc.)				
<b>Qualified Assessment and Treatment Planning</b>				
Child assessed within 30 days of placement by a qualified individual to determine appropriateness of a non-foster family home placement and document reason(s) why child cannot be placed in foster family home.				
Articulate the values and principles that should drive agency decisions on placement in congregate care				

Identify entities or roles whose skills can be leveraged to serve as assessors (independent or internal/waiver)				
Determine the volume/capacity needed for assessors				
Determine the timing for the use of identified tools (e.g. key milestones, regular intervals)				
If independent assessor, develop rates for assessment contract				
If independent assessor, develop, release, review, and award contract				
Identify the appropriate evidence-based validated functional assessment tool to assess child needs and strengths				
Determine training or other infrastructure needs of assessors				
Plan for and implement the treatment identified for the child through assessment				
Consider articulating how assessors will engage with the child's family and permanency team				
Revise child treatment plan formats and guidance, as needed				
Use aggregate assessment data to realign service landscape				
Consider developing process for using data from the assessments to document and check the appropriateness of claims				
Establish process for ensuring the appropriateness and availability of current treatments in alignment with children's needs				
<b>Family and Permanency Team and Case Planning</b>				
Assembles a family and permanency team accordance with specific requirements				
Articulate the values or principles that should drive the engagement of family and other system partners when a child is in foster care and QRTPs				
Identify the mechanisms and timeframes to form the child's family and permanency team				
Documents specific requirements in the case plan.				
Revise case plan formats and guidance, as needed to include family and permanent team information and court response to assessments				
Ensure that outreach to, meetings with and perspectives of the family and permanency team about placement preferences are documented				
<b>Facility Staffing Requirements</b>				
Has registered or licensed nursing staff and other licensed clinical staff who (1) provide care within the scope of their practice as defined by state/tribal law, (2) are on-site according to the treatment model and (3) are available 24hr/7days week.				
Determine whether on-site nursing and clinical staff are currently available to each program 24/7				
Identify any opportunities to share high quality clinical resources across providers				
Identify opportunities to utilize innovation like telemedicine				
<b>Family Participation</b>				
To the extent appropriate, and in accordance with the child's best interests, facilitates participation of family members in the child's treatment program.				
Provide or facilitate outreach to the family members of the child, including siblings				
Maintain contact information for any known biological family and fictive kin of the child				
Integrate family members into the treatment process for the child, including post-discharge.				
Ensure maintenance of sibling connections				
Make residential placements accessible and welcoming to family				
Define appropriate outreach and family participation requirements				
<b>Discharge Planning &amp; Aftercare Services</b>				
Provides discharge planning and family-based aftercare support for at least 6 months post-discharge.				
Identify priority outcomes and strategies for measurement and monitoring of youth outcomes				
Identify services and EBPs available for aftercare and determine geographic and clinical appropriateness				
Identify opportunities to coordinate discharge and aftercare support across providers and with the child welfare agency				
Consider developing a strategy to monitor aftercare				
<b>Court Review</b>				

Court (or court approved administrative body) reviews assessment within 60 days of initial placement to determine appropriateness of placement, & approve/disapprove the placement				
Build consensus between courts and agency on the value and validity of assessments				
Develop mechanisms to ensure timeliness of court review (60 days)				
Develop training for court staff to interpret and apply results of assessment				
Ensure documentation and communication to the agency of court finding related to assessment				
At every status and permanency hearing review the evidence presented by the title IV-E agency regarding on-going assessment, treatment services, and efforts to prepare child to return home or other placement				
Develop strategies to document and provide evidence to the court of continued assessment, treatment needs and plans for return home.				
After 12 consecutive months or 18 nonconsecutive months (or 6 months for <13 years), the state must submit their documented approval for continued placement from the head of the state child welfare agency to HHS				
Develop protocols for monitoring and reporting to HHS when a child is placed in QRTP for an extended period				
<b>Overall Strategy/Process</b>				
Develop overarching standards for determining QRTP status of individual residential programs based on the components above				
Develop new rate structures and estimate cost implications				
Develop communications plan for messaging with providers and other stakeholders				
Provide TA to providers to support understanding of the QRTP process				
Develop strategy for tracking and monitoring QRTP status (including all requirements) over time				
Ensure appropriateness of claims of children in QRTPs versus other congregate care facilities				
Finalize policies and procedural rules				
Consider necessary legislative and administrative code changes				
Utilize data analytics (e.g., results of 30-day assessments) on target population to determine/match the types and volume of specialized treatments (e.g., QRTP, PRTE, spec foster care) that might be needed				
[1] See the Children's Bureau's description of QRTP requirements in appendix C to Information Memoranda 18-02				
<a href="https://www.acf.hhs.gov/sites/default/files/cb/im1802.pdf">https://www.acf.hhs.gov/sites/default/files/cb/im1802.pdf</a>				