

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s):

11.339

Program Name: Qualified Residential Treatment

Program is found in the following core budget(s): Qualified Residential Treatment Program

1a. What strategic priority does this program address?

Providing safety and comprehensive support services for foster care youth with emotional, behavioral, or social issues or medical needs.

1b. What does this program do?

Qualified Residential Treatment Programs (QRTPs)-

These are residential treatment programs that are IV-E reimbursable since the passage of the Family First Prevention Services Act and now part of the CD residential treatment service array. These residential programs provide short term residential treatment services to children deemed appropriate to be placed by the independent assessor. A QRTP must be meet the following criteria:

- Licensed in accordance with the Title IV-E requirements and accredited by one of the following:
- The Commission on Accreditation of Rehabilitation Facilities (CARF)
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- Council on Accreditation (COA)
- Any other independent, not-for-profit accrediting organization approved by the Secretary.
- Utilizes a trauma-informed treatment model that includes service of clinical needs and can implement the treatment identified for the child by the required 30-day assessment of the appropriateness of the residential which may include a QRTP placement.
- Provide care within the scope of their practice as defined by state law.
- Must be staffed by registered or licensed nursing staff (not required to be employed by the organization; however, must be accessible 24 hours per day, 7 days per week).
- Facilitates and documents outreach efforts made to the family members of the child including siblings and maintains contact information for any known biological family and fictive kin of the child.
- Be inclusive of family members in the treatment process if possible and capable of documenting the extent of their involvement.
- Provide discharge planning and offer at least six months of family-based aftercare support post-discharge.

CD rate structure consists of using a daily rate for all providers. Below are contract rates as of 7/1/2022:

Residential Care Facility	Maint.	Rehab.	Total Daily Care Rate
QRTP Daily Rate - Level II	\$64.10	\$89.87	\$153.97
QRTP Daily Rate - Level III	\$64.24	\$90.06	\$154.30
QRTP Daily Rate - Level IV	\$84.01	\$118.38	\$202.39

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2a. Provide an activity measure(s) for the program.

Number of Contracted Providers Accredited In a Fiscal Year.

*Data not available until June 2023.

2b. Provide a measure(s) of the program's quality.

Average Number of kids in a QRTP placement in a Fiscal Year.

*Data not available until June 2023.

2c. Provide a measure(s) of the program's impact.

Average Number of Referrals submitted in a Fiscal Year.

*Data not available until June 2023.

2d. Provide a measure(s) of the program's efficiency.

Children Exiting QRTP by Exit Reason

% exiting to independence

% exiting to finalized adoption

% exiting to return to home

% exiting to guardianship

% exiting to other outcomes

*Data not available until June 2023.

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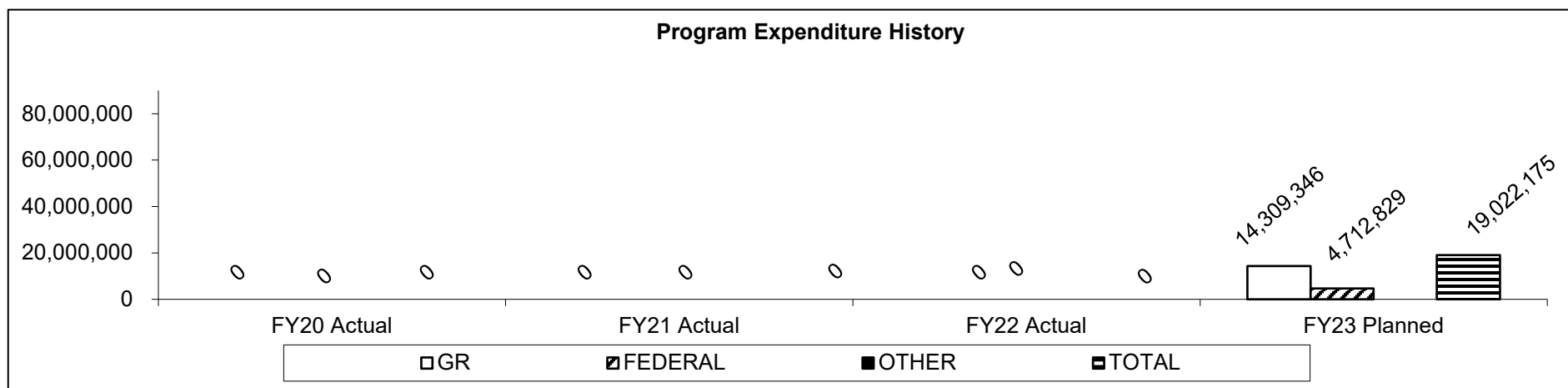
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY 2023 expenditures are net of reverted and reserves.

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

The Family First Prevention Services Act (FFPSA), enacted as part of Public Law (P.L.) 115—123, authorized new optional title IV-E funding for time-limited prevention services for mental health, substance abuse, and in-home parent skill-based programs for children or youth who are candidates for foster care, pregnant or parenting youth in foster care, and the parents or kin caregivers of those children and youth.

6. Are there federal matching requirements? If yes, please explain.

Expenditures on behalf of eligible IV-E children and youth are reimbursable at the IV-E program rate, which is the FMAP (Federal Medical Assistance Percentage). The FMAP fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.