FREQUENTLY ASKED QUESTIONS ON QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (QRTP) PER THE FAMILY FIRST PREVENTION SERVICES ACT (FFPSA)

1. Will all Private Non-Medical Institutes (PNMIs) need to become QRTP designated?

The Office of Child and Family Services (OCFS) is requesting all existing PNMIs become QRTP designated. Federal Title IV-E funds will only reimburse residential placements of children in the custody of the state if they are in a QRTP designated site. OCFS may choose, in the future, to only place children in care in PNMIs that are QRTP designated.

2. Will programs receive a higher payment rate to become QRTP designated? If yes, which part of the rate will be adjusted – the board and care portion or the treatment portion?

OCFS is investigating the opportunities for incentives and/or rate increases for those PNMIs programs who achieve QRTP designation. OCFS will receive federal Title IV-E reimbursement for QRTP designated programs that will cover room and board reimbursement, treatment costs will still be funded by Maine Care.

3. Are the QRTP assessment requirements only for children in state custody, or all children receiving residential treatment?

The FFPSA requires placement assessments for children in state custody for whom the state wants to collect federal Title IV-E reimbursement. At this time, the placement assessment will only be required for children in state custody. The primary goal of this is to ensure that children in state custody are only placed in a residential program when it is necessary for treatment purposes, not as a placement of last resort.

4. Who will provide the assessments and how will the assessment differ from what we currently do when children come into care?

The FFPSA requires a Qualified Individual (defined as a neutral, trained professional or licensed clinician) complete the placement assessment. The Qualified Individual must use an age-appropriate, evidence-based, validated, and functional assessment tool to assess the child’s needs and strengths. This will include, but is not limited to, facilitation of a family meeting and conducting interviews with the child, family and other team members. OCFS is exploring options for this process and will work with the QRTP stakeholder group to ensure the process aligns with the current MaineCare eligibility processes as much as possible.

5. Will the assessment be completed before or after admission to the residential treatment program?

Ideally, the assessment will be done prior to placement to ensure placement is suitable and stable.

6. Are the family involvement and aftercare requirements also limited to children in state custody, or for all children receiving residential treatment?

As part of the QRTP designation, programs will be expected to provide family involvement and ensure six months of aftercare services for all children regardless of custody status.

7. Given the aftercare requirements, clinician/nursing requirements of QRTP, and the current workforce shortages, how will we develop our workforce to meet the standards?
OCFS is currently reviewing workforce capacity concerns and is working to identify solutions. OCFS will also be consulting with the QRTP stakeholder workgroup, and FFPSA workgroups, to provide input into approaches that will enhance and increase workforce capacity.

8. In practice, how will residential standards differ for children/youth in state custody versus those that are not?

Children in state custody are required to undergo the required assessment process.

9. Is there a requirement that overall lengths of stay in QRTP meet a certain average, even if exceptions are granted?

Federal Title IV-E reimbursement will not be available to OCFS for children under the age of 13 placed in a QRTP for more than six months (consecutive or non-consecutive) or for children 13 and older that are placed for more than 12 consecutive months or 18 non-consecutive months. Exceptions can be made if there is clinical documentation to support the continued need for residential placement as well as signed approval from the head of the agency supporting the ongoing placement; documentation of an exception must be made available for federal review upon request. Lack of discharge placement will not be considered as justification for continued stay in a residential placement.

10. Are nurses and clinicians required to be on site 24/7 and/or be available 24/7 to become a QRTP?

The program must have registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice, as defined by state law, on-site in accordance with the selected treatment model, and available 24-hours a day and 7 days a week. They must be onsite during some of that time and available 24/7 via phone or telehealth. They do not have to be employees of the QRTP.

11. How do programs for children/youth with Autism Spectrum Disorder fit into FFPSA and QRTP?

OCFS is requesting all PNMIs obtain QRTP designation regardless of the population they serve.

12. What proportion of children in residential settings in Maine are placed in PNMIs vs. group care?

All children in DHHS custody placed in residential settings by OCFS are in PNMIs.

13. How many PNMIs are currently accredited in Maine?

Three of nine providers are currently accredited, with additional provider programs exploring or in the process of accreditation.

14. Will a new division be created within the court system to review and approve QRTP placements?

OCFS intends to utilize the existing court system and processes that are already in place to meet this requirement. Modifications to court procedures that include these reviews will be considered.

15. Is the state making efforts to improve foster parent recruitment and retention to support implementation of FFPSA and limit QRTP placement?

Several efforts are underway to increase foster parent recruitment and retention. Kinship navigator programs are also a resource to better support the many relatives who are caring for children. FFPSA allows for reimbursement for evidenced-based kinship navigator programs but to date, no evidenced based kinship navigator programs have been identified by the FFPSA clearinghouse.