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Building Bridges Initiative

Family First Prevention Services Act

Informational Document:

COMPARISON OF FEDERAL REQUIREMENTS FOR QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (QRTP) & PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES (PRTF)

March 2019

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COMPARISON OF FEDERAL REQUIREMENTS FOR QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (QRTP) & PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES (PRTF)

In February of 2018 new federal child welfare legislation was enacted. This legislation, called the Family First Prevention Services Act (Family First), replaced the definition for federal reimbursement from generic group and institutional placement settings with four specialized non-family placement settings: Qualified Residential Treatment Programs; prenatal, post-partum or parenting supports for youth; supervised settings for youth 18+ who are living independently; and, settings providing high-quality residential care and supportive services to children who have been or are at risk of being sex trafficking victims. The intent of Family First is to ensure that children whose needs cannot be met in a family setting receive high quality residential treatment services that allow them to successfully transition back to family care. Family First limits federal reimbursement of restrictive placement settings to needed therapeutic interventions for only as long as is needed to meet the best interests of the child.

The Building Bridges Initiative (BBI) is a national initiative dedicated to supporting all residential stakeholders in implementing residential practices that result in long-term positive outcomes post-residential discharge for children and families. Building Bridges Initiative core principles and many BBI best practices are reflected in the requirements of the new QRTP.

At the same time as creating the new QRTP, Family First places restrictions on federal reimbursement of the types of non-foster family settings with children (even if they meet the income eligibility requirements) when they are removed from their family due to abuse or neglect. Many residential stakeholders across the country have inquired whether the definition of the population served by and the requirements of a QRTP are the same or similar to those of a Psychiatric Residential Treatment Facility (PRTF). There have also been questions raised as to what the differences are between the two types of residential services. Additionally, as the Title IV-E agencies (state or tribal child welfare agencies administering the Title IV-E funds) have been examining the impact that the restrictions around the non-foster family placement settings will have on their ability to ensure sufficient placement resources to meet the needs of the children they are responsible for, some are examining, in partnership with their behavioral health counterparts, whether already-accredited PRTF programs could be certified as QRTPs.

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Where the state can designate a program as meeting both the requirements of PRTF (funded under Title XIX) and QRTP (funded under Title IV-E), federal support cannot be duplicated for the individual child. Where there is overlap, if a child needs a PRTF level of care, which requires a very high level of need, Medicaid (Title XIX) will pay the entire cost of care and Title IV-E funding would not be needed. In general, while the new QRTP requirements are intended to improve the quality of residential care, the requirements also call for more independent oversight of access to and duration of stays in QRTPs, require more family involvement and require discharge planning and aftercare.

This document was created as a quick comparative reference of the federal requirements of the QRTPs and the PRTFs to help states, providers, families, youth, advocates and other residential stakeholders understand what the similarities and differences are between the two. From the Title IV-E point of view, QRTPs are a type of placement setting with independent access and court oversight requirements that limit their use to those needing highly restrictive settings for only as long as necessary. From the Medicaid point of view, PRTFs are a service type with access and duration determined by medical necessity criteria. It must be noted that this document is not meant to identify residential intervention best practices, but rather outline the different federal requirements for QRTPs and PRTFs.

For further information about residential best practices, please refer to the BBI website (www.buildingbridges4youth.org). The BBI website includes comprehensive information and resources that oversight agency and residential leaders can use to support implementation of best practices that are consistent with the expectations of Family First. You may also contact the BBI Director, Beth Caldwell (bethanncaldwell@gmail.com) or BBI Coordinator, Sherri Hammack (svhammack@sbcglobal.net) for additional information about BBI and technical assistance available to support state/county oversight agencies and residential programs in implementing residential best practices.

For additional federal guidance about the Family First Prevention Services Act go to: https://www.acf.hhs.gov/cb/resource-library/search#?keyword%5B0%5D=Family%20First&ajax=1. If your residential program is already licensed and accredited as a PRTF and you are interested in becoming a QRTP, you will need to check with your appropriate State/Tribal Title IV-E agency for direction.

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COMPONENTS	QRTP	PRTF
System	Children involved with the child welfare system (Title IV-E agency which can be state or Tribal).	Children with behavioral health needs, including children involved with child welfare. This is an option the state must choose to include in its service array, but the service must be available to all children requiring that level of care.
Funding	Title IV-E funds can reimburse "maintenance" costs, which include room and board, supervision, case management and allocated indirect costs for children who are eligible. Title IV-E will not reimburse the cost of any treatment services received by any child regardless of the child's IV-E eligibility. **Note:** Medicaid may reimburse particular clinical services, such as partial hospitalization, individual therapies or through a bundled rate, depending on the state Medicaid plan. Consistent with current rules, reimbursement for educational costs and research are not reimbursable. Medicaid Rehab services can be paid for in the residential setting with the Title IV-E funds covering the maintenance costs for the youth in child welfare who are eligible. If Title IV-E reimbursement is requested for youth involved with child welfare, then the program must also be approved as a QRTP. https://www.cwla.org/wp-content/uploads/2019/01/Senate-Budget-CR_bill-text.pdf (starting on page 172).	Medicaid (Title XIX) can reimburse the entire cost of care and clinical services through the "Psych under 21" option that most states have chosen to provide. Psych under 21 allows for services to be provided in psychiatric hospitals, psychiatric units in a hospital, or psychiatric facilities (which may include small community-based facilities that meet the definition of a PRTF) for which states may define accreditation requirements, subject to requirements at 42 CFR 441 Subpart D. Medicaid reimbursements cover not only treatment services but also "maintenance" costs such as "room and board" that are incorporated into the provider rate. https://www.medicaid.gov/medicaid/ltss/institutional/psych-under-21/index.html
Service Definition	A QRTP is a newly-defined level of care for placement in a child care institution created under The Family First Act. The QRTP is one of the four reimbursable non-foster family placement settings (licensed as child care institutions) that the Title IV-E agency can seek federal reimbursement for under Title IV-E for a child who is removed from their family and goes into foster care. The other reimbursable non-family placement settings (licensed as child care institutions) are those specializing in providing: • Prenatal, post-partum or parenting supports for youth; • Supervised settings for youth ages 18+ who are living independently;	PRTF may be provided by the listed entities below if they have a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to individuals under the age of 21 who are Medicaid-eligible (also referred to as "Psych under 21" Benefit). • A **psychiatric hospital** that undergoes CMS approved surveys; or • A **hospital** with an inpatient psychiatric program

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COMPONENTS	QRTP	PRTF
Service Definition (continued)	• Settings providing high-quality residential care and supportive services to children who have been or at risk of being sex trafficking victims Family First defines access to continued reimbursement for the QRTP level of care (see below).	• A **psychiatric facility** that is not a hospital but is appropriately accredited. Specific definitions concerning PRTFs will be found in each State's Medicaid plan.
Population served	Children (up to age 18 who are in out-of-home care) for whom an assessment determines that the child's needs cannot be met in a less restrictive, family-based setting because of their serious emotional or behavioral disorders or disturbances. • In order to receive federal reimbursement in a QRTP, the child must have an assessment by a qualified individual (QI), not associated with the public agency or the residential program, within 30 days of placement. The QI must work with a "family and permanency team", assembled by the agency, while making the assessment. • Within 60 days of placement the court must consider the assessment to determine if the placement in the residential facility is necessary and approve the placement. • There is no requirement that a DSM diagnosis must be made. • Evidence must be submitted at each status review and permanency hearing that placement in the residential facility continues to be necessary and is meeting the child's needs. • Federal reimbursement for a child who no longer needs the level of care provided in a QRTP and is ready for reunification or other family-based setting can be claimed for only 30 days after that determination is made while awaiting lower level of care. • A shortage or lack of foster family homes is not an acceptable reason for determining that the needs of the child cannot be met in a foster family home. **Note:** In states where they have extended foster care for youth 18 and older, placement in a residential program does happen sometimes so the use of a QRTP for them might be possible although youth who stay in foster care beyond age 18 is at the option of the young person.	Individuals under age 21 who are diagnosed with a psychiatric condition and demonstrate the need for PRTF service. The level of need for those admitted and the conditions that can be treated by a PRTF is determined by the structure and resources of the particular facility. Specific service populations will be detailed in each State's Medicaid plan.

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COMPONENTS	QRTP	PRTF
REQUIREMENTS		
Treatment Model	QRTPs must have a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and be able to implement the necessary treatment identified in the child's assessment (see Assessment/Reassessment section below). **Note:** This means that if a child's assessment identifies he/she requires trauma-responsive treatment such as Trauma-Focused Cognitive Behavioral Therapy, or intensive child and family therapy such as Trauma Systems Therapy, or medication treatment for depression, the QRTP must be able to provide it.	PRTF programs are designed to offer a short term, intense, focused mental health treatment program to promote a successful return of the youth to the community. Specific outcomes of the mental health services include the youth returning to the family or to another less restrictive community living situation as soon as clinically possible and when treatment in a PRTF is no longer medically necessary. The residential treatment facility is expected to work actively with the family, other agencies, and the community to offer strengths-based, culturally competent, medically appropriate treatment designed to meet the individual needs of the youth including those identified with emotional and behavioral issues. PRTF services must provide ''active treatment'', which means implementation of a professionally developed and supervised individual plan of care that is: (a) Physician directed (b) Developed and implemented no later than 14 days after admission; and (c) Designed to achieve the individual's discharge from inpatient status at the earliest possible time. The individual plan of care must state treatment objectives and prescribe an integrated program of therapies, activities, and experiences designed to meet the objectives.

COMPONENTS	QRTP	PRTF
REQUIREMENTS		
Treatment Model (continued)		PRTFs are not required to have a specific number of nursing staff at each facility or unit. However, the PRTF must ensure there is sufficient RN coverage to perform RN duties, such as nursing assessment during emergency safety interventions, and treatment for injuries. Any specific staffing requirements will be detailed in each State's Medicaid plan and/or provider certification or licensing requirements. The individual plan of care must state treatment objectives and prescribe an integrated program of therapies, activities, and experiences designed to meet the objectives. All certified PRTFs are subject to the same regulatory requirements: • Beneficiary & Accreditation Requirements, §441.151 • Certification of need for services, §441.152 • Team certifying need for services, §441.153 • Active treatment, §441.154 • Individual plan of care, §441.155 • Interdisciplinary team, §441.156 PRTFs must also certify its compliance with the Condition of Participation (CoP) on the use of restraint and seclusion (§483.350 - §483.376). The CoP on the use of restraint and seclusion implicitly calls for best practice to eliminate need for such, other than for emergency safety interventions. Although a 'trauma informed treatment model' is not explicitly required (as it is in the QRTP), states can require this through policy or contractual

COMPONENTS	QRTP	PRTF
REQUIREMENTS		
Treatment Model (continued)		agreement. It can help facilitate compliance with CoP. PRTFs may provide a variety of services based on their unique resident population needs or State laws. Additional services may be billed outside of the daily rate if required to meet with the child's needs.
Staffing	QRTPs must have registered or licensed nursing and other clinical staff who provide care within the scope of their practice as defined by state law, are on-site consistent with the QRTP trauma-informed treatment model and are available 24/7. These staff do not have to be directly employed by the QRTP.	PRTFs are not required to have a specific number of nursing staff at each facility or unit. However, the PRTF must ensure there is sufficient RN coverage to perform RN duties, such as nursing assessment during emergency safety interventions, and treatment for injuries. Any specific staffing requirements will be detailed in each State's Medicaid plan and/or provider certification or licensing requirements
Family	QRTPs must to the extent appropriate, and in accordance with the child's best interests: • Facilitate participation of family members in the child's treatment program; • Facilitate outreach to the family members of the child, including siblings, document how the outreach is made (including contact information), and maintain contact information for any known biological family and fictive kin of the child; • Document how family members are integrated into the treatment process for the child, including post-discharge, and how sibling connections are maintained. **Note:** Family First does not include the term "adoptive families" here but given they are the legal family of the child these requirements would apply for them as well.	The residential treatment facility is expected to work actively with the family, other agencies, and the community to offer strengths-based, culturally competent, medically appropriate treatment designed to meet the individual needs of the youth including those identified with emotional and behavioral issues. PRTFs must: • Develop a plan of care with the parents/legal guardians of minors (as defined per State Law) and those individuals who have legal guardians. • Notify parents/legal guardians after serious occurrence(s).

COMPONENTS	QRTP	PRTF
REQUIREMENTS		
Family (continued)		• Give parents/legal guardians the opportunity to participate in debriefings of emergency safety interventions. The full scope of these requirements will be detailed in a State's Medicaid plan and/or provider certification or licensing requirements.
Discharge planning	The QRTP is required to do discharge planning.	The PRTF in the individual plan of care must include discharge plans and aftercare resources such as community services to ensure continuity of care with the child/youth's family, school, and community upon discharge. The full scope of these requirements will be detailed in a State's Medicaid plan and/or provider certification or licensing requirements.
Aftercare	QRTPs are required to provide family-based aftercare supports for at least 6 months post-discharge.	PRTFs are not required to provide aftercare services, but rather to identify in the individual plan of care, aftercare resources such as community services to ensure continuity of care with the child/youth's family, school, and community upon discharge. Note – some States require PRTF involvement in aftercare planning and treatment through "continuity of care" requirements either through provider certification or licensing.
Licensing	QRTPs must be licensed as child caring institutions by the state entity responsible for this in accordance with section 471(a) (10) of the Social Security Act.	PRTFs are licensed or certified in each state based on the state specific requirements for this service, specified by the state Medicaid program.

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REQUIREMENTS		
Accreditation	QRTP's must be accredited by The Joint Commission, The Commission on Accreditation of Rehabilitation Facilities (CARF), The Council on Accreditation of Services for Families and Children (COA), or another independent not-for-profit accrediting organization HHS approves.	PRTFs must be accredited by The Joint Commission, The Commission on Accreditation of Rehabilitation Facilities (CARF), The Council on Accreditation of Services for Families and Children (COA), or any other accrediting organization with comparable standards recognized by the State.
Cultural Competence	Not specifically stated in Family First, but there might be in the licensing requirements and or contract requirements of the Title IV-E agency.	Recommended to meet CLAS standards.
Assessment/ Reassessment	This is to be done by a qualified individual (QI) and must be completed within 30 days of placement. The QI shall: • Work in conjunction with the family of, and permanency team for, the child while conducting and making the assessment. • Use an age-appropriate, evidence-based, validated, and functional assessment tool (HHS is to provide guidance) to assess the child's strengths and needs. • Determine if family members or another appropriate placement can meet the child's needs, consistent with the child's short- and long-term goals, in the least restrictive setting consistent with the child's permanency plan. • Document why having the child/youth live with a foster family or one of the other acceptable non-family foster home settings cannot meet their needs & why a QRTP is the most effective and appropriate level of care for the child/youth (lack of sufficient foster families is not an allowable reason). • Document the family and permanency team's placement preference that acknowledges the importance of keeping siblings together and if their preference is different from that of the assessor's, the reason why the preferences of the child and the team are not recommended. • Develop a list of child-specific short- and long-term mental and behavioral health goals. Evidence must be submitted at each status review and permanency hearing	The assessment must be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral and developmental aspects of the individual's situation and reflects the need for inpatient psychiatric care. The treatment team completes the PRTF certification of need for services. The team must include at a minimum: a board certified or board eligible psychiatrist or a psychologist and a physician. The team must also include one of the following: • A psychiatric social worker. • A registered nurse with specialized training or one year's experience in treating mentally ill individuals. • An occupational therapist who is licensed, if required by the State, and who has specialized training or one year of experience in treating mentally ill individuals. • A psychologist who has a master's degree in clinical psychology or who has been certified by the State or by the State psychological association. The team must certify that:

COMPONENTS	QRTP	PRTF
REQUIREMENTS		
Assessment/ Reassessment (continued)	that placement in the residential facility continues to be necessary and is meeting the child's needs. **Note:** If the assessment has not been completed within 30 days, IV-E reimbursement of foster care maintenance costs is unavailable for the entire placement episode. If the assessment does not support the QRTP placement, the state has 30 days to move the child to an eligible placement or risk losing federal reimbursement. If a State opts to forego completion of an assessment, the State may still place the child into the QRTP setting but IV-E reimbursement for foster care maintenance costs will cease after the first 14 days of placement.	(1) Ambulatory care resources available in the community do not meet the treatment needs of the individual; (2) Proper treatment of the individual's psychiatric condition requires services on an inpatient basis under the direction of a physician; and (3) The services can reasonably be expected to improve the beneficiary's condition or prevent further regression so that the services will no longer be needed. The treatment plan must be reviewed and updated at least every 30 days by the treatment team. The scope and elements of the assessment may be detailed in a State's Medicaid plan.
Approval Process for Placement/ Continued Placement Approval	• The Court must consider the assessment, the determination and the documentation made by the QI and determine if the needs of the child can be met in a foster family home and if not, whether placement in a QRTP provides the most effective and appropriate level of care in the least restrictive environment, and whether that placement is consistent with the child's short- and long-term goals as specified in the permanency plan. • The court must make the determination within 60 days of the placement as long as a child remains placed in a QRTP, the State agency shall submit evidence at each status review and each permanency hearing for the child: A) demonstrating that ongoing assessment of the strengths and needs of the child continues to support the determination that the needs of the child cannot be met through placement in a foster family home, that the placement in a QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment, and that the placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child,	Court approval is not applicable in a PRTF. Continued stay is determined by medical necessity documented by the treatment team listed above. **Note:** Individual states may have specific PRTFs that serve youth involved in the Juvenile Justice system and therefore the courts may be involved.

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REQUIREMENTS		
Approval Process for Placement/ Continued Placement Approval (continued)	(B) documenting the specific treatment or service needs that will be met for the child in the placement and the length of time the child is expected to need the treatment or services; and (C) documenting the efforts made by the State agency to prepare the child to return home or to be placed with a fit and willing relative, a legal guardian, or an adoptive parent, or in a foster family home. Any length of stay in a QRTP of a child longer than 12 consecutive months or 18 nonconsecutive months (or, in the case of a child who has not attained age 13, for more than 6 consecutive or nonconsecutive months) must be reviewed by and written approval provided by the head of the State/Tribal Child Welfare Agency for the child to continue in the QRTP. **Note:** The assessment must be completed within 30 days of placement in a QRTP and the court must approve the placement within 60 days of placement in the QRTP. If at the 60-day point, the court has not approved the placement or the court disapproves of the placement, federal IV-E reimbursement cannot be claimed for any portion of the placement. Except as otherwise directed by order of a Court, the State/Tribal Child Welfare Agency may continue placement in a QRTP without completing the above requirements but in doing so it must forego IV-E reimbursement for foster care maintenance costs associated with the placement.	
Qualified Individual	A trained professional or licensed clinician who is not an employee of the State/Tribal Child Welfare Agency and who is not connected to, or affiliated with, any placement setting in which children are placed by the State/Tribal Child Welfare Agency.	Qualified Individual is not a concept included in the PRTF federal regulations. However, the practitioners required for the treatment team listed above would be considered qualified individuals. All PRTF treatment is under the direction of the physician.
If the court or administrative body does not approve of continuing the treatment provided in a QRTP	If a child/youth is already in a QRTP and the court/administrative body does not approve of the placement, the state/Tribal Child Welfare Agency must move the child within 30 days of the decision, or the State/Tribal Child Welfare Agency is not able to access Title IV-E reimbursement for the balance of the placement in the disapproved setting.	Not applicable in a PRTF.

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COMPONENTS	QRTP	PRTF
REQUIREMENTS		
If the court or administrative body does not approve of continuing the treatment provided in a QRTP (continued)	**Note:** When a child is in a QTRP and a determination has been made that the placement is no longer the recommended placement for the child (e.g. when they are ready to return home or be placed with a fit and willing relative, a legal guardian, or an adoptive parent, or in a foster family home) the State/Tribal Child Welfare Agency has 30 days from the time that determination is made to transition the child. The State/Tribal Child Welfare Agency will be permitted to claim IV-E reimbursement for foster care maintenance costs during this 30-day period. After the 30-day period, IV-E reimbursement will cease for the balance of the time the child remains in the QRTP.	
Family and Permanency Team	State/Tribal Child Welfare Agency is required to establish this for each child/youth. The family and permanency team shall consist of all appropriate biological family members, relatives, and fictive kin of the child, as well as appropriate professionals who are a resource to the family of the child, such as teachers, medical or mental health providers who have treated the child, or clergy. If the child is 14 or over, the Family and Permanency Team shall include members selected by the child.	This is not required in a PRTF although the participation of parents/legal guardians/ representatives in treatment planning is required for minors (as defined per State Law) and those individuals who have legal guardians or others in whose care he or she will be released to upon discharge.