



# Office of Children and Family Services

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## Administrative Directive

<b>Transmittal:</b>	21-OCFS-ADM-04
<b>To:</b>	Commissioners of Social Services Executive Directors of Voluntary Authorized Agencies
<b>Issuing Division/Office:</b>	Strategic Planning and Policy Development Child Welfare and Community Services
<b>Date:</b>	March 12, 2021
<b>Subject:</b>	<b>Qualified Residential Treatment Programs (QRTPs) and QRTP Exceptions in New York State</b>
<b>Suggested Distribution:</b>	Directors of Social Services Executive Directors of Voluntary Authorized Agencies Human Resource Directors
<b>Contact Person(s):</b>	See section VII.
<b>Attachments:</b>	Attachment A, OCFS-4992, <i>QRTP Application Attestation</i>

### Filing References

Previous ADMs/INFs	Releases Cancelled	NYS Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
<a href="#">18-OCFS-ADM-18</a> , <a href="#">17-OCFS-ADM-14</a> , <a href="#">15-OCFS-ADM-22</a> , <a href="#">15-OCFS-ADM-21</a> , <a href="#">15-OCFS-ADM-20</a> , <a href="#">12-OCFS-ADM-03</a> , <a href="#">08-OCFS-ADM-07</a>		18 NYCRR 428 18 NYCRR 441	Family First Prevention Services Act (FFPSA) (P.L. 115-123) Article 29-I of the Public Health Law SSL 378-a SSL 424-a Title 1 of Article 6 of the SSL	<a href="#">Article 29-I VFCA Health Facilities License Guidelines</a>	

## I. Purpose

The purpose of this Administrative Directive (ADM) is to detail and describe New York State's (NYS) approach to certifying congregate care programs as Qualified Residential Treatment Programs (QRTPs) in order to allow children residing in the programs to remain eligible under Title IV-E of the Social Security Act (Title IV-E). Local Departments of Social Services (LDSSs) will not be able to claim for continued (more than 14 days) Title IV-E reimbursement as of September 29, 2021, for children and youth in foster care placed in congregate care settings on or after this date, unless such setting is a QRTP or a QRTP Exception. This ADM also provides preliminary information and expectations regarding the programs that will qualify as QRTP Exceptions in NYS.

## II. Background

The federal Family First Prevention Services Act (FFPSA), enacted on February 9, 2018, makes significant changes to Title IV-E of the Social Security Act with the intent of prioritizing family-based foster care over residential care by limiting federal reimbursement for certain congregate care placements. Additionally, FFPSA promotes interventions that keep children and youth safely with their parents/caretakers, or if necessary and whenever possible, with relatives or others in their community.

The intent of FFPSA is to promote a higher quality of care toward an identified treatment outcome in congregate settings that focuses on the child and the child's family. A goal is to reduce lengths of stay and prevent reoccurrence of placement.

FFPSA creates two distinct categories of congregate care programs:

### 1. Non-Specified Setting

Congregate Care programs are a "non-specified setting" unless they have met the requirements to be designated as a "specified setting."

**Costs of care and maintenance for children and youth eligible for Title IV-E reimbursement placed in a congregate care program that is a non-specified setting are, at most, potentially eligible for reimbursement under Title IV-E for the first 14 days of such placement.**

### 2. Specified Setting

Congregate Care programs that meet the definition of "specified setting" include the following:

- A qualified residential treatment program (QRTP)<sup>1,2</sup> or

<sup>1</sup> 42 USC 675a(c)(5). "In the case of any child who is placed in a qualified residential treatment program for more than 12 consecutive months or 18 nonconsecutive months (or, in the case of a child who has not attained age 13, for more than six consecutive or nonconsecutive months), the state agency shall submit to the secretary...the signed approval of the head of the state agency for the continued placement of the child in that setting."

<sup>2</sup> Costs of care and maintenance for youth placed in a QRTP program that is a specified setting are, if all other eligibility requirements are met, eligible under Title IV-E, for reimbursement for up to 14 days of such placement. Upon timely and successful determination by a qualified individual, the costs are eligible for the duration of such placement, subject to time limits and additional requirements.

- A QRTP Exception, which, in NYS, includes the following:
  - An approved setting specializing in providing prenatal, postpartum and/or parenting supports for youth
  - A setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims
  - In the case of a youth who has attained 18 years of age, an approved supervised setting in which the youth is living independently, including but not limited to a supervised independent living program

### III. Program Implications

The NYS Office of Children and Family Services (OCFS) is utilizing the NYS 29-I Voluntary Foster Care Agency (VFCA) Health Facilities Licensure portal to standardize how VFCAs apply to become QRTPs or QRTP exceptions. Use of this portal will also allow documentation necessary for the proper oversight and monitoring of such programs to be readily accessible to OCFS. By standardizing FFPSA QRTP and QRTP Exception requirements within NYS, OCFS, in partnership with LDSSs and VFCAs, can establish a higher quality of care for children and youth involved in our child welfare system.

#### QRTP

A program seeking a QRTP certification must provide sufficient evidence that it meets the requirements described in the FFPSA and further defined by this ADM and any subsequent policy directives related to QRTPs. For programs seeking QRTP certification, each QRTP applicant must submit relevant written policies and procedures through the NYS 29-I VFCA Health Facilities Licensure portal (29-I portal).

VFCA management will review the resources and funding, including an approved Maximum State Aid Rate (MSAR) for any program for which the VFCA will submit for certification. New programs or programs with an MSAR deemed insufficient by VFCA management to operate the program must submit a budget-based rate request, to include a budget narrative and budget in the forms required by OCFS. A new MSAR or an increase to an existing MSAR must be approved by OCFS.

QRTP certification will be granted to individual congregate care programs that meet all requirements, as determined by an OCFS review of submitted application materials. Any change to the operation or certification of a program that affects the program's capacity to meet any of the FFPSA requirements must be reported to OCFS immediately.

#### QRTP Exceptions:

The three QRTP Exceptions: (1) Prenatal, Post-partum, Parenting (PPP), (2) EMPOWER programs (to serve youth who have experienced or are at-risk of sex trafficking), and (3) Supervised Settings qualify for long-term (more than 14 days) Title IV-E foster care maintenance payments. It is expected that after any program is determined to have met the requirements and has been issued either a PPP, EMPOWER, or Supervised Settings

QRTP Exception operating certificate, the agency or program must inform OCFS of any change to the program model that impacts program requirements.<sup>3</sup>

VFCA management will review the resources and funding, including an approved MSAR for any program for which the VFCA will submit for certification. New programs or programs with an MSAR deemed insufficient by VFCA management to operate the program must submit a budget-based rate request, to include a budget narrative and budget in the forms required by OCFS. A new MSAR or an increase to an existing MSAR must be approved by OCFS.

### **Prenatal, Postpartum, Parenting (PPP)**

To qualify as a Prenatal, Postpartum, Parenting (PPP) QRTP Exception, a program must meet specific requirements to acquire and maintain QRTP Exception certification. It is anticipated that a prospective PPP QRTP Exception program will be required to submit an updated program description and/or policies in the following categories: (1) licensure/approval; (2) intake/admission; (3) residential care and treatment; (4) case planning and permanency services; (5) clinical and behavioral health services; (6) medical services for youth and child; (7) prenatal, postpartum, parenting services; (8) educational/vocational/employment; independent living support; and (9) community partnerships.

Existing programs, including any licensed and operating mother/child program, must complete an application process via the 29-I portal if they seek to become a PPP QRTP Exception. Programs not operating as a mother/child program may also apply to operate as a PPP QRTP Exception.

Additional documentation may be required and would be submitted to the applicable OCFS regional office. Additional information will be forthcoming.

### **EMPOWER Programs**

To qualify as an EMPOWER QRTP Exception, a program must meet anticipated requirements to acquire and maintain QRTP Exception certification. For purposes of applying for the EMPOWER QRTP Exception, it is anticipated that the prospective program will be required to submit materials regarding the following categories: (1) program description; (2) admission/intake; (3) staffing, supervision, and training; (4) physical plant requirements; (5) therapeutic model of service; (6) supports for mental, behavioral and emotional health, well-being and healing; (7) supports for physical and sexual health and well-being; (8) positive youth development and youth voice; (9) behavior management, de-escalation, incident and crisis management; (10) permanency planning, discharge and aftercare; and (11) program benchmarks.

<sup>3</sup> 42 USC 672 (k)(2)(B)(C) and (D)

“(B) A setting specializing in providing prenatal, post-partum, or parenting supports for youth.

“(C) In the case of a [child](#) who has attained 18 years of age, a supervised setting in which the [child](#) is living independently.

“(D) A setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, [sex trafficking victims](#), in accordance with [section 671\(a\)\(9\)\(C\) of this title](#).”

Additional documentation may be required and would be submitted to the applicable OCFS regional office. Additional information will be forthcoming.

### **Supervised Settings**

Under FFPSA, a Supervised Setting is a residential placement of an older youth in foster care in the community to provide them with a transitional experience in which they may live independently. Supervised Settings QRTP Exceptions include, but are not limited to, the following: Supervised Independent Living Programs (SILPs); college housing, inclusive of dormitories on campus; shared housing with non-foster care youth in the community; and room rentals, including with a relative.

An OCFS policy, *Standards and Procedures for Approval of Supervised Independent Living Programs* ([08-OCFS-ADM-07](#)), provides information on how to apply for the authority to operate a SILP (which will be under the Supervised Settings QRTP Exceptions), and is expected to continue to be the application process for any of the Supervised Settings QRTP Exceptions.

Additional information will be forthcoming, as OCFS must seek statutory changes to include all the above supervised settings as QRTP Exceptions that will meet the federal criteria for Title IV-E reimbursement.

## **IV. Required Action**

### **Applying for QRTP and QRTP Exception Certification**

A VFCA seeking QRTP or QRTP Exception certification for a program licensed to operate within NYS must apply through the 29-I portal.

The 29-I portal is the web-based application system VFCAs use to complete and submit a VFCA 29-I Health Facilities License Application. A VFCA must have an approved VFCA 29-I Health Facilities License Application in order to be authorized by the NYS Department of Health to provide limited health-related services and enable them to contract with and bill Medicaid Managed Care Plans. The process to apply for such authority is distinct and separate from the process to apply for QRTP or QRTP Exception certification. The application process for QRTP and QRTP Exception certification through the 29-I portal is intended to decrease the duplication of effort and offer a streamlined process for applicants. For more information about the VFCA 29-I Health Facilities License, please see the [Article 29-I VFCA Health Facilities License Guidelines](#).

A VFCA with a licensed program seeking QRTP or QRTP Exception certification that does not have access to the 29-I portal should contact [ocfs.sm.VFCA.29I.Health.Facility.License@ocfs.ny.gov](mailto:ocfs.sm.VFCA.29I.Health.Facility.License@ocfs.ny.gov). A VFCA experiencing any difficulty in accessing the 29-I portal should contact its associated OCFS regional office for further guidance.

To apply via the 29-I portal, a VFCA will indicate, by site/program location, if it is applying for QRTP or QRTP Exception certification.

For a QRTP application only, the VFCA must complete and upload the following QRTP application items into the 29-I portal for OCFS's review:

- Current accreditation documentation
- Policies and procedures relevant to the program applying for QRTP certification that demonstrate adherence to the requirements described in the FFPSA and as defined by this ADM
- A signed attestation to indicate the submission of all materials required for QRTP certification review and understanding of all requirements for a program to operate as a QRTP, included as *Attachment A, QRTP Application Attestation*
- [OCFS-2981](#), *Application for Operating Certificate* and program description.

For a QRTP Exception application, further information is forthcoming that will elaborate upon specific requirements and any required application materials.

### **FFPSA Requirements and QRTP Application Items**

Listed below are each of the QRTP requirements described by the federal FFPSA and further defined by this ADM.

1. **The program must meet the federal definition of a child care institution, including that it must be licensed by OCFS and be accredited by one of the following:**
  - **The Commission on Accreditation of Rehabilitation Facilities**
  - **The Joint Commission on Accreditation of Healthcare Organizations**
  - **The Council on Accreditation**
  - **Any other independent, not-for-profit accrediting organization approved by the U.S. Secretary of Health and Human Services**

VFCAs will continue to follow and adhere to OCFS licensing standards for the purpose of meeting this requirement.

**Required Application Item:** A VFCA must submit accreditation information (certificate or other similar item from the accrediting agency) as part of the QRTP application process detailing the time period of active accreditation. A program must maintain active accreditation status to maintain QRTP certification.

2. **The program must conduct required criminal history record checks and child abuse register checks for all adults working on-site at the program.**

To qualify as a QRTP, a congregate care program must conduct state and federal criminal history record checks, and check the New York Statewide Central Register of Child Abuse and Maltreatment (SCR), the NYS Justice Center Staff Exclusion List and any child abuse register of another state where the individual has resided in the last five years, for all employees, regardless of the level of contact with the children and youth placed in the program. This comports with a 2019 change in NYS policy described in *Expansion of Background Checks for Congregate Care Staff Under the Family First Prevention Services Act (FFPSA)* ([19-OCFS-ADM-21](#)).

**Required Application Item:** The VFCA must submit all policies and procedures related to the processing of criminal background and SCR checks for all congregate care program employees.

**3. The program must have a trauma-informed treatment model designed to address the needs of children with serious emotional or behavioral disorders.**

OCFS expects any prospective QRTP to meet both (sections **A** and **B** below) of the following nationally recognized standards, regardless of its specific trauma-informed care approach:

**A. The Substance Abuse and Mental Health Services Administration’s (SAMHSA) *Concept of Trauma and Guidance for a Trauma-Informed Approach*.<sup>4</sup>**

SAMHSA has outlined a set of six core principles and 10 implementation domains that together offer a framework for implementing a trauma-informed approach.

**Key Core Principles of a Trauma-Informed Approach:**

**Safety:** Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

**Trustworthiness and Transparency:** Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization

**Peer Support:** Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing. The term “Peers” refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as “trauma survivors.”

**Collaboration and Mutuality:** Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: “one does not have to be a therapist to be therapeutic.”

**Empowerment, Voice and Choice:** Throughout the organization and among the clients served, individuals’ strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to

<sup>4</sup> [https://ncsacw.samhsa.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf)

heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/or who come to the organization for assistance and support. As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.

**Cultural, Historical and Gender Issues:** The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.); offers access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma

**Implementation Domains for a trauma-informed approach:**

1. Governance and Leadership; 2. Policy; 3. Physical Environment; 4. Engagement and Involvement; 5. Cross Sector Collaboration; 6. Screening, Assessment, Treatment Services; 7. Training and Workforce Development; 8. Progress Monitoring and Quality Assurance; 9. Financing; 10. Evaluation

**B. National Child Traumatic Stress Network (NCTSN) Recommendations<sup>5</sup>**

The NCTSN states: “A trauma-informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers....

“A service system with a trauma-informed perspective is one in which agencies, programs, and service providers:

“Routinely screen for trauma exposure and related symptoms.

“Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms.

“Make resources available to children, families, and providers on trauma exposure, its impact, and treatment.

“Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma.

“Address parent and caregiver trauma and its impact on the family system.

<sup>5</sup> <https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems>



“Emphasize continuity of care and collaboration across child-service systems.  
“Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff wellness.”

**Required Application Item:** The Article 29-I license requires VFCA's to have a trauma-informed care policy. If a VFCA previously submitted a trauma-informed care policy for an Article 29-I license and is now applying for QRTP certification, the policy should be reviewed by the VFCA for compliance with this ADM and any additional QRTP guidance and requirements. For purposes of meeting QRTP requirements, OCFS requires each program to describe, in writing, how its trauma-informed care approach impacts specific areas of the following four domains:

1. VFCA Leadership Role in Implementation and Sustainability of Trauma-Informed Care (TIC)

- Describe how VFCA leadership is involved in implementing the VFCA's model of care.
- Describe what measures or indicators are included in an organizational assessment that evaluates progress and ongoing status of implementation.
- Describe how VFCA leadership gathers feedback on these measures or indicators from VFCA staff, children and youth, and other family members (i.e., surveys, interviews, confidentiality, anonymity), and how frequently feedback will be collected.
- Describe efforts by VFCA leadership to sustain the VFCA's model of care.
- Describe how VFCA leadership promotes cultural awareness and competency surrounding race, culture, gender and socioeconomic factors.

2. Description of Program and Model of Care

- Summarize the VFCA's model of care in relation to the above SAMHSA core trauma-informed principles for each of the following areas:
  - Mission statement and program philosophy
  - Key components of daily programming:
    - goals of the program
    - admission criteria
    - staffing patterns, ratios, and supervision of children and youth
    - daily living schedule of activities
    - therapeutic recreation activities
    - supporting the voice and choice of children, youth and families
    - promoting and facilitating peer support
    - case and treatment services, provided to children, youth and families
    - discharge and aftercare planning conducted with children, youth and families
    - informing community providers about the trauma-informed model of care
    - collaborating with community providers around post-discharge services

- cultural awareness and competency surrounding race, culture, gender and socioeconomic factors

### 3. Staff Training and Development

- Describe the initial education and training provided to new staff in the following:
  - Trauma-informed “Three ‘R’s””: *realize* effects of trauma, *recognize* signs and symptoms of trauma, and *resist re-traumatization* of children or youth
  - Above items listed under the agency’s program and model of care
  - Risks of and responses to human trafficking
  - Cultural awareness and competency surrounding race, culture, gender and socioeconomic factors
- Describe ongoing education, training, and development for all staff in the following:
  - Strategies to engage children, youth and other family members with trauma histories
  - Inclusion of trauma-informed principles in supervision of staff performance
  - Maintaining an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff wellness

### 4. Screening, Assessment and Treatment Services

- Describe the use of evidence-based, peer-reviewed and research-supported clinical practices/models in work with children, youth and families in relation to the following:
  - Timely trauma-informed screening and assessment activities to identify clinical treatment and permanency needs and goals
  - Timely provision of trauma-informed clinical treatment services to achieve identified goals, including adjustments to case circumstances
  - Ongoing reassessments for progress toward identified clinical and permanency goals, and to support case decisions being made with children, youth and families.

#### 4. **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 seven days a week.**

Congregate care programs with access to nursing staff or other licensed clinical staff employed by the VFCA operating the program, whether located at the program site or another site operated by the VFCA, will meet this requirement so long as the medical staff meet the criteria of working regular business hours and being available 24 hours a day and seven days a week.

**Required Application Item:** VFCAs seeking QRTP certification can meet this requirement by maintaining Article 29-I licensure status.

If the VFCA congregate care program seeking QRTP certification does not have an active Article 29-I license and does not intend to apply for one, it must contact its associated OCFS regional office to coordinate the submission of materials that detail how this requirement is met.

**5. The program must facilitate and document family outreach, including siblings, and document how the family is integrated into the treatment process, including post-discharge.**

In NYS, any congregate care program working with families involved in the NYS child welfare system is required to involve the family and any identified family resources in the treatment process and make diligent efforts toward maintaining familial bonds to the extent that is safe and practicable. As it relates to a QRTP, the term “family” is to mean any relative, fictive kin, or other resources identified by the family, child, LDSS or service providers.

It is required that any ongoing efforts toward family engagement, outreach, maintaining familial bonds and support (e.g., sibling or grandparent visitation), and involvement in the treatment process and service planning be documented regularly in CONNECTIONS (CNNX) via the Family Assessment Service Plan and contemporaneous progress notes.<sup>6</sup>

**Required Application Item:** VFCAs with a program seeking QRTP certification must submit policies and procedures that describe how they facilitate family outreach and include all identified resource family members in the treatment process.

VFCAs and congregate care programs should always endeavor to

- conduct case activities with the needs of the children, youth and/or parent(s) in mind;
- elicit children, youth and/or parent(s)’ understanding and perspective on case circumstances;
- conduct case discussions with transparency, including Adoption and Safe Families Act (ASFA) time frames, permanency options and concurrent planning; and
- demonstrate active involvement of children, youth and family in case planning discussions.

**6. The program must provide discharge planning and family-based aftercare support for at least six months post-discharge from the QRTP.**

**A. Discharge Planning**

Discharge planning must begin on the first day of placement. The discharge plan must be created in conjunction with the child’s permanency team. The discharge plan must be developed with input from health care providers, mental health service providers, other service providers involved with the child, the parent/caretaker, identified kin or fictive kin resources and the child, when appropriate.

<sup>6</sup> 18 CRR-NY 428.3.

**Required Application Item:** The Article 29-I license already expects VFCAs to have a discharge planning policy. If a VFCA or program it operates already submitted a discharge planning policy, it should be reviewed by the VFCA for compliance with this ADM and any additional QRTP guidance and requirements. A child/youth receiving services from a QRTP must have a discharge plan that includes the items required by the Article 29-I license for the purposes of health services coordination, in addition to items directly related to their placement and other service needs as determined by the permanency team.

**A discharge plan must include the following:**

- Measurable discharge goals approved by the permanency team. The goals in a child's discharge plan must include the following:
  - Goals based on the child's QRTP treatment plan
  - A permanency goal that addresses the reasons for placement in the QRTP and how the child's living arrangement will be supported post-discharge
  - An education goal that describes the child's educational needs, whether any special education services are required, and how this goal will be supported post-discharge
- The address where the child/youth will reside upon discharge (required by 29-I)
- Any available contact information for the child, including phone numbers, email addresses, and social media information
- Names, addresses, and telephone numbers for all service providers providing family-based aftercare support
- Contact information for the QRTP from which the child/youth was discharged
- Medicaid thru-date (including instructions for recertification) and/or private health insurance information (required by 29-I)
- Names, addresses, and telephone numbers for all health service providers who provided services to the child/youth while in care (required by 29-I)
- Names, addresses, and telephone numbers for all mental health service providers who provided services to the child while in care
- Comprehensive list of the child's health care needs and any medical conditions that require post-discharge follow-up (required by 29-I)
- Comprehensive list of the child's mental health care needs and any conditions that require post-discharge follow-up
- Plans for continuing health care (required by 29-I)
- List of all medication(s) the child/youth is prescribed, over-the-counter medication(s) and a plan to obtain medication refills (required by 29-I);
- Record of all immunizations (required by 29-I)
- Address and contact information where the child/youth will attend school, the process to enroll the child/youth and a plan to share all necessary health care documentation (required by 29-I)
- List of community health care resources, including addresses and telephone numbers (required by 29-I)
- Wherever possible,

- list of local community resources that may benefit the family post-discharge (after-school programs, support groups, food banks, etc.); and/or
- well-being and positive youth development supports.
- Where appropriate,
  - list of names, addresses, and telephone numbers for probation or parole officers; and
  - list of vocational resources, including addresses and telephone numbers.

### **Juvenile Delinquency (JD) Placements:**

All JD youth should be discharged prior to the termination of their placement order with a conditional release plan for community supervision by the program and LDSS. All JD youth placed in a QRTP are required to have a discharge plan developed by their permanency team separate from the conditional release plan, though there may be overlap between the two plans.

#### **B. Family-Based Aftercare Support**

As described in the federal FFPSA, QRTPs are required to provide six months of family-based aftercare support. This aftercare support must be provided in any instance where a child/youth is discharged from a QRTP to a family-like setting, including a relative or foster home placement. Aftercare support is not required when a child/youth is transferred to another QRTP or congregate care setting.

Prior to a child/youth's discharge from a QRTP, the treatment team must identify a primary contact person responsible for engaging the child/youth and family to meet the minimum standard for contacts as outlined below. This may include a health home care manager, QRTP clinical staff (i.e., Article 29-l services), QRTP child care staff, preventive services staff, or any other appropriately trained employee of the VFCA. This individual is responsible for arranging and/or providing services as identified in the child/youth's discharge plan (e.g., counseling).

Prevention services may be utilized to meet the requirement for family-based aftercare support. The QRTP and LDSS must both agree to the use of prevention services as aftercare support prior to the child/youth's discharge from the QRTP, and such services must be provided for a period of at least six months post-discharge.

Ultimately, it is the responsibility of the QRTP to provide and/or arrange the services necessary to meet the identified discharge plan goals for the child/youth and family. This requires the QRTP to provide the services directly or through another service provider. If, at any time, a service provider that is not the QRTP is unable to serve a child/youth or family as part of the required aftercare support, the QRTP must provide the service directly or facilitate the arrangement of another service provider.

The requirement for a QRTP to provide six months of aftercare support does not require the QRTP to provide a duplicate service. In circumstances where a necessary service can be provided by the QRTP or another service provider, the

treatment team should identify which provider can best meet the child/youth's and family's needs and goals.

Any contact or attempted contact with the child/youth and family, or any diligent efforts made as part of providing six months of aftercare support, must be documented as part of the child/youth's record. In circumstances where there is no existing mandate to compel a child/youth or family to participate in services, such as when a child/youth is discharged from foster care and/or there are no current family court orders, a QRTP is still required to fulfill the mandate of offering family-based aftercare support for at least six months. In any instance when a child/youth or family refuses to participate in aftercare support and/or services, the QRTP must make diligent efforts to engage the child/youth and family to meet the minimum standard contacts for QRTP aftercare support, as described below. There may be circumstances where a family refuses services for the first month (or longer) after discharge from the QRTP, then later identifies a need for aftercare support. In any case where a family refuses services and/or support, it is necessary that the QRTP document any and all efforts to meet the minimum monthly contacts for the entire period of six months post-discharge from the QRTP.

#### **Minimum Standard Contacts for QRTP Aftercare Support:**

##### Month 1:

- Two (2) substantive face-to-face contacts with child/youth
  - At least one of the two contacts must be held at the child/youth's place of residence.
- Two (2) substantive face-to-face contacts with caregivers
  - At least one of the two contacts must be held at the child/youth's place of residence.

##### Months 2-6:

- One (1) substantive face-to-face contact with child/youth each month
  - Every 60 days, at least one of these monthly contacts must be at the child/youth's place of residence.
- One (1) substantive face-to-face contact with the caregiver each month
  - Every 60 days, at least one of these monthly contacts must be at the child/youth's place of residence.

The contacts must directly address the goals articulated in the QRTP Discharge Plan. Documentation of contacts must include the following:

- Progress on goals
- Outstanding needs
- Strategies to address outstanding needs

## V. Systems Implications

Updates and changes are being made to the 29-I portal to accommodate a streamlined application process for QRTPs and QRTP Exceptions. Further details and specific guidance regarding application via the 29-I portal is forthcoming.

Any changes made to CNNX or any other system that may affect QRTPs and/or QRTP Exceptions will be described in a subsequent OCFS publication.

## VI. Additional Information

QRTP or QRTP Exception requirements do not supersede, replace, or invalidate any previous policy directive or requirement as it relates to the care of a child/youth in a congregate care program.

Any congregate care program, including those designated as a QRTP, must demonstrate continued adherence to previously released policies, including, but not limited to:

[18-OCFS-ADM-18](#) - *Educational Stability and Transportation Requirements for Children in Foster Care*

[17-OCFS-ADM-14](#) - *Family Visiting Policy for Children in Foster Care*

[15-OCFS-ADM-22](#) - *Case Planning for Youth in Foster Care 14 Years of Age or Older*

[15-OCFS-ADM-21](#) - *Supporting Normative Experiences for Children, Youth, and Young Adults in Foster Care: Applying a Reasonable and Prudent Parent Standard*

[15-OCFS-ADM-20](#) - *Transition Planning with Youth for a Successful Discharge*

[12-OCFS-ADM-03](#) - *New Requirement Regarding Educational Stability of Foster Children*

## VII. Contacts

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**VIII. Effective Date**

This directive is effective as of the date of its issuance.

**/s/ Thomas R. Brooks**

**Issued by:**

Name: Thomas R. Brooks

Title: Deputy Commissioner

Division/Office: Office of Strategic Planning and Policy Development

**/s/ Lisa Ghartey Ogundimu**

**Issued by:**

Name: Lisa Ghartey Ogundimu

Title: Deputy Commissioner

Division/Office: Division of Child Welfare and Community Services