Employees' Manual
Title 18, Chapter D(3)

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Qualified Residential Treatment Programs (QRTP)

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Overview

This chapter provides information on Qualified Residential Treatment Programs (QRTP), previously foster group care services (FGCS), and the policies, procedures, and practice guidance for this service. QRTP is a newly defined level of care for placement in a childcare institution created under The Family First Act. QRTP is an out of home placement option that offers a structured living environment for children up to age 18 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. The QRTP is one of the four reimbursable non-foster family placement settings that HHS can seek federal reimbursement for under Title IV-E.

The specific requirements of a QRTP highlighted by the Family First Act are:

- A linkage/access to 24-hour nursing
- Utilization of a trauma-informed treatment model
- Treatment offered leads to children getting better
- Clinical staff are on-site
- Six months of aftercare provided by QRTP
- Documentation of family involvement in treatment
- Discharge planning
- Licensing and accreditation.

QRTP is used for children who have been adjudicated for having committed a delinquent act (delinquent) or as a child in need of assistance (CINA). These children are court-ordered to QRTP provided in a licensed residential setting 24 hours a day 7 days a week. Licensed and contracted providers offer QRTP provided in accordance with the: Iowa Department of Health and Human Services' (HHS) Family-Centered Model of Practice; Child Welfare Model of Practice; Juvenile Court Services' (JCS) Model of Practice; and the Guiding Principles of Iowa's System of Care with the goal of a child returning to the child's family or a less restrictive care setting when possible and/or as deemed appropriate by the child's treatment and legal team.

QRTP providers are responsible for planning daily activities of children, providing discipline and guidance as needed, and facilitating development of peer relationships. While in care, children are taught age appropriate skills to help prepare them to return to their communities or to transition to adulthood or future self-sufficiency. QRTP providers shall assist in facilitating family contact between the child and parents, sibling, and other family members. QRTP providers shall include family in the treatment planning process whenever possible.

Lengths of placement will vary and the service provider shall work with the referral entities, courts, and families to coordinate efforts toward achieving goals in the child's case permanency plan or juvenile court services plan. Behavior management and stabilization strategies used shall include collaboration with families in order to facilitate family reunification and a child's move back to the community, if that is possible and appropriate.

QRTP may not be appropriate for children under age 12 or over age 17.

- For children under 12, in-home services or family foster care may be more appropriate.
- For youth 18 or over, supervised apartment living services or, for youth with significant treatment needs, care in an adult facility (such as a nursing home, Intermediate Care Facility for persons with an Intellectual Disability - ICF/ID, or residential care facility) may be most appropriate.

In both cases, consider a less restrictive and more age-appropriate alternative. Any length of stay in a QRTP of a child longer than 12 consecutive months or 18 non-consecutive months (or, in the case of a child who has not attained age 13, for more than 6 consecutive or non-consecutive months) must be reviewed by and written approval provided by the head of the Child Welfare Agency, i.e. HHS Director, for the child to continue in the QRTP.

Psychiatric medical institutions for children (PMICs) provide psychiatric care for children and adolescents within a medical institution under the Medicaid program. Payment for the PMIC program is from state and federal funds based on the child's eligibility for Medicaid. PMIC should be utilized for children whose psychiatric needs take precedence over their inability to live in a family situation due to social or emotional needs.

Legal Basis

Iowa laws and legal references related to this chapter include the following**:**

- Iowa Code Chapter 232, "Juvenile Justice"
- Iowa Code Chapter 234, "Child and Family Services"
- Iowa Code Chapter 237, "Child Foster Care Facilities"
- Iowa Administrative Code (IAC) 441 Chapters: 112, 114, 115, 116, 130, 152, 156, and 202

Definitions

"Age-appropriate or developmentally-appropriate activities" means activities generally accepted as suitable and developmentally appropriate for the children's chronological age or maturity level, based upon the cognitive, emotional, physical, and behavioral capacities of the individual child.

"Best interest determination" means the meeting(s) when the Department coordinates with the local education agency to ensure immediate and appropriate school enrollment for the child entering foster care or changing placements.

"Best interest of the child" means factors that courts commonly consider when making best interests determinations. These generally are a number of factors related to the child's circumstances and the parent or caregiver's circumstances and capacity to parent, with the child's ultimate safety and well-being the overriding concern. (Iowa Code section 232.104)

"Bureau of service contract support" is the bureau in the Division of Compliance and Administration that is responsible for administering performance-based contracts.

"Case permanency plan" means the plan identifying goals, needs, strengths, problems, services, time frames for meeting goals and for the delivery of services to the child and parents, objectives, desired outcomes, responsibilities for all parties involved and reviewing progress. The case permanency plan is documented on form **470-3453 or 470-3453(S), Family Case Plan,** and has to meet state and federal legal requirements. Foster Care Placement and Services 441 IAC 202.1(234) and Iowa Code section 232.2(6) delineate explicit federal requirements for this permanency plan.

"Child", **"Children"**, **"Youth"**, or **"Juvenile"** means a person(s) who meets the definition of a Child in Iowa Code Section 234.1(2)

"Child in need of assistance (CINA)" is a legal status determined through adjudication by a juvenile court. It means an unmarried child meeting the definitive criteria found in Iowa Code 232.2(8).

"Delinquent" means a child who has been adjudicated for committing a delinquent act (as it is defined in Iowa Code Chapter 232.2(15).

"Child welfare services" means age-appropriate activities to maintain a child's connections to the child's family and community, to promote reunification or other permanent placement, and to facilitate a child's transition to adulthood.

"Contractor" means a private organization authorized to do business in Iowa that has entered into a contract with the Department to provide one or more services.

"Episode of out-of-home care" means the period of time a child spends in temporary placements away from the child's permanent home. An episode of out-of-home care starts when a child is removed from the home of the child's parent or guardian by order of the court or through a voluntary placement agreement. An episode ends when:

- The child is returned to the parent or guardian and the court relieves the state of the responsibility to supervise the placement; or
- Guardianship is transferred to another person, the child is placed in another home that is intended to be a permanent home for the child, and the court relieves the state of the responsibility to supervise the placement; or,
- Six months have elapsed since the child was returned to the parent or guardian or since guardianship was transferred to another person, even if the court has not relieved the state of the responsibility for supervision.

"Episode of Service" means when a service that is initiated by a referral, is provided within a specific period of time to assist in meeting a child's needs.

"Escrow account" means an interest bearing account in a bank or savings and loan association that is maintained by the Department in the name of a particular child.

"Facility" means a QRTP contractor's personnel, program, plant, and equipment of a person or agency providing child foster care.

"Family" for the purpose of child welfare service delivery, shall include the following:

1. The natural or adoptive parents, stepparents, domestic partner of the natural or adoptive parents, and children who reside in the same household.
2. A child who lives with an adult related to the child within the fourth degree of consanguinity and the adult relatives within the fourth degree of consanguinity in the child's household who are responsible for the child's supervision. Relatives within the fourth degree of consanguinity include: full or half siblings, aunts, uncles, great-aunts, great-uncles, nieces, great-nieces, nephews, great-nephews, grandparents, great-grandparents, great-great-grandparents, and first cousins.
3. A child who lives alone or who resides with a person or persons not legally responsible for the child's support. (441 IAC 152.1)

"Family Case Plan" (Form 470-3453) means the official record of the Department's involvement with the family. It serves to help document the child and family conditions and concerns that caused the family to become involved with the child welfare system, help determine and document the most appropriate services and supports needed to assure and promote child safety, permanency, and well-being. The Family Case Plan includes: a description of a plan to keep the child safe; individual family strengths, supports, and needs; a description of how the strengths and family supports can be used to assist the family in self-directed change; how the Department and others will assist the family in overcoming the needs; and, documentation of compliance with applicable state and federal laws and regulations.

"Family-Like Setting" means a Foster Family Home, a relative Placement, a pre-adoptive home, a Fictive Kin Placement, or trial home visit**.**

"Family team" means people identified by the child or family as collectively possessing the technical skills, knowledge of the family, authority, and access to the resources necessary to organize effective services to build on strengths and meet the needs of the child/youth or family.

"Fictive Kin" means an individual who is unrelated by birth or marriage but who has an emotionally significant relationship with another individual who would take on the characteristics of a family relationship.

"Formal Life Skills Assessment" means a tool designed to measure a child's knowledge and skill comprehension needed to direct his or her life at home and in the community. Measurement of skills include "hard skills" including, but not limited to, money management, food preparation, hygiene, home management, accessing health care, education and employment-related skills, accessing community resources and time management. Measurement of skills also includes "soft skills," including, but not limited to, decision-making, problem solving, relationship skills, and self-advocacy skills. Results of the Life Skills Assessment (both strengths and needs) are used in designing services and supports that promote a child-centered transition plan to assist the child in successful transition from the foster care system to early adulthood and self-sufficiency.

"Foster care" means substitute care furnished on a 24-hour-a-day basis to an eligible child in a licensed or approved facility by a person or agency other than the child's parent or guardian but does not include care provided in a family home through an informal arrangement for a period of 20 days or less. Child foster care shall include but is not limited to the provision of food, lodging, training, education, supervision, and health care.

"Guaranteed Payment Bed" or **"Guaranteed Bed"** means a bed that is part of the contract guaranteed available to the Department as needed, and for which Department payment will be made regardless of use in order to assure access as needed and stability of payment to a contractor.

"QRTP maintenance" means food, clothing, shelter, school supplies, personal incidentals, daily care, general parenting, and supervision of children to ensure their well-being and safety, and administration of maintenance items provided in a QRTP facility.

"Individualized Education Program (aka Individualized Education Plan)" or **"IEP"** means a written document developed for each public school child who is eligible for special education. The IEP is created through a team effort and reviewed at least once a year. Before an IEP can be written, the child must be eligible for special education.

"Interstate Compact on the Placement of Children" or **"ICPC"** means a uniform law that has been enacted in all 50 states, the District of Columbia, and the U.S. Virgin Islands, Puerto Rico and Guam. The ICPC establishes a contract among the states and jurisdictions that ensures orderly procedures for the interstate placement and postplacement supervision of children and fixes responsibilities for those involved in placing the child.

"JARVIS" means is the online child services modules where the case flow applications have been converted and all case entries are made.

"Juvenile Court Officer" or **"JCO"** means a person appointed as a juvenile court officer or chief juvenile court officer.

"Chief Juvenile Court Officer" means a person appointed under Iowa Code section 602.

"Juvenile Court Services (JCS)" means an administrative unit that is part of the judicial branch of Iowa government and established in each judicial district pursuant to Iowa Code Ch. 602. JCS provides intake services for all Iowa youth who are alleged to have committed a delinquent act. JCS also supervises and provides services to those youth who are adjudicated delinquent or those youth who have committed a delinquent act but who have not been adjudicated delinquent by the Juvenile Court.

"Kin" means one's family and relations.

"Kinship care" means the care of a child by a relative or suitable person, providing full-time nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship or family-like bond with the child (often referred to as "fictive kin").

"Kinship caregiver" means a relative (e.g., grandparent, sibling, etc.) and Fictive Kin (e.g., godparents, close family friends, etc.) providing care for a child.

"Licensing worker" means the state agency staff responsible for conducting QRTP facility licensing related work for the Department including onsite visits and licensing surveys, complaint investigations, and making recommendations to the Department regarding licensing matters. The Department of Inspections and Appeals conducts this work for the Department via a Memorandum of Understanding between the two agencies.

"Local Transition Committee" means a committee established in each of the Department Service Areas to ensure that the transition needs of youth in foster care who are 14 years of age or older have been addressed in order to assist the youth in preparing for the transition from foster care to adulthood.

"Medicaid referral" means referral of a family to the income maintenance unit of the local Department office for determination of Medicaid eligibility.

"Neurodevelopmental and Comorbid Conditions" or **"NACC"** means a combination of lower cognitive functioning, developmental delays, and serious emotional and behavioral concerns affecting the functioning and treatment needs of a Child. NACC signifies the Child has been assessed by a Licensed Practitioner of the Healing Arts to have significant needs which necessitate residential treatment.

"Natural parent" means a parent by blood, marriage, or adoption.

"Non-Guaranteed Payment Bed" or **"Non-Guaranteed Bed"** means a bed that is part of the contract and shall be available to the Department as needed, and for which Department payment will be made based on actual use.

"Out-of-home care" means that the Department has placement and care responsibility for a child as their custodian or guardian per order of the juvenile court.

"Person or agency" means individuals, institutions, partnerships, voluntary associations, and corporations, other than institutions under the management or control of the Department, who are licensed by the Department as a foster family home, child-caring agency, or child-placing agency, or approved as a shelter care facility.

"Problematic Sexualized Behavior" or **"PSB"** means a child's sexual behavior that is developmentally inappropriate or potentially harmful to the child or others.

"Reasonable and prudent" means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interest of a child while at the same time encouraging the emotional growth of the child to participate in extracurricular, enrichment, cultural, and social activities.

"Qualified Residential Treatment Program" or "**QRTP"** means a specific category of a non-foster family home setting, for which title IV-E agencies must meet detailed assessment, case planning, documentation, judicial determinations and ongoing review and permanency hearing requirements for a child to be placed in and continue to receive title IV-E FCMPs for the placement (sections 472(k)(1)(B) and 475A(c) of the Act). The facility must also meet the definition of a CCI at sections 472(c)(2)(A) and (C) of the Act, including that it must be licensed (in accordance with section 471(a)(10) of the Act) and that criminal record and child abuse and neglect registry checks must be completed in accordance with section 471(a)(20)(D) of the Act. Further, it must be accredited by one of the independent, not-for-profit organizations specified in the statute or one approved by the Secretary.

"Referral Worker" means either the Department's social work case manager or the JCS case manager (JCO) assigned to provide Case Management services to the Child.

"Relative placement" means placement of a child in the home of an adult who is a member of the child's extended family.

"School of Origin" means the school the child was most recently attending, at the time the child entered foster care or the school they were attending at the time of placement change. Shelter or residential schools are not considered a school of origin.

"Service Area" means one of the groups from Iowa's 99 counties with boundaries defined by the Department.

"Service Area Manager" means the Department employee responsible for managing Department offices and personnel within the Service Area and for implementing policies and procedures of the Department.

"Service contract specialist" means an employee who is assigned to assist in developing, monitoring, and evaluating a contract and to provide related technical assistance.

"Service Plan" means the plan developed by the QRTP contractor in consultation with the child, the referral worker, significant others, and the child's family (unless a reason for noninvolvement is documented in the case record), whenever appropriate.

"Service Planning Conference" means a meeting conducted by the QRTP contractor with the referral worker, the child and the child's family, and other key individuals after admission as a means of developing the core components of the Service Plan including, but not limited to, family and community connections, physical and mental health, education, and reintegration planning.

"Social work case management" means a method of providing services whereby a professional Department Case Manager assesses the strengths and needs of the child and family and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific child and family's needs.

"Case manager" means the person assigned to manage a child welfare case using case planning and case management for the "life of the case".

"Specialized Delinquency Program" (**SDP or SJDP)** means a program designed to reduce multiple placements for delinquent Youth by increasing Youth engagement in treatment, targeting high-risk criminogenic areas, and preparing Youth for lower levels of care and reentry into the community. The program serves male Youth under formal supervision with JCS who exhibit a chronic pattern of behaviors that cannot be managed in the community and, because of the nature and/or frequency of their delinquencies, will potentially test the limits of the traditional congregate care treatment setting. The program, which meets the criteria for a QRTP, utilizes an integrated and comprehensive treatment approach that is strength-based and focuses on positive behavior strategies.

"State custody" means that custody of the child has been placed with the Department for purposes of placement outside of the child's own home.

"Strengths" means those forces and factors which promote the development of the resources and potential of family members and which contribute to the family's ability to meet children's needs and provide a safe and nurturing environment.

"Transition Planning Specialist" or **"TPS"** means a Department social worker who trains the SWCM of teens in foster care so they can be aware of and develop expertise regarding the foster care transition requirements and transition services.

"Visit" means face-to-face contact between the case manager and the child(ren), the parent(s) and, if applicable, the out-of-home placement provider.

"Youth Transition Decision-Making meeting" or **"YTDM"** means a youth-centered practice model that follows standards similar to that of FTDM meetings and is offered to youth 16 years of age and older. This approach develops a team of people that helps youth plan for their education, employment, housing, health, and support structure plus a long-term goal and informal support to help optimize success in planning for their transition into adulthood and beyond.

Determining Eligibility

Legal reference: Iowa Code Chapters 232 and 234, 441 IAC 130.3(234); 202.2(234)

Policy: Eligibility for foster care begins with considerations made for age, residence, legal status, and financial situation.

Age

Legal reference: Iowa Code Chapter 234, 441 IAC 156

Policy: The Department may provide foster care to any person meeting the definition of "child" in Iowa Code section 234.1.

Procedure: Review court and verify decision for order to group care. Determine if the child meets the eligibility requirement for age. The child **must** be less than 18 years of age.

Residence

Legal reference: Iowa Code Chapter 234

Policy: Children who live in the state of Iowa children meet the residence requirement. The length of residence is not a factor, but persons on vacation in Iowa are not considered Iowa residents.

Children who are considered residents of Iowa for QRTP eligibility are not considered Iowa residents for the purposes of Medicaid eligibility when they meet all of the following conditions:

- They are under the jurisdiction of an Iowa juvenile court;
- They receive IV-E maintenance payments; and,
- They are placed in another state.

Legal Status

Legal reference: Iowa Code Chapters 232 and 234

Policy: In order for the Department to pay for QRTP, a child must have:

- Been adjudicated either for committing a delinquent act (or a child is simply referred to as "delinquent"), or as a child in need of assistance (or a child is simply referred to as CINA);
- Been placed under a voluntary placement agreement (VPA) from the child's parents as per the VPA requirements described in the 441 IAC 202;
- Obtained a court-ordered placement for children with disabilities; or,

- Signed a VPA (if age 18 or older) as per the VPA requirements described in 441 IAC 202. These infrequent circumstances are reserved for youth who are residing in a QRTP at the age of 18 and the child is at imminent risk of becoming homeless or of failing to graduate from high school or obtain a general equivalency diploma. “At imminent risk of becoming homeless” shall mean that a less restrictive living arrangement is not available. An Exception to Policy to 441.202.3(3) shall be sought to utilize the QRTP setting for youth over the age of 18.

The child could be:

- Under guardianship of the Department;
- Under custody of the Department;
- Under voluntary placement (per the limitations described in the IAC 441 202);
- Under court-ordered placement (children with disabilities with parent, guardian or custodian involved in care); or,
- Placed under the guardianship or custody of juvenile court services (considered “payment only”).

Procedure: Verify that the child meets the criteria described above and follow guidelines within your service area for staffing these decisions with Service Area Manager or designee.

Financial Situation

Legal reference: 441 IAC 156.2

Policy: It is necessary to know the child’s financial situation in order to determine what funding sources of funding are available for payment of the costs of group care maintenance and services.

Procedure: Not all children placed in QRTP will or must meet the eligibility requirements for IV-E maintenance funding. This funding for QRTP is available only for children placed in licensed private child care facilities.

A child placed in a locked unit is not eligible for IV-E maintenance funds, even though the child meets other eligibility criteria. Only children adjudicated as delinquent may be placed in a locked unit. The following Iowa contractor operates a locked unit:

- Four Oaks (one unit of the STOP program in Cedar Rapids, Iowa).

The standards for certifying eligibility for IV-E are found in **13-B, Medical Coverage for Children** and recovery of costs from other income of the child, including Supplemental Security Income (SSI), in Foster Care Recovery Unit. Use the information contained in those chapters to determine the child’s eligibility for IV-E, SSI, and Medicaid.

Foster Care Cost Recovery

Legal reference: 441 IAC 156.2

Policy: The Department shall recover the cost of foster care provided by the Department pursuant to the rules in 441 IAC 156 and the rules in 441 IAC 99, Division I, which establishes policies and procedures for the computation and collection of parental liability.

Practice guidance: Cost recovery is managed by the Foster Care Recovery Unit (FCRU). See Foster Care Policies and Procedures Manual for information on making a referral to the FCRU.

The HHS recovers up to the full costs of the maintenance portion of the QRTP per diem from the child's unearned and earned income, parental liability, and child support. If the child's earnings exceed the cost of maintenance, the excess is placed in an escrow account for the child.

Deciding Appropriateness of QRTP

Legal reference: 441 IAC 202.4

Policy: Placement out-of-home shall be consistent with the best interests and special needs of the child and shall be made in the least restrictive, most family-like setting available and in close proximity to the child's home.

Procedure: First, consider placing the child in a relative or fictive kin's home. Only if no relatives or other stable, caring adults known to the child are available or willing to accept placement, or such placement would be detrimental to the child's physical, emotional or mental well-being, would placement in a licensed foster home be considered.

If a youth has mental or behavioral needs that preclude him or her from residing in a family or family-like setting then placement in a QRTP should be pursued. Reasons for using a more restrictive placement shall be documented in the child's case permanency plan.

In order to receive federal reimbursement in a QRTP, the child must have an assessment by a qualified individual within 30 days of placement. The preference would be for this qualified individual to have a working relationship with the child/family, for example a current therapist or mental health provider. If the child/family were currently not accessing this type of service, another option would be to utilize a qualified individual provided by the CWES contractors across the state. All CWES/Shelter providers have identified a clinician that can be accessed by children needing an assessment, regardless of whether or not the child is physically placed in the CWES/Shelter. The third option is to utilize a qualified individual provided by the QRTP contractors across the state. The assessment can be done prior to placement in the QRTP, or within the first 14 days after placement in the QRTP.

This qualified individual must work with a family and permanency team assembled by the agency while making the assessment. This assessment must use an age-appropriate, evidence-based, validated, and functional assessment tool to assess the child's strengths and needs. In Iowa, the chosen tool is the Child and Adolescent Needs and Strengths Tool (CANS). The CANS assesses a youth's treatment needs based on how they score in the identified domains.

The assessment must also document why having the child/youth live with a foster family or one of the other acceptable non-family foster home setting cannot meet their needs and why a QRTP is the most effective and appropriate level of care for the child/youth. Note-lack of sufficient foster families in not an allowable reason. The assessment shall 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. Finally, the assessment must develop a list of child-specific short- and long-term mental and behavioral health goals. This assessment is a Medicaid-billable service. All of this assessment information should be documented on the **Clinical Summary, form 470-5640**.

It is allowable for a child to be placed in a QRTP and have the clinical assessment completed within 30 days of placement. If this option is chosen, the clinical assessment should be completed by the QRTP clinician within the first 14 days of placement to ensure timelines are met. If the clinical assessment is completed prior to placement in a QRTP, the assessment should be part of the referral packet sent to QRTP providers and should also be maintained in the HHS/JCS file by being uploaded into JARVIS. Follow the orders of the juvenile court when it has been determined that a QRTP placement is in the best interest of the child then follow your Service Area protocol for making a referral to a specific agency.

If the assessment has not been completed within 30 days of placement, IV-E reimbursement of foster care maintenance costs is unavailable for the entire placement episode and the state must incur all costs. 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 there will be no IV-E reimbursement for foster care maintenance costs including the first 14 days of placement.

Within 60 days of the placement in QRTP, the court must make a determination that the child's needs cannot be met in a family-like setting and that the QRTP provides the most effective and appropriate level of care in the least restrictive environment. The court must review the clinical assessment/CANS in order to make this determination. In Iowa, at the time of the court order for QRTP being issued, a motion will be made by HHS/County Attorney asking the judge to administratively review the assessment within 60 days.

The assessment will be uploaded as an exhibit by HHS/JCS for the judge to access to complete this review. Upon completion of the administrative review, the judge will issue an order indicating their decision. This order will be maintained in the HHS/JCS legal file, uploaded into JARVIS, and maintained in the court file.

If at the 60-day point, the court has not approved the placement or the court disapproves of the placement, federal IV-E reimbursement can only be claimed for the first 60 days of the placement.

At regularly scheduled status review or permanency hearings, the HHS case plan should include the following information:

- the assessments of the child support a continued QRTP
- documenting treatment or service needs
- preparation for return home or other placement

The final piece of the QRTP federal requirements is the director review process. This process includes a director level review for every QRTP the child is placed in 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). Documentation of this review must be maintained in the case file, and the agency must document in the child's case plan that the head of the state, tribal, or local agency approved the child's continued placement in the QRTP. In Iowa, this process includes a two-level review process. This process is outlined in the QRTP Length of Stay Review Form, which can be accessed by reaching out to the Service HelpDesk. Service HelpDesk staff assist in identifying the youth to be reviewed and communicating with field-level staff regarding documents needed. Please see QRTP Library for all forms and documents related to QRTP. The QRTP determination process is summarized on the **Steps For Qualified Residential Treatment Program Determination and Placement, Comm. 551**.

Practice guidance: Placement out-of-home shall be consistent with the best interests and special needs of the child and shall be made in the least restrictive, most family-like setting available and in close proximity to the child's home.. Efforts shall be made to place siblings together unless to do so would be detrimental to any of the children's physical, emotional or mental well-being. Efforts to prevent separating siblings, reasons for separating siblings and plans to maintain sibling contact shall be documented in the child's case permanency plan.

The court's authority extends to identifying the level of care where a child should be placed; e.g., placement into "qualified residential treatment program," "a psychiatric medical institution for children (PMIC)," or "family foster care." Occasionally the courts will name a specific provider of a level of service where a child should be placed, and that won't always align with the Department's placement practices. Always respect the language in the court order, but if anything seems to be out of order be sure to discuss this concern with your Service Area Leadership.

Selecting a QRTP Contractor

Legal reference: 441 IAC 202.4(6)

Policy: QRTP shall be selected based on its ability to meet the needs of a child, promote the child's growth and development, and ensure physical, intellectual and emotional progress during the stay in a facility. The Department shall place a child only in a facility licensed by the Iowa HHS or under comparable standards by the state in which they conduct business and which has a current contract with the Department.

Procedure: Choose a QRTP contractor in the location geographically closest to the child's family to promote maintaining the child's connection with the child's family and community of origin whenever possible. QRTP contractors are contracted across the state and serve HHS youth, JCS youth, or both. See the **Residential QRTP Map**.

When placement is necessary, confirm bed availability using the CareMatch online system available through the Department's online portal. If a bed is available, contact the QRTP provider with referral information. If there are no vacant beds, continue searching other QRTP contractors in the Service Area.

Referral for Service

Legal reference: 441 IAC 202.5(2), 441 IAC 202.5(3)

Policy: The worker shall provide the QRTP contractor with general information regarding the child, including a description of the child's medical needs, behavioral patterns including safety-related information, educational plans, and permanency goal.

Safety-related information shall be withheld only if:

- Withholding the information is ordered by the court; or,
- The Department or the contractor developing the Service Plan determines that providing the information would be detrimental to the child.

Complete the **QRTP Referral, form 470-5608** and complete the referral packet for the QRTP contractor (see checklist on the Referral Form for items to include). Contract deliverables will define the amount of time within which a contractor must accept the referral (within 1 hour as of August 2023) and the amount of time within which a child must be placed (within 72 hours as of August 2023).

No Eject/No Reject- The current QRTP contract includes a set number of rejections (at time of referral) based on the size of the QRTP per calendar year. For a site with 0-20 beds = 2 rejections/year, 21-60 beds = 4/year, and 61 or more beds = 6/year. For the process to follow outside of these set rejections, please see the **No Eject No Reject HHS Protocol**.

Pre-Placement

Legal Reference: 441 IAC 202.5

Policy: if possible, a child placed in a facility shall have a preplacement visit involving:

- The child;
- The QRTP provider agency staff when the child is placed in a public or private agency;
- The Department worker; and,
- The child's parents, unless their presence would be disruptive to the child's placement.

Procedure: Before placement, the worker shall provide the facility with general information regarding the child, including safety-related information, a description of the child's medical needs, behavioral patterns including safety-related information, educational plans, and permanency goal. (See also, Providing Placement Information).

Assure that the child has a physical examination by a physician, advanced registered nurse practitioner, or a physician assistant before the initial placement into foster care, or the physical examination shall be scheduled within 14 calendar days of placement.

The physician, advanced registered nurse practitioner, or a physician assistant shall complete a preliminary screening for dental and mental health and refer the child to a dentist or mental health professional if appropriate.

To address any immediate medical needs, the child shall be seen immediately at an emergency room, an urgent care center, or other community health resource.

Practice guidance: "Safety-related information" means information that the child has:

- Behaved in a manner that threatened the safety of another person;
- Committed a violent act causing bodily injury to another person; or
- Been a victim or perpetrator of sexual abuse.

Safety-related information shall be withheld only if:

- Withholding the information was ordered by the court; or,
- The agency developing the Service Plan determines that providing the information would be detrimental to the child or to the family.

When searching for a provider, furnish all relevant information about the child being considered for placement.

When the child's medical needs include HIV infection or risk of infection, provide sufficient de-identified information to allow the placement resource to make an informed decision regarding ability to care for the child. Include:

- The care needs of the child;
- The possible impact on the placement resource; and,
- The special confidentiality constraints of HIV/AIDS information.

Obtain form **470-3225, Authorization to Release HIV-Related Information** signed by the parent or guardian before placement. You may need to seek court action if the parent or guardian will not sign.

Place the child only after the placement resource has had the opportunity to give informed consent.

Include safety information in the child's case permanency plan, social history report to the court, and any dispositional court report.

Problematic Sexualized Behavior (PSB) Beds.

Policy: **Form 470-5553, Preplacement Screening for Problematic Sexualized Behavior (PSB) Foster Group Care** will be completed by the referral worker, approved by the supervisor, and submitted to the appropriate reviewer when a HHS worker or JCO believes a child needs a placement in a QRTP facility bed that serves individuals with problematic sexualized behaviors (PSB). PSB beds are shared by JCS and HHS and either agency can access beds at any of the sites.

Procedure: Review and follow the **Placement Protocol for PSB beds**.

Complete all sections of **form 470-5553** and submit it and supporting documentation to the SAM (or the Chief Juvenile Court Officer [Chief or CJCO] for a JCS case) to assess the case for suitability of placement into a PSB bed.

When it is determined that PSB placement is appropriate, receive the form back from the SAM or Chief to be submitted to a PSB contractor as part of the QRTP referral. Submit QRTP referral including PSB screening tool and written recommendation from the clinician to one of the Iowa contractors that provide beds designated for this service.

Practice guidance: As of June 1, 2026, Iowa has three contractors providing PSB beds. They are:

- Midwest Christian in the Western Service Area;
- Woodward Academy (aka Woodward or Woodward Youth Corporation) in the Northern Service Area; and,
- Four Oaks STOP program in the Cedar Rapids Service Area.

If it has been determined that a PSB bed placement is not appropriate, the worker shall follow through with a referral to another QRTP contractor or other placement allowed by the court order.

Neurodevelopmental and Comorbid Conditions (NACC) Beds

Policy: **Form 470-5596, Preplacement Screening for Neurodevelopmental and Comorbid Conditions (NACC) Foster Group Care** will be completed by the referral worker, approved by the supervisor, and submitted to the appropriate reviewer when a HHS worker or JCO believes a child needs a placement in a QRTP facility bed that serves individuals with a combination of lower cognitive functioning, developmental delays, and serious emotional and behavioral concerns.

Procedure: Complete all sections of form 470-5596 and attach the written recommendation completed by the clinician and submit it to the SAM (or the Chief Juvenile Court Officer [Chief or CJCO] for a JCS case) to assess the case for suitability of placement into a NACC bed.

When it is determined that NACC placement is appropriate, receive the form back from the SAM or Chief to be submitted to a NACC contractor as part of the QRTP referral. Submit QRTP referral including NACC screening tool and written recommendation from the clinician to one of the Iowa contractors that provide beds designated for this service.

Practice guidance: As of August 2023, Iowa has one contractor providing NACC beds: Ellipsis in the Des Moines Service Area.

If it has been determined that a NACC bed placement is not appropriate, the worker shall follow through with a referral to another QRTP contractor or other placement allowed by the court order.

Specialized Delinquency Beds for JCS only

Iowa also has a JCS-only program designed to reduce multiple placements for delinquent Youth by increasing Youth engagement in treatment, targeting high-risk criminogenic areas, and preparing Youth for lower levels of care and reentry into the community. The program serves male Youth under formal supervision with JCS who exhibit a chronic pattern of behaviors that cannot be managed in the community and, because of the nature and/or frequency of their delinquencies, will potentially test the limits of the traditional congregate care treatment setting. The program, which meets the criteria for a QRTP, utilizes an integrated and comprehensive treatment approach that is strength-based and focuses on positive behavior strategies.

As of June 1, 2026 Iowa has 18 male beds at the Four Oaks Marion location,

Out-of-State Group Care Placement

Legal reference: 441 IAC 202.8(2), 441 IAC 202.8(3) and (4)

Policy: The Department shall make an out-of-state group care placement only with the support of the Service Area Manager or designee and approval by the Director to make the placement (the latter is obtained by requesting a exception to a Department policy, or ETP),

Procedure: All out-of-state placements shall be made pursuant to interstate compact procedures (ICPC).

Document the reasons for selecting an out-of-state placement in the child's case permanency plan.

Out-of-state group care placements shall only be made after exhausting all other Iowa placement options.

Work with the HHS Help Desk when considering an out-of-state group care provider. It can provide assistance with locating a provider that can meet the needs of a child.

Providing Placement Information

Legal reference: Iowa Code section 232.2(4), 441 IAC 202.6(234)

Policy: At the time of placement, the Department worker shall assure that the QRTP provider has any available information regarding the child. Some of the following information will already be included in the QRTP Referral Form, but the worker shall assure the QRTP provider has the following:

- The child's full name and date of birth;
- The names, work addresses, and telephone numbers of the placement worker and the worker's supervisor, including a home telephone, cell phone, or on-call number;
- The names, addresses, and telephone numbers of the child's physician and dentist;
- The names, addresses, and telephone numbers of significant relatives of the child, including parents, grandparents, brothers and sisters, aunts and uncles, and any other significant persons (for an adopted child, the adoptive parents and adoptive relatives);
- The case permanency plan;
- The results of a physical examination, including immunization history;
- The child's medical needs including allergies, physical limitations, dental and medical recommendations, and special needs of HIV;
- Behavioral patterns including safety-related information; Educational arrangements including, but not limited to, the school the child attends, special education needs, and school contacts;
- Form **470-0719, Placement Agreement: Child-Placing Provider**;
- Medical authorizations, service authorizations, and other releases as needed; and,
- If the child is native-American, the identification of the child's tribe and tribal social service agency including telephone number and contact person.

Procedure: Follow Service Area protocol on how to meet the requirement for Department staff to be available to QRTP providers on a 24-hour basis in case of emergency.

Provide form **470-3615, Social History** to the QRTP provider within 60 days of placement. If there is an existing Social History, provide that on or before the date of placement.

Provide form **470-3453, Family Case Plan** to the QRTP provider as soon as it is available. (See **18-C(2), Completing the Case Plan** for timeliness requirements).

Give the QRTP provider information about the plan for the child's physical or medical care, including:

- The results of medical examinations including HIV test results;
- Special advice regarding children with physical or developmental disabilities, including any special equipment necessary for the child's care because of a handicapping condition;
- Names and addresses of all doctors, mental health professionals, and dentists who have treated the child, if available at the time of the placement;
- Directions in carrying out specific medical recommendations, including:
  - Current prescriptions (if child is on medication) and what the medication is prescribed for;
  - Time, date, and location of any appointments already scheduled; and,
  - Appointments that need to be scheduled soon, such as a physical examination if one was not completed before placement.
- The arrangements the Department has for the child's medical care, including:
  - An explanation of the Medicaid program;
  - Form **470-2747** or **470-2747(S),** **Foster Care Provider Medical Letter**, for use until the child's Medical Assistance Eligibility Card is issued; and
  - The procedures to be used to obtain medical care and transportation.
- The requirements for preventive care, such as regular checkups, eye and ear exams, immunizations, etc.; and,
- The procedures to follow if emergency medical treatment is necessary.

If applicable, have the QRTP provider sign form **470-3227, Receipt of HIV-Related Information**, to document understanding of the confidentiality requirements. Give a copy of the signed form to the QRTP provider.

Before releasing specific information about HIV, the Department shall use form **470-3225, Authorization to Release HIV-Related Information** to obtain a release from the child or the child's parent or guardian, or a court order permitting the release of the information.

Meet with the QRTP provider to:

- Review the supports and services that are available;
- Make plans for interactions and visits with the child's parents, relatives, siblings, or other significant people; and,
- Develop in-depth plans regarding expectations of the Department, future objectives and timeframes, use of resources, and termination of placement.

Opening a Case

Procedure: Open a case in FACS or update the child's FACS record. Valid QRTP payment codes are:

- D8-Neurodevelopmental and Comorbid Conditions Beds (NACC)
- D9-QRTP Beds (including Problematic Sexualized Behavior {PSB} beds)
- D950-Specialized Delinquency Beds (JCS only)

In FACS, enter the appropriate code based on the "D" payment level bed that is being used with the contractor and that is listed on form **470-3055**.

Practice guidance: Some contractors offer more than one level of D payment and it is important that there is a mutual understanding of what level of payment bed is being used.

"Contracted" beds include those that are guaranteed for payment regardless of use and non-guaranteed beds that a contractor has chosen to include in its contract to provide QRTP service for which they will also be

paid when these beds are used. Non-guaranteed for payment beds are rare, and non-guaranteed beds are used when all of the guaranteed beds are occupied. Contractors are obligated to make available all of its contracted beds.

Some contractors are licensed for "additional" beds above those contracted, and these may also be used if the contractor is willing to accept a child into one of these licensed but not contracted beds. A contractor is not obligated to offer these beds for use.

When all of the guaranteed beds are full, workers must have the SAM's approval to use a non-guaranteed or additional bed before making the placement.

Postplacement Responsibilities and Services to the Child

Legal reference: Iowa Code Section 234.6, 441 IAC 202.11

Policy: The Department service worker shall maintain a continuous relationship with the child.

Procedure: After the child has been placed in a QRTP facility:

- Communicate education plans with the education specialist or caseworker at QRTP and ensure residential service providers are aware of the education plan as soon as possible, particularly for a child who may need on-campus schooling. For more information regarding educational stability and determining educational settings, please see Chapter **18-C(2)**.
- Supervise the living arrangement and counsel the child in adjusting to the placement;
- Evaluate the child's needs and progress;

- Assure the child has access to needed social and other related services that include, but are not limited to, medical, psychiatric, psychological, and educational services;
- Help the child plan for the future;
- Provide the service contractor a phone number for use in emergency situations and actively take part in the development of the Service Plan by the contractor;
- The assigned HHS service worker shall visit the child at least every calendar month in (the majority of the time) the child's place of residence;
- Visits shall be of sufficient length to focus on issues pertinent to case planning and to allow the worker to address the safety, permanency, and well-being of the child, including the child's needs, services to the child, and achievement of the case permanency plan goals;
- Adhere to the responsibilities specified in the **Case Plan***;*
- Maintain contact with the child's family and confirm the service contractor is actively assuring that the child stays connected to the child's kin, and community as documented in the child's case permanency plan;
- Provide written summaries to the QRTP contractor regarding any changes in the family situation and cooperate with the contractor to engage the child's family in the services stated in the **Case Plan***;*
- Approve QRTP payments through the FACS system, and verify that services were provided; and,
- Monitor the child's performance in school.

Ongoing participation must occur for:

- The QRTP contractor's Service Plan development, quarterly progress reports, and discharge from services;
- Court hearings; and,
- Monthly Follow-Up Planning Conferences for the need for continuing the placement.

Practice guidance: Arrange for and work closely with the QRTP contractor to assure access to other related services as needed and be sure that the QRTP contractor understands it is permitted to use the reasonable and prudent parent standard to create opportunities for participation of the child in age or developmentally appropriate activities, Forms and documents to assist in the oversight of QRTP are located on the CISR Implementation Page.

A statewide coverage map, a copy of the QRTP contract, and a overview of contract expectations can be found on this page, as well as the most up to date versions of forms and protocols: https://hhs.iowa.gov/programs/CPS/cps-contracts/cisr

- Visit the child in care no less than monthly and as often as necessary.
- Be mindful of a child's changing needs.
- See **18-C(2)** for additional information on Transition Planning and Services.

Family Involvement

Legal reference: 441 IAC 114.17

Policy: After a child has been placed in a QRTP facility, workers shall become familiar with the QRTP contractor's policy regarding family involvement.

Children's Rights

Legal reference: Iowa Code Section 237, 441 IAC 114.13

Policy: After a child has been placed in a QRTP facility, workers shall become familiar with the facilities' policy regarding children's rights.

Suspected Abuse After Placement

Legal Reference: Iowa Code Section 232.69, 441 IAC 175

Policy: Department workers shall report abuse if it is suspected in a QRTP placement.

Procedure: When abuse is suspected make an immediate referral to Centralized Intake at the email address csiu@hhs.iowa.gov or by phone at the toll-free 24-hour hotline 1-800-362-2178.

Handle referrals according to the procedures described in **Comm. 164, Child Abuse: A Guide for Mandatory Reporters**. Also, communicate any reports of suspected abuse to your supervisor.

Practice guidance: The child abuse investigation or assessment may involve the DIAL surveyor assigned to the facility if licensing concerns are identified.

Monitoring the Placement

Policy: During service provision, the worker shall evaluate the child's situation and response to services on an ongoing basis.

Procedure: Use the Service Plan and other progress reports from service contractors and your contacts with the family, contractors, and other providers to assess progress toward goal achievement.

Use supervisory consultation to help evaluate the situation and service needs. Evaluate the outcomes of the placement and adjust the care of the child as necessary.

Practice guidance: The foster child's daily routine shall promote good health and provide an opportunity for suitable activity that allows for rest and play. A QRTP facility shall provide a daily routine that is directed toward developing healthful habits in eating, sleeping, exercising, personal care, hygiene, and grooming according to the needs of the individual child.

Each child shall have opportunities for leisure time activities and for the development of special interests such as hobbies, sports, music, art, and crafts. Refer to **18-C(2)** for guidance on monitoring and modifying services.

Payment for FGCS

Legal reference: 441 IAC 156.6

In-State Reimbursement

Policy: Effective July 1, 2014, contracted QRTP facilities licensed or approved in the state of Iowa shall be paid for QRTP maintenance and child welfare services in accordance with contracted terms.

Out-of-State Group Care Payment Rate

Policy: When the Department determines that appropriate care is not available in Iowa and a licensed or approved contractor outside Iowa is used, the payment rate for contracted foster group care services shall be the Iowa rate unless the Director grants an exception to a Department policy (ETP). The rate shall not exceed the rate paid for clients from that state.

Procedure: A request for the Director's ETP shall be submitted by the Service Area Manager or Chief Juvenile Court Officer to the Appeals Bureau, Iowa Department of Health and Human Services,321 E 12th St, Des Moines, IA 50319. This may be completed online from the Department's web site at https://secureapp.dhs.state.ia.us/dhs_titan_public/appeals/PetitionExceptionPolicy

The request shall be made in advance of placing the child and should allow a minimum of two weeks for a response. The request shall contain documentation addressing the criteria for the Director's approval.

The criteria the Director will use for the request includes the following:

- Whether the child's treatment needs are exceptional;
- Whether appropriate in-state alternatives are available;
- Whether an appropriate in-state alternative could be developed by using juvenile court-ordered service funds or wrap-around funds;
- Whether the placement and additional payment are expected to be time-limited with anticipated outcomes identified; and,
- If the placement has been approved by the Service Area Manager or Chief Juvenile Court Officer.

The Director's decision regarding an ETP request to the rate determination is not appealable.

Practice guidance: One QRTP provider outside Iowa is exempt from the ETP process. That is Boys Town (aka Father Flanagan's) in Omaha, Nebraska is considered an "in-state" provider of this service and referrals for QRTP may be made to Boys Town following the process used with other Iowa contractors.

When considering another group care provider outside Iowa you must assure the following:

- It is licensed to provide group care by the state in which it is located (evidence shall be provided of this along with the request for the ETP – the HHS Help Desk will assist with this and other related matters);
- It is contracted with the Service Area of the child to provide the service (this is required to be in place prior to placement so allow enough time to have a contract in place before the placement is needed – the Bureau of Service Contract Support can assist with this part of the process); and,
- Has received approval of the placement by the Service Area Manager.

When requests for an ETP are submitted, be sure to include information that can be used when considering the criteria above. For example, provide: a clear description of the child's needs and why a particular provider is desired; documentation that Iowa providers have been contacted and are not able to provide for a placement (include reasons given); the time limit anticipated for the ETP; and what the plans are for a return to Iowa and reunification.

Reserve Bed Payment

Legal reference: 441 IAC 156.7(1)

Policy: The Department provides payment for QRTP maintenance and child welfare services and contractors may hold a bed in reserve when a child is absent and all reserve bed requirements are met. The bed shall not be occupied by another child during the absence.

Procedure: Only make reserve bed payments for the child's contracted per diem when an absence is due to the following allowable reasons:

- Family visits (up to 14 consecutive days, or 30 consecutive days with SAM approval);
- Hospitalization (up to 14 consecutive days, or 30 consecutive days with SAM approval);
- Runaway (up to 14 consecutive days, or 30 consecutive days with SAM approval); and,
- Preplacement visit that is planned to another foster care or adoption setting (up to two consecutive days).

Authorize payment for reserve bed days only when the intent of the Department and the contractor is for the child to return to the facility after the absence. Cancel and recover the reserve bed payments if the facility refuses to accept the child back.

Practice guidance:

- Family visits and preplacement visits to another foster care placement or an adoptive placement must be consistent with the child's case permanency plan.
- The facility must notify the worker of each family visit and its planned length before the visit.
- The contractor must notify the worker at least 48 hours in advance of planned hospitalization and within 24 hours after an unplanned hospitalization or after the child runs away.
- Staff from the facility must be available to provide support to the child and family during visits or hospitalization.
- Payment shall be canceled effective the day after a decision is made by the court or parent in a voluntary placement to not return the child.
- If the Department and the facility agree that the return would not be in the child's best interest, payment shall be canceled effective the day after the joint decision to not return the child.

- The provider shall document the use of reserve bed days in the daily log and report the number of reserve bed days claimed.

When reserve bed payment requires approval of the Service Area Manager (more than 14 consecutive days), include the following in the child's case file:

- The provider's written rational for the extended period of reserve bed days; and,
- The Service Area Manager's written approval (also give a copy to the provider).

Cancel payment effective the day after either of the following occurs:

- The Department and the facility agree that the return would not be in the child's best interest; or,
- The court (or the parent in a voluntary placement) decides not to return the child to this placement.

Clothing Allowance

Legal reference: 441 IAC 156.5(1)

Policy: When in the judgment of the social work case manager, clothing is needed for a child who has been placed in QRTP by court order or Voluntary placement Agreement, an allowance may be authorized to purchase clothing up to maximum amounts.

Maximum amounts are $500 per year for a child through age 12 and $750 per year for a child age 13 and older. The maximum amount is reset annually based on the date the episode of foster care began. Placement changes while in foster care do not reset the maximum amounts.

The clothing allowance may be provided in addition to the maintenance payment.

Procedure: Since the child's parents are primarily responsible for the cost of the child's care, first approach the parents to supply the needed clothing. If clothing is not available from the child's family, explore the child's financial resources, including the child's escrow account, if any.

The per diem paid to QRTP contractors includes an allowance to assure the child has adequate clothing while in care (e.g., clothing for school, clothing needed for the weather conditions, etc.). However, there may be situations of need that this allowance cannot accommodate the child's needs and a clothing allowance up to maximum amounts may be permitted. Immediate clothing needs should be determined with the provider within the first 30 days of placement. Ultimately, whether to approve is at the discretion of the social worker case manager.

Document this determination in the case record. Clothing purchased with the clothing allowance goes with the child when their placement changes.

Generate reimbursement through the FACS system Special Issuance List (SPIL) screen. See also **18-C(2), Clothing Allowance**. Procedure is as follows:

1. Determine the immediate clothing needs within the first 30 days of placement. Work with the provider, child, and parent to determine what clothing items are needed.
2. Provide verbal approval to the provider to purchase clothing, not to exceed maximum amounts.
3. When the provider purchases clothing, the provider shall submit receipts to the worker within 30 days of purchase for auditing purposes, using form 470-1952, Foster Care Clothing Allowance.
4. The social work case manager obtains the provider's signature and submits the form to the worker's supervisor. The supervisor checks the receipts against the clothing items listed and the cost of the items, the total, tax, and total costs for accuracy before approving and signing the form.
5. Generate reimbursement through the FACS system Special Issuance List (SPIL) screen.
6. Document the total cost of clothing purchased in the case record, based on the clothing receipts submitted.

Discharge from QRTP Services/Referral for Post-Discharge Services

Legal reference: 441 IAC 202.14

Policy: Foster care services shall be terminated when the child is no longer an eligible child, or when the attainment of goals in the case plan has been achieved, or when the goals for whatever reasons cannot be achieved, or when it is evident that the family or individual is unable to benefit from the service or unwilling to accept further services.

Procedure: Discontinue a QRTP placement only after you and your supervisor have reviewed the case. Discontinue QRTP services when one of the following criteria has been met:

- The child is no longer foster care eligible;
- The goals in the case have been achieved; or,
- The goals cannot be achieved through QRTP.

A key component of QRTPs is the 6 months of aftercare provided after a child leaves care. If a youth is placed with a relative of fictive kin, a referral to the Kinship Navigator program is also appropriate In Iowa, FCS providers will be the mechanism for QRTP aftercare, which Iowa is calling post-discharge services, via a Memo of Understanding between FCS providers and QRTPs. 1 month of overlap in services will occur while QRTP is also contracted to provide discharge support as well. Staff should ensure FCS QRTP-Post Discharge referral is made between 14 and 30 days prior to a youth being discharged from FGCS and ensure the box is checked for SBC-QRTP Post Discharge Services on the **referral form 470-5150**.

See the **QRTP Post-Discharge Service Referral Guidance by Setting after Exit document** for a schematic describing scenarios in which a FCS referral for post-discharge services are made/not made.

Practice guidance: See additional information in the Case Management Manual Chapter **18-C(2), Discontinuing a Service**.