

QUALIFIED RESIDENTIAL TREATMENT PROGRAM

Qualified Residential Treatment Program (QRTP), one of four reimbursable (IVE) non-foster family placement settings under Family First Act. The specific requirements of a QRTP highlighted by the Family First Act are:

- ▶ A documented 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
- ▶ 6 months of aftercare provided by QRTP
- ▶ Documentation of family involvement in treatment and discharge planning
- ▶ Licensing and accreditation.

In Iowa, all current contracted group care providers will be QRTP's as of July 1, 2020. Most of the above changes were already made in Iowa via the CISR contracts that began in 2017. Some new pieces (linkage with nursing and 6 months of aftercare) will be completed via a contract amendment with current providers that will take effect July 1, 2020.

What's new in April 2020?

Guaranteed Bed reduction statewide based on utilization data from previous year-new number statewide will be 462 beds, including NACC beds.

1 D9 code rather than 3 D codes with differing rates currently (D1, D2, D3) and one rate of \$145/day. NACC beds are only exception (D8 at \$287/day). Providers will be preparing to move to a one staff: four-client ratio for all children by 7/1/20.

What's new in July 2020?

Staff will be able to utilize a new TOP Level of Need function to help determine if QRTP is the correct level of care as well as identify which area program(s) are more likely to successfully meet specific needs.

Admission clinical review form recommending QRTP as appropriate level of care will be required for placement of a child in a QRTP within 30 days of placement. This contains a clinical write-up recommending QRTP (template being created now) and the clinician administering the TOP. If this is not completed w/in 30 days of placement, IVE reimbursement is unavailable for the entire placement episode.

Judicial review and approval of admission clinical review form must take place w/in 60 days of placement in QRTP-admission clinical review form and TOP documents must be provided to Courts upon receipt for review.

Six months of aftercare-for DHS clients discharging to a family-like setting, FCS providers will be the mechanism for QRTP aftercare services via a MOU between FCS providers and QRTP's; 1 month of overlap while QRTP is contracted to provide discharge support as well. Staff should ensure FCS referral is made between 14 and 30 days prior to a youth being discharged from QRTP.

At court reviews, DHS/JCS must provide documentation at court reviews of why QRTP is still needed. Specifics coming soon in training.

For a length of stay of over 12 consecutive months or for 18 nonconsecutive months for over 13 year olds, and a stay of over 6 months for under 13 year olds, written DHS director approval is required and must be documented in child's case plan.

What happens if court says QRTP is no longer needed or/ that it is time to discharge? DHS must move child within 30 days of decision or IVE drawdown cannot be accessed for balance of placement.

