

### **Ejection Protocol (youth already in placement): QRTP**

**Step 1:** In the event the contactor identifies a child that they feel is at risk for Ejection they will hold a QRTP Stability Staffing to attempt to change the trajectory of the child's treatment. This should include the parents, worker, supervisor, and other interested parties. If a possible solution is using the QRTP Exchange Process, this should be discussed at this meeting.

Other pieces also required:

- Documented MCO/IHH/FFS involvement should be occurring (MCM, or by other means)
- HHS should be accessing Steve Sherman/Derek McComas' assistance
- QRTP has attempted multiple strategies to address problematic behaviors, including additional services/supports outside of the QRTP (example: psychological assessment)
- QRTP has documented recommendation of appropriate placement/level of care, and what specifically the QRTP identifies cannot be managed in the current setting.
- QRTP identifies specific elements for what is needed in a program for a youth to be successful in a different setting (ex. services, treatment modalities, program structure)

**Step 2:** If a formal Ejection request needs to be made following the aforementioned efforts the contractor will: Summarize the attempts and information above on the form. This completed form is the "request" for the in-person meeting, it shall be sent to HHS as well as a phone call to inform HHS of the request.

**Step 3:** In person/virtual meeting should occur within 5 business days of request-brief summary and notes should be taken at meeting to capture action steps and outcome of meeting and will be shared with participants (HHS is responsible-designated notetaker determined at meeting)

- Required Participants-HHS, SWA (or SAM designee), Supervisor, Case Manager
- QRTP Contractor-Decision-Maker for Agency (Program Director or above), Caseworker, Therapist/Clinician if relevant/helpful
- Optional Participants-Steve, Derek, MCO rep, Parents, GAL/Child's Attorney, others

**Step 4:** Decision from HHS SAM or SAM designee must occur within 24 hours of meeting

- If decision is yes/agreement that child will move; safe discharge planning must take place.
- If decision is no/youth will remain at QRTP a plan should be created between HHS and QRTP to support the contractor to serve the youth-this plan may include:
  - more frequent visits by HHS worker
  - referral for assessment and evaluations if appropriate
  - requests via MCO-(example-B3 services, 1:1 staffing funding)
  - plan for on-going regular staffing of youth (at frequency agreed upon by the team)

### **Rejection Protocol (at referral): QRTP**

*Each provider, based on number of guaranteed beds, will have a designated number of rejections that can be used in a calendar year when the Contractor chooses to enact them. For a site with 0-20 beds=2 rejections/year; 21-60 beds=4 rejections/year; 61 or more beds=6 rejections/year. These rejections shall be documented by the Contractor in CareMatch or other Agency approved manner. Other rejections shall be handled by the Rejection Protocol below.*

#### **Step 1:**

**Potential Contractor identifies to HHS referral worker that they desire to deny the referral. 1 hour decision timeframe remains. This communication occurs via call from QRTP to referral worker and an email to Referral Worker, Sup, SWA.**

The decision for rejection shall come from Program Director or above level; i.e. it has been reviewed internally by QRTP. The bed stays empty while conversations take place and until decision is made.

#### **Step 2:**

**Phone Call or Virtual Meeting between Program Director or above level from QRTP, and Referral Worker/ Sup/and SWA or SAM from HHS will occur within 1 business day to discuss the rejection.**

This meeting may identify additional information needing to be shared with the QRTP, discuss a possible virtual meeting between youth and QRTP, etc.

#### **Step 3:**

**HHS SAM or SAM designee decision occurs no later than 24 hours after the call. This decision occurs both verbally and, in an email, back to QRTP, cc to Program Manager Kristin Konchalski.**

- If HHS denies the rejection, youth is placed in the QRTP per contract guidelines.
- If HHS accepts the rejection, HHS seeks alternative placement options. QRTP will document the accepted rejection in CareMatch.

#### **Notes:**

\*HHS-several SA's have processes in place to staff QRTP referrals w/SAM/SWA

\*At contract roll-out, a thorough review of the referral acceptance process and timelines, CareMatch timeframes, etc. shall take place with contractors

\*When can you refer a youth again who has been previously denied? For a second referral to the same agency- Significant/substantial change in the referral information must have occurred. For a second referral on the same child-these have to be staffed with SAM/SWA/Sup to determine if another referral is appropriate.

