

	QRTP	PRTF	RCCF
C.C.R. Links:	HCPF – 10 C.C.R 2505-10 (8.7) HCPF - QRTP Fee Schedule CDHS – 12 C.C.R 2509-4 (7.3) CDHS – 12 C.C.R 2509-5 (7.4) CDHS- 2 C.C.R. (502-1)	HCPF – 10 C.C.R 2505-10 (8.7) HCPF - PRTF Billing Manual HCPF - PRTF Fact Sheet CDHS- 2 C.C.R. (502-1)	CDHS – 12 C.C.R 2509-5 (7.4)
Audience:	County Departments of Human Social Services. This document is intended to be a high-level reference that counties can refer to when placing a youth that delineates between QRTP, PRTF, and RCCF levels of care and highlights the federal funding that CDHS as the Title IV-E agency is able to claim for those youth. This guide is not meant to be a reference for providers or clinical in nature.		
Overview:	From the Title IV-E point of view, Qualified Residential Treatment Programs (QRTP)s are a type of treatment setting with independent access and court oversight requirements that limit their use to those needing highly restrictive settings for only as long as necessary. Note: Other funding sources, such as the Children and Youth Mental Health Treatment Act (CYMHTA), Momentum, Medicaid, and commercial insurance can fund QRTP placement, however, these other funding options are beyond the scope of this document.	Medicaid funding: A Psychiatric Residential Treatment Facility (PRTF) is any non-hospital facility with a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21 (psych under 21 benefit). Services must be provided under the direction of a physician. Note: Other funding sources, such as the Children and Youth Mental Health Treatment Act (CYMHTA), Momentum, Medicaid, and commercial insurance can fund PRTF placement, however, these other funding options are beyond the scope of this document.	A “Residential Child Care Facility (RCCF)” provides 24 hour residential group care and treatment for five or more children, between the ages of 3 and 18 years old and for youth up to 21 years old who are placed by court order prior to their eighteenth birthday. A RCCF offers opportunities for a variety of services that can be used selectively in accordance with a youth’s individual plan of care. Note: Other funding sources, such as the Children and Youth Mental Health Treatment Act (CYMHTA), Momentum, Medicaid, and commercial insurance can fund RCCF placement, however, these other funding options are beyond the scope of this document.
Funding:	Title IV-E funds can reimburse “maintenance” costs, which include room and board, supervision, case management and allocated indirect costs for children who are eligible. Title IV-E will not reimburse the cost of any treatment services received by any child placed in a QRTP regardless of the child’s IV-E eligibility. Note: Medicaid can be used to cover treatment services during a child’s stay in a QRTP. County departments of human social services should utilize the Child Welfare Services Block to pay for QRTP placements. <ul style="list-style-type: none"> In order for CDHS to claim Title IV-E reimbursement for QRTP placements, an independent assessment needs to be completed within 30 days recommending QRTP placement and a court decision issued within 60 days approving the placement. If the independent assessment or court decision does not recommend QRTP placement, counties may still place the youth in the QRTP and utilize the Child Welfare Services Block to pay for the placement. <ul style="list-style-type: none"> Note: Counties utilizing Block funds for QRTP placements will continue to receive an 80/20 State/County split regardless of whether CDHS is able to claim Title IV-E reimbursement for the placement. 	PRTFs are funded under Medicaid (Title XIX) and are a service type with access and duration determined by medical necessity criteria. <ul style="list-style-type: none"> Counties who place a youth in their custody into a PRTF enter the placement in TRAILS with a \$0 cost. There is no charge to the counties. The PRTF bills HCPF directly for these services. These services are not billed to the RAE. HCPF pays the total cost of care (a per diem that includes room and board) using both general fund dollars and federal fund/match dollars. 	An RCCF is considered a child care institution (CCI) and as such is subject to reimbursement limitations for Title IV-E foster care maintenance payments (FCMPs) under the Family First Prevention Services Act. Under Family First, reimbursement for Title IV-E FCMPs is limited to two weeks for child care institutions per section 472(k) of the Act. Note: While reimbursement of FCMPs is limited to two weeks, administrative costs may continue to be claimed for the duration of the placement. While many RCCFs in Colorado have converted or are in the process of converting into QRTPs, RCCFs remain a placement alternative for counties to consider when they are experiencing a shortage of available beds and needing to place a youth in an emergency situation. County departments of human social services should continue to utilize the Child Welfare Services Block to pay for RCCF placements. <ul style="list-style-type: none"> CDHS can only claim Federal Title IV-E reimbursement of FCMPs for 2 weeks following the initial placement. Due to federal reimbursement restrictions counties are encouraged to limit their use of RCCF placements as much as possible and if a youth is placed in an RCCF attempt to find an alternative placement (foster family home or QRTP) within 2 weeks. <ul style="list-style-type: none"> Note: Counties utilizing Block funds for temporary RCCF

			placements will continue to receive an 80/20 State/County split regardless of whether CDHS is able to claim Title IV-E reimbursement for the placement.
Rates:	<p>The QRTP daily rate for Colorado is currently the same as the accredited RCCF rate:</p> <ul style="list-style-type: none"> • \$184.58 Child Maintenance • \$68.60 Admin Maintenance • <u>\$51.36 Admin Services</u> • \$304.54 Total - Room and board <ul style="list-style-type: none"> • \$125 - Per diem rate for treatment services 	<p>The PRTF daily rate for Colorado is currently:</p> <ul style="list-style-type: none"> • \$750.00 – PRTF Daily Rate (Link) 	<p>The accredited RCCF daily rate for Colorado is:</p> <ul style="list-style-type: none"> • \$184.58 Child Maintenance • \$68.60 Admin Maintenance • <u>\$51.36 Admin Services</u> • \$304.54 Total - Room and board
Who is eligible?	<p>Any child or youth involved with the child welfare system (overseen by a Title IV-E agency).</p> <p>QRTP means a facility that provides residential trauma-informed treatment that is designed to address the needs, including clinical needs, of children with serious emotional or behavioral disorders or disturbances. (Further clarification of “emotional or behavioral disorders or disturbances” is under development)</p> <p>A QRTP has a primarily behavioral health treatment approach with a behavioral health clinical treatment team. QRTPs are required to have access to 24-hour nursing and a trauma-informed program.</p> <p>Note: Detailed clinical eligibility is beyond the scope of this document.</p>	<p>PRTF services are for Health First Colorado (Colorado's Medicaid Program) members under the age of 21 who need inpatient services to treat a psychiatric condition under the direction of a physician. If the client is receiving services just prior to turning 21, the client may receive services before reaching the age of 22.</p> <p>A PRTF is a higher level of care than a QRTP and operates primarily from a medical approach for higher acuity mental health conditions that may require stabilization efforts, medication management, and care for physical risk factors (i.e., self-harm, aggression, etc.).</p> <p>Note: Detailed clinical eligibility is beyond the scope of this document.</p>	<p>Any child or youth under the age of 18 years who has been determined to exhibit serious emotional or behavioral disorders or disturbances.</p>
Service Definition:	<p>A QRTP is a newly-defined level of care for treatment in a childcare institution created under the Family First Prevention Services Act.</p> <p>The QRTP is one of the four reimbursable non-foster family home placement settings (licensed as childcare institutions) that CDHS can seek federal reimbursement under Title IV part E of the Social Security Act for a child who is removed from their family and goes into foster care.</p> <p>Note: Detailed clinical service definition is beyond the scope of this document.</p>	<p>PRTFs provide services to mentally ill children and adolescents by treating mental disabilities and restoring the member to his or her best possible functional level. PRTF services are provided under the direction of a physician.</p> <p>The member must be:</p> <ul style="list-style-type: none"> • Health First Colorado eligible • Determined to need PRTF care by a licensed professional • PRTFs complete a Level of Care Review and submit it to the referring agency for prior authorization • Determined in need of mental health services by the referring agency 	<p>RCCFs provide services to children and adolescents by treating emotional or behavioral disorders or disturbances and restoring the youth to his or her best possible functional level.</p> <p>Note: Colorado does not have any regulatory requirements regarding the type of services RCCFs should provide.</p>

		<p>Note: Colorado does not have any regulatory requirements regarding the type of services PRTFs should provide. OBH is currently looking into this and identifying best practices and will be working with regulating agencies to create the next steps.</p>	
<p>Population Served:</p>	<p>Children (up to age 18 who are in out-of-home care) for whom an assessment determines that the child’s needs cannot be met in a less restrictive, family-based setting because of their serious emotional or behavioral disorders or disturbances.</p> <ul style="list-style-type: none"> In order to receive federal reimbursement in a QRTP, the child must have an assessment by a qualified individual (QI), not associated with the state or county department of human social services or the residential program, within 30 days of entering treatment. <p>The QI must work with a “family and permanency team”, assembled by the county, while making the assessment.</p> <ul style="list-style-type: none"> Within 60 days of entering treatment, the court must consider the assessment to determine if the placement in the residential facility is necessary and approve the placement. There is no requirement that a DSM diagnosis must be made. Evidence must be submitted at each status review and permanency hearing that treatment in the residential facility continues to be necessary and is meeting the child’s needs. Federal reimbursement for a child who no longer needs the level of care provided in a QRTP and is ready for reunification or other family-based setting can be claimed for only 30 days after that determination is made while awaiting a lower level of care. A shortage or lack of foster family homes is not an acceptable reason for determining that the needs of the child cannot be met in a foster family home. <p>Note: Detailed clinical eligibility is beyond the scope of this document.</p>	<p>Individuals under age 21 who are diagnosed with a psychiatric condition and demonstrate the need for PRTF level of care. The level of need for those admitted and the conditions that can be treated by a PRTF is determined by the structure and resources of the particular facility.</p> <p>Note: Detailed clinical eligibility is beyond the scope of this document.</p>	<p>A “Residential Child Care Facility (RCCF)” provides 24 hour residential group care and treatment for five or more children, between the ages of 3 and 18 years old and for youth up to 21 years old who are placed by court order prior to their eighteenth birthday.</p> <p>A RCCF offers opportunities for a variety of services that can be used selectively in accordance with a youth’s individual plan of care.</p>
<p>Treatment Model:</p>	<p>QRTPs must have a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and be able to implement the necessary treatment identified in the child’s assessment.</p> <p>The QRTP trauma-informed treatment model must be implemented as approved by the CDHS office of Behavioral Health. Any changes to the treatment model must also be approved by the CDHS OBH.</p> <p>Note: Detailed clinical service definitions and standards are beyond the scope of this document.</p>	<p>PRTF services must provide “active treatment”, which means implementation of a professionally developed and supervised individual plan of care that is:</p> <ul style="list-style-type: none"> Physician directed Developed and implemented no later than 14 days after admission Designed to achieve the individual’s discharge from inpatient status at the earliest possible time. 	<p>To receive mental health services in a RCCF, the child shall have a current and valid CCAR assessment that supports medical necessity. The CCAR assessment shall be completed by the agency providing the mental health services.</p> <p>In addition, the child shall be:</p> <ul style="list-style-type: none"> Medicaid eligible; and, Diagnosed with a psychiatric disorder; and, Determined in an initial assessment to be in need of and capable of benefiting from the mental health services as determined by a licensed professional.

		<p>Any specific staffing requirements will be detailed in each State’s Medicaid plan and/or provider certification and licensing requirements.</p> <p>The individual plan of care must state treatment objectives and prescribe an integrated program of therapies, activities, and experiences designed to meet the objectives.</p> <p>All certified PRTFs are subject to the same regulatory requirements:</p> <ul style="list-style-type: none"> ● Accreditation Requirements, §441.151 ● Certification of need for services, §441.152 ● Team certifying need for services, §441.153 ● Active treatment, §441.154 ● Individual plan of care, §441.155 ● Interdisciplinary team, §441.156 <p>A PRTF must also certify its compliance with the Condition of Participation (CoP) on the use of restraint and seclusion (§483.350 - §483.376). The CoP on the use of restraint and seclusion implicitly calls for best practice to eliminate the need for such, other than for emergency safety interventions. See: 10 C.C.R. 2505-10 (8.765)</p> <p>Note: Detailed clinical service definitions and standards are beyond the scope of this document.</p>	<p>The provider shall use the CCAR to document any changes in diagnosis and, on an annual basis or at time of discharge, to determine the outcome of mental health services provided.</p> <p>Mental health services shall be discontinued when:</p> <ul style="list-style-type: none"> ● The child has attained treatment goals; or, ● The child is no longer able to benefit from the mental health services, is no longer progressing toward therapeutic goals, or is referred elsewhere for treatment; or, ● The child is discharged from the facility. <p>Note: Detailed clinical service definitions and standards are beyond the scope of this document.</p> <p>Note: Mental Health Services within an RCCF refers to those services that are covered under Medicaid so the RCCF provider would have to be designated by OBH and enrolled with HCPF to draw down this funding. Recent information from the CDHS Provider Services Unit notes that after 6/30/2022 HCPF will no longer recognize a service level of RCCF and will not be funding RCCF facilities that have not converted to QRTPs.</p>
<p>Staffing:</p>	<p>QRTPs must have registered or licensed nursing and other clinical staff who provide care within the scope of their practice as defined by state law, are onsite consistent with the QRTP trauma-informed treatment model and are available 24/7.</p> <p>These staff do not have to be directly employed by the QRTP.</p>	<p>PRTFs are not required to have a specific number of nursing staff at each facility or unit. However, the PRTF must ensure there is sufficient Registered Nurse (RN) coverage to perform RN duties, such as nursing assessment during emergency safety interventions, and treatment for injuries.</p> <p>Any specific staffing requirements will be detailed in each State’s Medicaid plan and/or provider certification and licensing requirements.</p>	<p>An RCCF shall have a primary physician, licensed to practice medicine, available to establish and maintain the health and medical plan and procedures of the facility. This person does not have to be an employee of the facility. .</p> <p>The full provisions for administrative, clinical, and child-care staff in an RCCF facility can be found in 12 C.C.R 2509-8 (7.705.42 - 7.705.45).</p>
<p>Family:</p>	<p>QRTPs, to the extent appropriate, and in accordance with the child’s best interests must:</p> <ul style="list-style-type: none"> ● Facilitate participation of family members in the child’s treatment program. ● Facilitate outreach to the family members of the child, including siblings, document how the outreach is made (including contact information), and maintain contact information for any known biological family and fictive kin of the child. 	<p>PRTFs are expected to work actively with the family, other agencies, and the community to offer strengths-based, culturally competent, medically appropriate treatment designed to meet the individual needs of the youth including those identified with emotional and behavioral issues.</p> <p>PRTFs must:</p> <ul style="list-style-type: none"> ● Develop a plan of care with the parents/legal guardians of minors (as defined per State Law) 	<p>RCCFs are expected to work actively with the family, other agencies, and the community to offer strengths-based, culturally competent, treatment designed to meet the individual needs of the youth.</p> <p>RCCFs must:</p> <ul style="list-style-type: none"> ● Provide an opportunity for the the primary caregiver for the child, The child, his/her parent(s) or guardian(s), representatives of the placing agency, School personnel and other persons significant in the child’s life, such as a GAL, attorney, religious advisor, and therapist to participate in the development of the Child’s Individual Plan.

	<ul style="list-style-type: none"> Document how family members are integrated into the treatment process for the child, including post-discharge, and how sibling connections are maintained. <p>Note: Family First does not include the term “adoptive families” here but given they are the legal family of the child, these requirements would apply for them as well.</p> <p>Note: Detailed clinical service definition and standards are beyond the scope of this document.</p>	<ul style="list-style-type: none"> Notify parents/legal guardians after serious occurrence(s). Give parents/legal guardians the opportunity to participate in debriefings of emergency safety interventions. <p>The full scope of these requirements will be detailed in the State’s Medicaid plan and/or provider certification and licensing requirements.</p>	<ul style="list-style-type: none"> The child’s individual plan must include a strategy for fostering, maintaining, and enhancing positive family relationships with the child and his/her family, including siblings, or other individuals considered like family, or guardian(s), and including the development of a permanent home for the child. A The RCCF shall immediately notify the child's legal custodian, and/or the responsible agency of any serious illness or serious injury resulting in medical treatment away from the facility, hospitalization or death involving a child in care. The RCCF must notify the legal custodian, and/or placing authority as soon as possible upon discovery that a child has run away.
Case Planning & Discharge:	The QRTP is required to do discharge planning.	<p>The PRTF in the individual plan of care must include discharge plans and aftercare resources such as community services to ensure continuity of care with the child/youth’s family, school, and community upon discharge.</p> <p>The full scope of these requirements will be detailed in a State’s Medicaid plan and/or provider certification and licensing requirements.</p>	<p>A staff member qualified as stated in Section 7.705.46 (A) shall be assigned the responsibility for case management for each child.</p> <p>Each individual assigned the responsibility of providing case management services for a child shall:</p> <ul style="list-style-type: none"> Participate actively in the admission procedure, treatment planning, discharge and after care planning. Assure that appropriate information concerning the child and her/his background is shared with other staff members who deal with the child regularly and maintain communication with parents, guardians, or referring agency, or the agency responsible for discharge planning and follow-up care of the child. Assure that an individual child's plan is developed for the child and required plan review and necessary modifications are made pursuant to Section 7.714.4, D. Assure that necessary progress reports for court and placing agency requirements are completed and submitted in a timely fashion. Attend Administrative Reviews in person or by conference call. Assure that the individual child's plan developed for each child is implemented, including treatment by specialists, and documented in the child's file.
Aftercare:	QRTPs are required to provide family-based aftercare support for at least 6 months post-discharge.	PRTFs are not required to provide aftercare services, but rather to identify in the individual plan of care, aftercare resources such as community services to ensure continuity of care with the child/youth’s family, school, and community upon discharge.	RCCFs are not required to provide aftercare services, but rather to identify in the individual plan of care, aftercare resources such as community services to ensure continuity of care with the child/youth’s family, school, and community upon discharge.
Licensing:	QRTPs must be licensed and monitored by the Colorado Department of Human Services (CDHS), Provider Services Unit and must be designated by the Office of Behavioral Health to provide mental health treatment.	PRTF facilities must be licensed and monitored by the Colorado Department of Human Services (CDHS), Provider Services Unit. Facilities are licensed by CDPHE and must be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Facilities must enroll as Health First Colorado providers to provide PRTF services to Health First Colorado members and must be designated by the Office of Behavioral Health to provide mental health treatment.	Residential Childcare Facilities are licensed pursuant to 12 CCR 2509-8, Section 7.705 and 7.714, by the Colorado Department of Human Services, Division of Child Welfare.

Accreditation:	QRTP's must be accredited by The Joint Commission on accreditation of healthcare organizations (JCAHO), The Commission on Accreditation of Rehabilitation Facilities (CARF), The Council on Accreditation of Services for Families and Children (COA), or another independent not-for-profit accrediting organization that Health and Human Services (HHS) approves.	PRTF facilities are licensed by CDHS and CDPHE and must be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or another accrediting organization with comparable standards recognized by the State.	RCCFs are not required to be accredited by an accrediting entity.
Assessment & Reassessment:	<p>This is to be done by a qualified individual (QI) and must be completed within 30 days of placement.</p> <p>The QI shall:</p> <ul style="list-style-type: none"> • Work in conjunction with the family of, and permanency team for, the child while conducting and making the assessment. • Use an age-appropriate, evidence-based, validated, and functional assessment tool (CANS) to assess the child's needs and strengths. • Determine if family members or another appropriate placement can meet the child's needs, consistent with the child's short and long-term goals, in the least restrictive setting consistent with the child's permanency plan. • Document why having the child/youth live with a foster family or one of the other acceptable non-family foster home settings cannot meet their needs & why a QRTP is the most effective and appropriate level of care for the child/youth (Lack of sufficient foster families is not an allowable reason). • Document the family and permanency team's placement preference that acknowledges the importance of keeping siblings together and if their preference is different from that of the assessor's, the reason why the preferences of the child and the team are not recommended. • Develop a list of child-specific short and long-term mental and behavioral health goals. <p>Evidence must be submitted at each status review and permanency hearing that placement in the residential facility continues to be necessary and is meeting the child's needs.</p> <p>Note: If the assessment has not been completed within 30 days, Title IV-E reimbursement of foster care maintenance costs is unavailable for the entire placement episode. If the assessment does not support the QRTP placement, the state has 30 days to move the child to an eligible placement or risk losing federal reimbursement.</p>	<p>The assessment must be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral, and developmental aspects of the individual's situation and reflects the need for inpatient psychiatric care.</p> <p>The treatment team completes the PRTF certification of need for services. The team must include at a minimum: a board certified or board eligible psychiatrist or a psychologist and a physician.</p> <p>The team must also include one of the following:</p> <ul style="list-style-type: none"> • A psychiatric social worker. • A registered nurse with specialized training or one year's experience in treating mentally ill individuals. • An occupational therapist who is licensed, if required by the State, and who has specialized training or one year of experience in treating mentally ill individuals. • A psychologist who has a master's degree in clinical psychology or who has been certified by the State or by the State psychological association. <p>The team must certify that:</p> <ul style="list-style-type: none"> • Ambulatory care resources available in the community do not meet the treatment needs of the individual. • Proper treatment of the individual's psychiatric condition requires services on an inpatient basis under the direction of a physician; and the services can reasonably be expected to improve the beneficiary's condition or prevent further regression so that the services will no longer be needed. <p>The treatment plan must be reviewed and updated at least every 30 days by the treatment team.</p>	<p>An RCCF shall accept a child into care only after a preliminary assessment/screening of presenting problems in areas such as social, physical health, mental health, psychological concerns, previous physical or sexual abuse, and concerns about previous delinquent, assaultive, or destructive behavior, if appropriate, has been conducted.</p> <p>The RCCF shall:</p> <ul style="list-style-type: none"> • Obtain a current comprehensive intake evaluation, including a social, health, and family history, developmental assessment or mental health evaluation, and a psychological evaluation that reflects the need for a residential level of care. • Must complete a comprehensive assessment/evaluation of the child conducted by a planning team that includes the child's strengths and needs in the areas of medical, health and dental care, including a health history of the child and family, health information regarding speech therapy, occupational therapy, and physical therapy needs of the child, mental and psychological health, including treatment history, education/vocation, personal/social development, family and community relationships, vocational training, recreation, life skills development, emancipation skills, if appropriate, legal status and history, treatment/placement history and alcohol/substance abuse history. • Conduct a quarterly review of each plan to evaluate the progress in which the short-term and long-term goals have been achieved and not achieved. <p>The individual child's plan of care is based upon an assessment of the child immediately following placement at the facility. It is developed by the facility for each child within fourteen (14) days of admission and must be consistent with the Family Service Plan for the child.</p>
Approval Process for Placement &	A Court must consider the assessment, the determination and the documentation made by the QI and determine if the needs of the child	Court approval is not applicable in a PRTF. Continued stay is determined by medical necessity documented by the	Not applicable to a RCCF.

<p>Continued Placement Approval:</p>	<p>can be met in a foster family home and if not, whether placement in a QRTP provides the most effective and appropriate level of care in the least restrictive environment possible, and whether that placement is consistent with the child’s short and long-term goals as specified in the permanency plan.</p> <p>A court must make the determination within 60 days of the placement. As long as a child remains placed in a QRTP, the county department shall submit evidence at each status review and permanency hearing for the child:</p> <ul style="list-style-type: none"> • demonstrating that ongoing assessment of the strengths and needs of the child continues to support the determination that the needs of the child cannot be met through placement in a foster family home, that the placement in a QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment, and that the placement is consistent with the short and long-term goals for the child, as specified in the child’s permanency plan. • documenting the specific treatment or service needs that will be met for the child in the placement and the length of time the child is expected to need the treatment or services; and • documenting the efforts made by the county department to prepare the child to return home or to be placed with a fit and willing relative, a legal guardian, an adoptive parent, or in a foster family home. <p>Any length of stay in a QRTP 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 nonconsecutive months) must be reviewed by and written approval provided by the Executive Director of CDHS for the child to continue in the QRTP.</p> <p>Note: The assessment must be completed within 30 days of placement in a QRTP, and a court must approve the placement within 60 days of placement in the QRTP. If at the 60-day point, a court has not approved the placement, or a court disapproves of the placement, federal Title IV-E reimbursement cannot be claimed for any portion of the placement.</p> <p>County departments of human social services may continue placement in a QRTP without completing the above requirements but in doing so it must forgo federal Title IV-E reimbursement for foster care maintenance costs associated with the placement.</p> <ul style="list-style-type: none"> • If the court decision does not recommend QRTP placement, counties may still place the youth in the QRTP and utilize the Child Welfare Services Block to pay for the placement. • Counties utilizing Block funds for QRTP placements will continue to receive an 80/20 State/County split regardless of 	<p>treatment team listed above.</p>	
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	whether CDHS is able to claim Title IV-E reimbursement for the placement.		
Qualified Individual:	A trained professional or licensed clinician who is not an employee of the state or county department of human social services and who is not connected to, or affiliated with, any placement setting in which children are placed by the state or county department of human social services.	Qualified Individual is not a concept included in the PRTF federal regulations. However, the practitioners required for the treatment team listed above would be considered qualified individuals. All PRTF treatment is under the direction of the physician.	Not applicable to a RCCF.
What if the court does not approve continuing the treatment provided in a QRTP?	<p>If a child/youth is already in a QRTP and the court does not approve of the placement, the county department of human social services must move the child within 30 days of the decision, or CDHS will not be able to access Title IV-E reimbursement for the balance of the placement in the disapproved setting.</p> <p>Note: When a child is in a QRTP and a determination has been made that the placement is no longer the recommended placement for the child (e.g., when they are ready to return home or be placed with a fit and willing relative, a legal guardian, an adoptive parent, or in a foster family home) the county child welfare agency has 30 days from the time that determination is made to transition the child.</p> <p>CDHS will be permitted to claim IV-E reimbursement for foster care maintenance costs during this 30-day period.</p> <p>After the 30-day period, IV-E reimbursement will cease for the remainder of the time the child remains in the QRTP.</p> <ul style="list-style-type: none"> • If the court decision does not recommend continuing the QRTP placement, counties may still place the youth in the QRTP and utilize the Child Welfare Services Block to pay for the placement. • Counties utilizing Block funds for QRTP placements will continue to receive an 80/20 State/County split regardless of whether CDHS is able to claim Title IV-E reimbursement for the placement. 	Not applicable to a PRTF.	Not applicable to a RCCF.
Family & Permanency Team:	<p>County departments of human social services are required to establish this for each child/youth. The family and permanency team shall consist of all appropriate biological family members, relatives, and fictive kin of the child, as well as appropriate professionals who are a resource to the family of the child, such as teachers, medical or mental health providers who have treated the child, or clergy.</p> <p>If the child is 14 or over, the Family and Permanency Team shall include members selected by the child.</p>	This is not a requirement in a PRTF although the participation of parents, legal guardians, and representatives in treatment planning is required for minors as defined in State Law.	This is not a requirement in a RCCF although the participation of parents, legal guardians, and representatives in treatment planning is required for minors as defined in State Law.