MTL # 1608-10012021
10/01/2021

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POLICY DISTRIBUTION

Enclosed find the following policy for distribution to all applicable staff within your organization: 1608 Qualified Residential Treatment Program Child Treatment Requirements

This policy is/was effective: 10/01/2021

☒ This policy is new. Please review the policy in its entirety

☐ This policy replaces the following policies:

☐ This policy has been revised. Please see below for the type of revision:

- ☐ This is a significant policy revision. Please review this policy in its entirety.
- ☐ This is a minor policy revision: (List page number & summary of change):
- ☐ A policy form has been revised: (List form, page number and summary of change):

NOTE:

- This is an **ALL STAFF MEMO** and it is the responsibility of the person listed above to disseminate the policy enclosed to appropriate staff within his/her organization and to ensure compliance.
- The most current version of this policy is posted on the DCFS Website at the following address: http://dcfs.nv.gov/Policies Please check the table of contents on this page for the link to the chapter you are interested in.

1608 Qualified Residential Treatment Program Requirements and Oversight

Policy Approval Clearance Record

☒ Statewide Policy ☐ Administrative Policy ☐ DCFS Rural Region Policy	☒ New Policy ☐ Modified Policy ☐ This policy supersedes:
Date Policy Effective	10/01/2021
Children's Bureau Representative Review	05/05/2021
DCFS Deputy Administrator Approval	09/21/2021
DMG Original Approval	**09/28/2021**
DMG Approved Revisions	N/A

STATEMENT OF PURPOSE

Policy statement: A Qualified Residential Treatment Program (QRTP) is a new classification and national model of congregate care facility designed to provide treatment level care to children with mental and behavioral health needs through providing high quality care to children.

Policy purpose: This policy outlines the requirements in the Family First Prevention Services Act (FFPSA) for a Qualified Residential Treatment Program (QRTP) and other Title IV-E reimbursable non-family-based settings in Nevada.

AUTHORITY

Federal: Family First Prevention Services Act
NRS: NRS 432A; NRS 424
NAC: NAC 424

DEFINITIONS

Administrator: The Administrator of the Division of Child and Family Services (DCFS).

Agency which Provides Child Welfare Services: In a county whose population is less than 100,000, the agency is a local office of the Division of Child and Family Services; or in a county whose population is 100,000 or more, the agency of the county, which provides or arranges for necessary child welfare services. May also be referred to as "Agency" or Child Welfare Agency."

CCDFS: Clark County Department of Family Services.

Child Care Institution (CCI): A private child-care institution, or a public child care institution which accommodates no more than 25 children, which is licensed by the State in which it is situated or has been approved by the agency of the State responsible for licensing or approval of institutions of this type as meeting the standards established for the licensing.

DCFS: The Division of Child and Family Services of the Department of Health and Human Services of the State of Nevada.

Director: Child Welfare Agency Director in a county whose population is 100,000 or more.

Fiscal: The fiscal unit located within the Division of Child and Family Services.

NAC: Nevada Administrative Code (regulations promulgated by the Nevada Revised Statutes).

Nevada Child and Adolescent Needs and Strengths (NV-CANS): The NV-CANS Comprehensive Assessment is a multipurpose tool developed to support care planning and intensity of services needed, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.

NRS: Nevada Revised Statutes (as enacted by the Nevada Legislature).

PEU: The DCFS Children's Mental Health Planning and Evaluation Unit.

Qualified Residential Treatment Program (QRTP): A specific category of a non-foster (resource) family home setting that is intended for children and youth with behavioral health challenges and that meets the federal definition of a Child Care Institution (CCI).

State: An alternate word for the Division of Child and Family Services (DCFS) or Family Programs Office (FPO).

Trauma Informed Care (TIC): A practice approach that is sensitive to a child's trauma history.

WCHSA: Washoe County Human Services Agency.

STANDARDS/PROCEDURES

1. Federal and Statewide Standards, a QRTP must:

    a. Provide a trauma-informed treatment model that is designed to address the needs, including clinical needs, of children with serious emotional or behavioral disorders or disturbances, and with respect to a child, is able to implement the treatment identified for the child by the required thirty (30) day assessment of the appropriateness of the QRTP admission.
        i. The QRTP must adopt a formal policy and mission statement that refers to the importance of trauma and the need to account for youth and family experiences of trauma in all aspects of program operation.
        ii. All direct and non-direct service staff must receive training in trauma-informed care as part of their initial and ongoing training process.
        iii. A trauma assessment must be administered by clinical service staff for the purpose of gathering specific information about events identified during the initial screening.
        iv. Trauma specific assessment tools must be used to inform service planning.
        v. Trauma informed safety plans must be written for all children, youth and families (e.g., plans that define triggers, behaviors when overstressed, strategies to lower stress).
        vi. There must be policies and procedures in place to support staff to engage with children, youth, and families in a way that is sensitive to their unique cultures and identity.
        vii. The agency must have access to a clinician with expertise in trauma and trauma related interventions (on staff or as consultant).
        viii. During the service planning process, discharge must be considered and planned for in order to reduce additional trauma resulting from time separated from the family.

    b. Facilitate participation of family members and natural supports in the child's treatment program, to extent appropriate and in accordance with the child's best interests.
        i. Family must include all adults who are important in the child's life, including, but not limited to, biological, adoptive and foster parents; grandparents; and kinship guardians, as well as siblings.
            1. The QRTP must have policies and practices in place that support family engagement. At a minimum, policies must include: involvement of families in treatment planning, flexible

visitation hours, consistent communication, and involvement of families in such areas as development of policies, participation on advisory bodies, and quality review.
2. Staff must be trained in evidence informed family engagement policies and practices.
3. The QRTP must promote a culture that values the experience of families.
4. The QRTP must document their rationale for involvement or non-involvement of family in the child's treatment program.

c. Facilitate outreach to the family members of the child, including siblings, documents how the outreach is made (including contact information), and maintains contact information for any known biological family and fictive kin of the child.
   i. The QRTP must have policies in place that clearly define when and how outreach to families and to siblings is to be made and how it is documented.
   ii. Staff must be trained in outreach policies and practices.

d. Document how family members are integrated into the treatment process for the child, including post-discharge, and how sibling connections are maintained.
   i. The QRTP must have policies in place that clarify how a family is involved in the treatment process at all stages (intake, treatment planning, treatment, discharge, and aftercare), how sibling connections are maintained while the child is in care and how these activities will be documented.
   ii. Staff must be trained in how to integrate families into treatment and how to maintain sibling connections.

e. Provide discharge planning and family-based aftercare support for at least six (6) months post-discharge.
   i. The QRTP must ensure that the child and family are connected to community-based aftercare services and supports. The services may be provided by the QRTP itself if the QRTP is a Medicaid provider or they may be provided by referral to other community providers or Wraparound In Nevada (WIN).
   ii. The QRTP must have initial contact either by, in person, telehealth or telephone, with the child and caregiver within seventy-two (72) hours of discharge to support the child's transition from the QRTP.
   iii. The QRTP must have weekly contact with the child and caregiver, either by in person, telehealth or telephone, within the first thirty (30) days after discharge and monthly thereafter for five (5) months.
   The QRTP must participate in ongoing Child and Family Team meetings for six (6) months either in person or by telephone.
   iv. The QRTP must provide documentation of all aftercare activities completed by the QRTP to the Agency monthly.

f. Be licensed in accordance with Federal Title IV-E foster care requirements and is accredited by a federally approved independent, not-for-profit organization.
   i. The QRTP must maintain foster care licensure in accordance with NRS 424 and NAC 424 and if there are more than fifteen (15) children, in accordance with NRS 432A.
   ii. The QRTP must maintain appropriate accreditation through a federally approved independent, not-for-profit, accrediting body.
   iii. The QRTP must submit documentation of current accreditation status to contracting agency.

g. Have registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice as defined by state/tribal law, are on-site according to the treatment model, and are available twenty-four (24) hours a day and seven (7) days a week. Nursing and behavioral health staff do not have to be direct employees of the QRTP, they may be contracted, arranged through a Memorandum of Understanding or another way as approved by the Agency.
   i. The QRTP must ensure nursing and other clinical staff are onsite in accordance with a QRTP's trauma-informed treatment model and available 24/7.
   ii. The QRTP must ensure all staff are trained in how to access nursing and other clinical staff when they are not on site, on a twenty-four (24) hour per day, seven (7) day per week basis.

iii. The QRTP must obtain approval from the contracting Agency to use telemedicine or telehealth.
iv. The QRTP must inform the contracting agency of how they provide nursing and behavioral health staff for approval by the Agency.

2. Other IV-E Reimbursable Non-Family Based Settings

a. If the CCI is one of the following settings, Title IV-E foster care maintenance payments may continue after fourteen (14) calendar days if the setting meets all of the following requirements:
   i. A placement setting specializing in providing prenatal, post-partum, or parenting supports for youth must meet the definition of a CCI at sections 472(c)(2)(A) and (C) of the FFPSA.
   ii. A placement setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims, as identified in the Nevada Rapid Indicator Tool (NRIT), must meet the definition of a CCI at sections 472(c)(2)(A) and (C) of the FFPSA (section 472(k)(2)(D) of the FFPSA).Residential child care providers serving youth who have been found to be, or are at-risk to be sex trafficking victims, must demonstrate in their policies and procedures an understanding of the trauma and the possible behavioral symptoms, should the trauma go untreated (e.g. anti-social behaviors that limit their ability to live, work, and engage in pro-social activities).

   For further information, reference 0214 Commercial Sexual Exploitation of Children (CSEC)

   iii. A supervised setting in which the child is living independently, in the case of a child who has attained 18 years of age, this placement setting must be consistent with the statute at sections 472(c)(2)(B) and (C) of the FFPSA.
   iv. A placement with a parent residing in a licensed residential family-based substance abuse treatment facility, consistent with section 472(j) of the Act.

JURISDICTIONAL ACTION

Development of Internal Policies: Agencies which provide child welfare services will follow this statewide collaborative policy as written. Agencies which provide child welfare services may develop internal policies and procedures as necessary to implement this policy.

Internal policies and/or operating procedures must be submitted to the Family Programs Office (FPO) for review and approval.

Supervisory Responsibility: Supervisors have the responsibility to consult and provide assistance to staff to ensure policy compliance.

STATE RESPONSIBILITIES

The state will provide technical assistance regarding program development and implementation to the Child Welfare Agencies.

POLICY CROSS REFERENCE

Policies: 0214 Commercial Sexual Exploitation of Children (CSEC)

History and Updates: This is a new policy.

ATTACHMENTS

None