QRTP Questions | Updated September 2021

1. **Will the county child welfare agencies need to do anything different in CY2022 regarding staffing or services from providers? If so, what should the agencies be thinking about as they develop their CY 2022 county budget requests?**

   DCF is continuing to explore ways to support evidence-based services and other child welfare innovations across the state.

   DCF remains committed to keeping agencies updated regarding information as it becomes available.

   - Agencies are encouraged to shift resources to support keeping children in- home but agencies will not be *required* to shift resources to evidence-based services in 2022.
   - Local child welfare agencies are encouraged to have conversations with their local stakeholders about ways to support children and families in home.
   - DCF recognizes that because of the variations across the state, the most pressing need for some communities may not be evidenced-based services but may be related to more concrete needs.
   - DCF encourages local child welfare agencies to consider ways to align existing funding to better support the unique needs of children and families in their communities.
   - DCF currently provides some flexible funding opportunities (Promoting Safe and Stable Families and Targeted Safety Support Funds to counties in the balance of the state or Intensive In-Home Safety Services in Milwaukee county) for local child welfare agencies to focus their services and supports based on unique community needs

2. **How do congregate care facilities fit in with the goals of Family First and Wisconsin's Child welfare transformation imitative?**

   The goal of FFPSA is to keep kids with their families. To achieve that end, the law shifts resources away from group care settings and toward in-home prevention services. When a child cannot safely remain in their home, every effort will be made to place the child with a relative or like-kin caregiver. When that is not possible, the next preference is to place a child with a foster family.

   While DCF works to meet FFPSA QRTP requirements and elevate the quality of congregate care facilities for children who require placements, the overall goal is for there to be a smaller number of children served for shorter periods of time.

   This means DCF is taking a phased approach in the congregate care strategy--both so that DCF can direct resources to the in-home and family-centered work, and any changes made to congregate care point to the congregate care system of the future.

201 West Washington Avenue
PO Box 8916
Madison, WI 53708-8916

Phone: 608-422-7000
Fax: 608-422-7158

3. **Can you elaborate on the increase in quality for congregate care?**

   Wisconsin is committed to elevating quality care for all children in congregate care settings. We want to successfully keep children in our state, ensuring that they are served in an appropriate setting based on their needs, and in an environment that is trauma informed. We want to become partners in excellence in elevating the quality of care for all children who experience out of home placement in congregate care settings. The QRTP requirements in Family First are important first steps that provide a foundation for advancing quality, but we expect this partnership in elevating quality to be an ongoing process that will extend well beyond meeting the basic requirements of Family First.

4. **Will all group homes / congregate care homes need to become QRTP certified?**

   DCF's goal for congregate care facilities is that all DCF Chapter 52 (residential care center) or DCF Chapter 57 (group home) facilities will be certified as QRTPs. QRTP certification will not be required to operate a DCF Chapter 52 or 57 facility in the initial phase of FFPSA implementation.

5. **How will licensing be affected by my facility being certified as a QRTP?**

   Any new group home or residential care center seeking to be licensed may apply for QRTP certification. QRTP certification continues and is evaluated at the same time as the facility's two-year licensing review period. It is the hope that with the child welfare transformation initiative, more children and youth will be able to be served in family-like settings, and additional group home facilities will not be needed in our future child welfare system.

6. **Will all shelter care facilities be required to become certified as a QRTP?**

   No, facilities licensed under Chapter DCF 59 as Shelter Care Facilities will not be required to become certified QRTP facilities, as these facilities are meant to provide short-term, non-treatment-based placement stays.

7. **Will I need to apply for a new license if I want to be a certified QRTP?**

   No, if your facility is currently licensed as a DCF Chapter 52 or 57 facility, the QRTP certification will be in addition to your existing facility license. The certification process is still being determined by DCF, but you will have to apply for the QRTP certification (like the DCF Chapter 52 or 57 license), go through a review process, and then receive certification.

8. **If I am currently licensed as a group home but currently operate more like a shelter care facility, or if I am interested in changing my busines model, can I apply to change my license?**

   Yes.

9. **What will be required to become a certified QRTP in WI?**
   DCF 61.03 QRTP requirements.
   (1) TRAUMA-INFORMED TREATMENT MODEL. A QRTP shall provide services according to a trauma-informed treatment model that is designed to meet the needs, including clinical needs as appropriate, of children with serious emotional and behavioral disorders or disturbances. A QRTP's trauma-informed treatment model shall enable the QRTP to implement the treatment of a child identified for the child by a standardized assessment.

   (2) NURSING AND OTHER CLINICAL CARE. A QRTP shall have registered nurse or licensed practical nurse staff and other clinical staff who meet the following conditions:
   (a) Provide care within the scope of their practice as defined by state law.
   (b) Are on-site according to the facility's trauma-informed treatment model under sub. (1).
   (c) Are available 24 hours a day and 7 days a week.

   (3) FAMILY PARTICIPATION. (a) In this subsection, the family of an Indian child includes the child's extended family members, others identified in accordance with the laws or customs of the child's Indian tribe, and, if applicable, the child's Indian custodian.
   (b) A QRTP shall facilitate family participation in each child's treatment program to the extent appropriate and in accordance with the child's best interest, consistent with the child's permanency plan.
   (c) A QRTP shall have policies and procedures on family participation in a child's treatment program that specify how to do all of the following:
   1. Facilitate outreach to the child's family members, including siblings, and document how the outreach is done.
   2. Maintain contact information for any known relatives and like-kin of the child.
   3. Facilitate participation of the child's family members in the child's treatment program.
   4. Document how the child's family members are integrated into the child's treatment program, including after the child's discharge from the QRTP.
   5. Document how the child's connections with siblings are maintained.

   (4) DISCHARGE PLANNING AND FAMILY-BASED AFTERCARE SUPPORT. A QRTP shall provide discharge planning and family-based aftercare support in partnership and collaboration with the placing agency, with an invitation for the tribal child welfare agency to participate if applicable, for at least 6 months after the child's discharge from the QRTP.

(5) ACCREDITATION. A QRTP shall be nationally accredited by any of the following independent, not-for-profit organizations:
(a) The Commission on Accreditation of Rehabilitation Facilities.
(b) The Joint Commission.
(c) The Council on Accreditation.
(d) Any other independent, not-for-profit accrediting organization approved by the U.S. department of health and human services.

10. What is aftercare, and what are the roles of the QRTP and the child placing agency?

Aftercare is the post-discharge services provided to youth who leave a QRTP. The services may be similar to or different from the services already being provided to youth who are discharged from residential care centers, group homes, or shelter care facilities.

Under federal FFPSA, a QRTP must provide discharge planning and family-based aftercare support for a minimum of 6 months post-discharge of a youth from a program. Not all youth will require the same services. The choice of services selected are determined by the youth's needs, where they are discharging to, and availability of services in the community or subsequent placement.

A workgroup of providers has created an example aftercare approach that accounts for potential discharge scenarios and corresponding services that can be replicated or adapted by facilities. (insert link to separate document)

The most important part of post-discharge services is assuring a smooth transition for the youth with no gaps in service. Best practices in discharge and family-based aftercare support planning includes a close partnership between the facility and the placing agency, the youth, the youth's family/like-kin, tribe or Indian custodian, and any other treatment providers involved in the youth's service provision.

Child placing agencies remain responsible for the permanency plan and/or case plan for a youth.

11. Is there any federal law or guidance that provides exceptions to a QRTP's responsibility to provide family-based aftercare support for at least 6 months after the child's discharge from the QRTP?

DCF has sought guidance from the U.S. Department of Health and Human Services (DHHS). At this time, there is no further direction provided by the U.S. DHHS. The decision around appropriate aftercare services should be made in close partnership with the placing agency, with an invitation for the tribe/tribal child welfare agency to participate, if applicable. In order to provide the most effective and appropriate aftercare services, it is important for the facility, also to collaborate with the youth, the youth's family/like-kin, Indian custodian, and any other treatment providers involved in the youth's service

provision, including subsequent placement facilities. As shown in the example approach to aftercare services, *(insert link to separate document)* the services available in a subsequent placement may influence the decisions on which services are necessary and appropriate for the initial placement facility to continue to provide.

12. **What is my facility's responsibility to provide family-based aftercare support if a youth and family declines services, are apprehensive about participating, or do not respond?**

    Under federal FFPSA, it is required that a facility certified as a QRTP "provides" family-based aftercare support for at least 6 months post-discharge. If a QRTP provides family-based aftercare support but the youth and family declines services, DCF would encourage the facility to make good faith efforts to offer services and document those attempts.

13. **How and at what frequency will my facility's discharge planning and family-based aftercare support services be monitored?**

    The QRTP facility's approach in providing family-based aftercare support will be part of the application to become certified as a QRTP and must be approved by the Department. The Department may review a facility's compliance with QRTP certification requirements by visiting and inspecting the facility at any time, including reviewing discharge planning and family-based aftercare support services. Facilities should keep record of all services provided to all youth, regardless of their physical location in the facility. Please continue to work with your licensor for all technical assistance needs.

14. **How will family-based aftercare support services be paid for? Will there be an established rate, and if so, who is responsible for setting it?**

    DCF has not and will not be setting rates for aftercare services.

    Providers and placing agencies will need to determine how family-based aftercare support services will be funded for each placement. DCF will not play a role in those decisions. Family-based aftercare support services can be financially supported through a variety of means, including in combination with each other:

    - Some providers may already provide discharge planning and some level of post-discharge support that is already included in their rate.
    - As providers develop more knowledge and experience with what services are necessary and costs associated, they could choose to build a certain amount of post-discharge service (for example, case manager outreach and transition support for a specified time period or duration) into their future daily rate calculation.
    - Services provided post-release from a QRTP may be eligible for reimbursement through private insurance and/or Medicaid, including the CCS and/or CLTS programs. For more information on becoming a Medicaid provider and Medicaid-eligible services, please see the Provider Enrollment page on the ForwardHealth

portal or contact ForwardHealth Provider Services at 800-947-9627. The Provider Services call center is available Monday through Friday from 7am – 6pm CST.

- Providers may also establish an hourly or per-unit rate, depending on service type, that is billed to the placing agency.

15. Is the department exploring changes to rates to support congregate care facilities in becoming certified as QRTPs?

DSP is partnering with the Public Consulting Group (PCG) to evaluate rate setting for congregate care settings including residential care centers, group homes, and child placing agencies (treatment foster care homes). The intention of this work is to understand our current rate setting process, identify gaps, and to explore future solutions that encourage quality, short-term congregate care stays and allow Wisconsin providers to meet the needs of Wisconsin children and youth.

16. When will be additional funding for kinship families be available? Will there be any additional requirements?

DCF is committed to supporting facilities that anticipate becoming certified as QRTPs in building programs that provide specialized, high quality clinical care designed to meet the needs of children and youth in higher levels of care, including those currently placed out of state. These QRTPs may have increased costs that reflect investments in the following areas:

- Trauma informed treatment model
- Robust mental health and behavioral health assessments
- Clinical services for youth
- Clinical supervision of staff
- Increased direct care staff, including availability of 1:1 staffing where appropriate
- Increased training and support to enhance professional status of front-line staff and staff retention
- Family participation

DCF anticipates allowing QRTPs to request increased rates to support costs associated with programming outlined above, as permitted by sections DCF 52.66(3)(b) or DCF 57.62(3)(b) of the Wisconsin Administrative Code for specialized services or specialized programming to a specific population of children. Additional information on how facilities can request these rates, after becoming certified as a QRTP, will be provided in the forthcoming memo on the QRTP certification processes.

17. What other options are available besides QRTP?

DCF is focused on reunification and family-like settings. DCF is exploring all options of potential foster-home solutions for children who are currently in congregate care, with a preference on kin, like-kin and in-home services. DCF has a team of people currently working on this task to examine barriers to relatives and foster home settings. This team will determine the complexities that exist and how to work through these issues.

18. Are there targeted goals regarding child removal? Will they be different between rural and urban?

DCF does not have numeric goals. DCF has seen in other areas that some goals have been set, however the data collection and measurement is challenging. The key is to build up services and support in community to continue to serve children in homes better.

19. Are there intentions to require group care facilities to provide adequate pay in addition to training for staff. Or requirements for staff to youth ratios to support a higher quality of care?

Facilities have reported difficulties recruiting and retaining qualified staff, which has a direct impact on the capacity of Wisconsin providers to maintain open beds for Wisconsin children. For CY 2022, the max rate calculation has been adjusted to increase average calculated direct care staff wages, which will support facilities in raising front-line staff salaries without exceeding the max rate. This does not require a facility to adjust actual staff wages, and facilities' requested rates must still be supported by documentation of their actual costs.

20. Will the screening process be different for families with the increased kinship funding? When will the increase kinship funds be available for families?

The increase in kinship care rates that was passed in the biennial budget is effective starting January 1, 2022. There will not be any additional requirements or screening processes.