

# Family First Prevention Services Act

## PL 115-123

### Stakeholder Informational Meeting Highlights

*The Family First Prevention Services Act (FFPSA) was signed into law as part of the Bipartisan Budget Act on February 9, 2018. This act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system.*

*North Dakota Department of Human Services (NDDHS) is responsible to implement the federal regulations resulting from FFPSA, manage the Title IV-E State Plan, and administer funding to support these efforts. The department will host Stakeholder Informational Meetings the 3<sup>rd</sup> Wednesday of each month during 2019. The purpose of the monthly meetings is to engage with Stakeholders and inform on progress, while soliciting feedback and comments related to FFPSA implementation.*

<b>DATE</b>	January 16, 2019
<b>FACILITATOR</b>	Dawn Pearson, Administrator – NDDHS-CFS Division
<b>TOPIC</b>	Qualified Residential Treatment Provider (QRTP)

#### Highlights of FFPSA:

1. Title IV-E funds for specific prevention activities
2. Appropriate placements for children in foster care
3. Reauthorize existing funding

Today's meeting will focus on the second piece – appropriate placements for children in foster care, namely the **Qualified Residential Treatment Providers (QRTP)** section of the new law. Implementation deadline for QRTP is October 1, 2019.

#### QRTP REQUIREMENTS INCLUDE:

- Licensed and accredited providers
- Trauma informed treatment model
- Nursing and other clinical staff onsite
- Child must meet level of care assessment
  - Assessment must be completed by a 'Qualified Individual' who is independent (i.e. not a staff member) of the QRTP
  - Assessment must occur within 30 days of QRTP placement
  - Assessment must include the strengths and needs of the child using an age-appropriate, evidence-based, validated functional assessment tool approved by the Secretary of HHS
  - The Qualified Individual must conduct the 30-day assessment in collaboration with the family of, and permanency team for, the child
- 60-day Judicial Determination - Status Reviews
  - Within 60 days of QRTP placement, and every 60 days thereafter to ensure appropriateness of continued QRTP placement

- The court has requested information come directly from the Qualified Individual to the court, rather than from the assessor, facility, or custodial agency so there is no bias
- Senate Bill 2069 – proposes that these status reviews be held by a “designee of the court,” which in ND will be the juvenile court director. Bill has passed the senate.
- Full engagement with the family
- 6 months post discharge follow-up
- Placed in QRTP for more than 12 consecutive or 18 non-consecutive months, or in the case of child who has not attained age 13, for more than 6 consecutive or non-consecutive months, approval must be given by Health and Human Services, Children’s Bureau for continued stay

**RCCF Level of Care will no longer exist as of October 1, 2019.** NDAC 75-03-16 RCCF Licensing Chapter will be repealed. We are in the process of writing new administrative code for QRTP Licensing Rules which will be effective October 1, 2019.

### **Q & A**

*What services are going to be required of a QRTP, and are any of those services greater or less than what an RCCF is already coding through Medicaid?*

**See Title VII-FFPSA, Part IV, Sec. 50741(k)(4) for the required components of a QRTP. Here’s a brief summary:**

- **Should have a trauma-informed treatment model designed to address the needs of children with emotional or behavioral disorders and be able to implement the treatment identified by the assessment**
- **Has registered or licensed nursing staff and clinical staff onsite to the extent the program’s treatment model requires**
- **Facilitates outreach to family members of the child**
- **Documents how family members are integrated into the treatment process for the child**
- **Provides discharge planning and family-based care support for 6 months after discharge**

**We want to cross-reference what is already being utilized for Medicaid reimbursement for RCCFs and how we can best dovetail it with QRTPs. We need to ensure the federal regulations and minimum requirements of treatment/service are engaged; the expectation will be “more” than what a RCCF does today.**

*In relation to discharge planning and family-based aftercare supports for 6 months – what are the service delivery expectations during that period?*

**It will be defined in administrative rule, but QRTPs will have the opportunity to expand on the minimum standard to determine how post-discharge services are delivered.**

*How will the [aftercare] staffing and travel cost be recouped?*

**This is currently under review. It may require a new coding mechanism. Reimbursement of these costs will be further explored with Medicaid, Fiscal Administration, and within the rate setting chapter of ND Administrative Code (75-03-15).**

*How will the mandated services by QRTPs be funded?*

**This will be determined in coming months. We have been meeting with Medicaid and provider audit to discuss funding/rate setting.**

**During the meetings with provider audit we have discussed how the rate setting process may change as providers become QRTPs, with the understanding that the work requirements will change/increase for these facilities.**

**NOTE: We were recently notified there will be a transition within provider audit, who is responsible for rate setting with the RCCFs. This transition may potentially impact the process for RCCFs who are due for rate setting in the coming months. Therefore, these RCCFs will want to work with provider audit soon to discuss the establishment of their new rate prior to July 1, 2019.**

**Dean Sturn, Dawn Pearson, and Kelsey Bless have been meeting regarding rate setting rule writing. We expect we will have a rate setting process very similar to what was previously done with RCCFs; for at least the first biennium of QRTP licensure.**

**One of the upcoming Stakeholder Information Meetings will focus on the administrative rules related to family foster home licensing, QRTP licensing, Supervised Independent Living licensing, and rate setting. We've already received good feedback from our RCCF partners regarding suggested changes to ND Administrative Rule. This feedback is greatly appreciated because we want a rule that is true to the FFPSA regulation and that parallels the accrediting bodies; while ensuring the best interests of the children served.**

*How will we ensure a child has access to a specific needed service?*

**This will involve a big system of care change in ND. We know that ND will not have all the services a child may require fully implemented on October 1<sup>st</sup>. We need to continue to dialogue about what services are needed as we continue to plan.**

**We recognize there is a lack of services available in the community already. Developing additional services will be a work in progress. There is a lot of work being done this legislative session to expand those services (i.e. SB 2028 <https://www.legis.nd.gov/assembly/66-2019/documents/19-0279-01000.pdf>). In addition, county social services redesign is expected to be a factor. One of the goals of this redesign is to ensure equitable access to services for children and families regardless of where they live.**

*Will the department solicit an RFP for the Qualified Individuals who will complete the assessments?*

**Yes. It is a FFPSA requirement that ND identify a neutral party to have a non-biased assessment of the child's need and level of care.**

*Will the assessments be completed by a person meeting face-to-face with the child, rather than being sent away to some outside entity who never has contact with the child, such as the current Certificate Of Need (CON) process?*

**Yes. It is a FFPSA requirement that the comprehensive assessment be completed by a person who is trained and skilled to conduct them.**

*With the county social services redesign, I assume the county will still make the referral to a QRTP. If the court determines that the child will need to leave placement, it would be up to the county to make the re-placement, but we haven't created enough services or places for kids to go yet. How do we fix that?*

**Remember the Qualified Individual has already completed an assessment on the child. The court isn't going to make that decision without that Qualified Individual saying what needs the child has, and what level of care is required. So theoretically the facility, the county, and the child and family team (CFT) will have far sooner notice because they participate in the assessment process. Additionally, the courts will be collaborating with the Qualified Individual, who re-assesses the child every 60 days to ensure the level of care is still warranted to meet the child's needs.**

**An emergent situation such as you've described could occur, if it's determined there are less restrictive placement options more suitable to the child's needs. Yet those services may not exist in the child's community. We know the service array needs to be expanded in the state. Many options are currently being explored such as specialized therapeutic treatment homes, and lower levels of care available through facility providers.**

**As we expand our service array for the system of care, it's critical we monitor timely and routinely to determine if the child's needs have changed, and if a less restrictive placement may be warranted. In doing so, we can get ahead of any anticipated placement changes.**

**FFPSA is an opportunity to push some of the system issues we currently experience.**

*There will be some new things facilities will be required to do that aren't paid for. There must be balance regarding what Medicaid pays for, what IV-E or the state pays for, and what services we provide. For example – the 6 months of aftercare requirement, trauma-informed care requirement. How do we build these into the rate setting?*

**The department will look at what is required in the law, consider what we already have in our payment structure, and what we would have to add.**

*What happens to families who access the Voluntary Treatment Program (VTP) for placing their child in a facility? Is that going to be a smoother process?*

**The subcommittee will have to explore this further. Title IV-E reimbursement is not an option for "candidates of foster care" placed in a QRTP, so if a private/parental placement were requested the payment structure would have to be supported by VTP or private pay/insurance. ND is not certain if private insurance would cover the cost of a QRTP. It is requested that if private pay clients are also allowed admittance to a QRTP that the process for public custody vs. private pay clients be the same. It is likely the assessment by a Qualified Individual would occur; however, the 60-day review would not be consistent, as private pay clients are not under juvenile court jurisdiction.**

*Will QRTPs fall under Behavioral Health?*

**At this time, QRTPs will be licensed through NDDHS-CFS Division.**

*We need capacity-building for short term stabilization (i.e. inpatient child psychiatric services). Our state is sorely lacking sites to stabilize children who display dangerous behaviors/severe emotional disturbance crises.*

**DHS is exploring Medicaid waivers that may fund such services.**

**COMMENT:** CON makes it difficult to get timely access in PRTF.

*What incentive will QRTPs have to accept kids before the assessment is completed, knowing that they might not stay there? Secondly, are there any plans for coordinated intake where, after the assessment is completed and we know what level of care is recommended, all the facilities can meet to discuss what openings exist and who will accept the child? Currently all facilities have different staffing days and different wait lists which makes the process of securing a placement very time consuming.*

**We have considered the Qualified Individual taking on a utilization management role. We've also had discussion about a DHS Management Team utilization approach. So, this has been acknowledged and we're having discussions about the best approach to manage a coordinated intake process.**

*I understand this agenda is about QRTPs. Are we talking just about kids with mental health needs or are we talking about kids who are placed out of the home because of safety issues related to their environment and not because of their behaviors? I'm looking at the upcoming agendas and it appears it's more about behavioral health of children rather than creating a safe environment within their communities.*

**The reason we don't have prevention on our agendas is because we're still waiting for federal guidance as to what constitutes an evidence-based prevention service. We were to have received this guidance November 2018, but it's been postponed to April 2019. Once that guidance is received, we will make sure we have discussion during these monthly calls.**

*If, as of October 1, 2019 we are approved as a QRTP, what happens to the kids in our facility as of that date?*

**Once the facility becomes a licensed QRTP, the children already in the facility will be grandfathered in. If the facility does NOT become a QRTP by October 1, 2019 the facility would no longer be licensed, so the children would have to be discharged prior to October 1, 2019.**

**COMMENT:** Internally at our facility we've been discussing levels of care. If you plan to provide any guidance on that, we'd be interested.

*What House and Senate bills have been proposed for the 2019 ND Legislative session related to FFPSA?*

**House Bill 1102: Relating to the criminal history record checks on identified relatives, RCCFs, QRTPs, SIPLs, approved FC facilities, moratorium, and criminal history records investigation; and to provide an effective date. Link: <https://www.legis.nd.gov/assembly/66-2019/documents/19-8082-01000.pdf>**

**Senate Bill 2069 (referenced above): Relating to powers and duties of the director of juvenile court. Link: <https://www.legis.nd.gov/assembly/66-2019/documents/19-8006-01000.pdf>**

**NOTE: Other actions taken to implement FFPSA regulations occurred during the DHS budget build and were subsequently included in the Governor's 2019-2021 budget. Therefore, these actions didn't require legislative bills to be filed.**