

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 3rd 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.

DATE	August 21, 2019
FACILITATORS	Dr. Rosalie Etherington - Field Services Kelsey Bless - Children and Family Services Division Dawn Pearson - Children and Family Services Division Cathy Ferderer - Supreme Court
TOPIC	Ascend Contract – QRTP Process

Highlights of FFPSA Call:

Family First Stakeholder calls continue to be scheduled through December 2019, cancellation of meetings will be posted online on the website. Watch for updates on the CFS website <https://www.nd.gov/dhs/services/childfamily/family-first.html>

September 18	Foster care candidacy and prevention plan updates
October 16	Review of Family First Prevention Services Act implementation
November 20	TBA
December 18	TBA

***** Since this call, Prairie Learning Center received nationally accreditation!**

Five North Dakota facilities (six locations) are positioned to gain the QRTP license effective October 1, 2019. Facilities include: Dakota Boys and Girls Ranch (Minot), Dakota Boys and Girls Ranch (Fargo), Charles Hall, Home on the Range, Prairie Learning Center, and Pride HOPE Home.

Federal Regulation regarding Qualified Individual – Dawn Pearson

“(1)(A) Within 30 days of the start of each placement in such a setting, a qualified individual (as defined in subparagraph (D)) shall—

- “(i) assess the strengths and needs of the child using an age-appropriate, evidence-based, validated, functional assessment tool approved by the Secretary;
- “(ii) determine whether the needs of the child can be met with family members or through placement in a foster family home or, if not, which setting from among the settings specified in section

472(k)(2) would provide the most effective and appropriate level of care for the child in the least restrictive environment and be consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child; and

“(iii) develop a list of child-specific short- and longterm mental and behavioral health goals.

“(3) ASSESSMENT TO DETERMINE APPROPRIATENESS OF PLACEMENT IN A QUALIFIED RESIDENTIAL TREATMENT PROGRAM.—

“(A) DEADLINE FOR ASSESSMENT.—In the case of a child who is placed in a qualified residential treatment program, if the assessment required under section 475A(c)(1) is not completed within 30 days after the placement is made, no Federal payment shall be made to the State under section 474(a)(1) for any amounts expended for foster care maintenance payments on behalf of the child during the placement.

“(B) DEADLINE FOR TRANSITION OUT OF PLACEMENT.— If the assessment required under section 475A(c)(1) determines that the placement of a child in a qualified residential treatment program is not appropriate, a court disapproves such a placement under section 475A(c)(2), or a child who has been in an approved placement in a qualified residential treatment program is going to return home or be placed with a fit and willing relative, a legal guardian, or an adoptive parent, or in a foster family home, Federal payments shall be made to the State under section 474(a)(1) for amounts expended for foster care maintenance payments on behalf of the child while the child remains in the qualified residential treatment program only during the period necessary for the child to transition home or to such a placement. In no event shall a State receive Federal payments under section 474(a)(1) for amounts expended for foster care maintenance payments on behalf of a child who remains placed in a qualified residential treatment program after the end of the 30-day period that begins on the date a determination is made that the placement is no longer the recommended or approved placement for the child.

“(C) In the case of a child who the qualified individual conducting the assessment under subparagraph (A) determines should not be placed in a foster family home, the qualified individual shall specify in writing the reasons why the needs of the child cannot be met by the family of the child or in a foster family home. A shortage or lack of foster family homes shall not be an acceptable reason for determining that the needs of the child cannot be met in a foster family home. The qualified individual also shall specify in writing why the recommended placement in a qualified residential treatment program is the setting that will provide the child with the most effective and appropriate level of care in the least restrictive environment and how that placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child.

“(D)(i) Subject to clause (ii), in this subsection, the term ‘qualified individual’ means a trained professional or licensed clinician who is not an employee of the State agency and who is not connected to, or affiliated with, any placement setting in which children are placed by the State.

Review of the Ascend Contract – Dr. Etherington

Ascend from Tennessee is the contract for Medical Services (PRTF certificate of need) and PASAR nursing home requirements. Ascend was willing to work with ND as one of the select states proceeding with the Family First Prevention Services Act regulations. The contract is currently underway with QRTP requirements in full effect on October 1, 2019.

Ascend and NDDHS have worked through various logistics, process of application, timelines, referral forms, and have much more work to do as we approach October 1. The process has been complicated, yet much diligence has been offered as we review the full continuum of care. Ascend came to North Dakota in mid-August for two days and together we discussed a level of care prescreening tool. NDDHS requested Ascend develop a prescreen for case managers to use as a quick reference to determine level of care for a child; a tool that could highlight if a QRTP is appropriate or if lesser level of care could accommodate the needs/behaviors of the child.

Ascend will hire staff in North Dakota to act as the third-party verification (contracted vendor of NDDHS) to determine if the QRTP level of care is appropriate for the child. Once the child is placed/admitted the Qualified individual will arrive onsite to complete the CANS assessment and make a determination of the placement. CANS is scored and an opinion is made.

CANS Assessment – Universal Application Update – Kelsey Bless

Ascend will utilize the CANS assessment to determine level of care and strengths and needs of the child for treatment. CANS assessments help decision-making, drive service planning, facilitate quality improvement, and allow for outcomes monitoring. Ascend is trained in CANS and will provide CANS training to ND staff in September.

The universal application was considered as the application for QRTP. CFS was aware of the outdated form and asked for feedback from over 40 professionals in the field who utilize the form ongoing. The timing is appropriate to update the application; CFS received both strengths and challenges of the historic form. The feedback was similar from all parties, noting the length is a barrier and depending on the life of the case; the form is not always complete All responded the best part was not having to fill out various applications when referring a child to multiple facilities and/or TFC PATH home. NDDHS is working with Ascend to remove content that was old or duplicative; reducing the 14 pages to lesser. The form will be fillable/savable, making it easier for case managers to adjust overtime and not have to be recreated in future, etc.

In addition, a screening will be developed. It was determined that a level of care screening tool is necessary to eliminate the Universal App from being completed when a QRTP, PRTF or TFC home are not necessary. In addition, a QRTP Continued Stay Review form will be added to reduce the need for the SFN 824 being completed again when the Qualified Individual review is warranted after admissions. There will be a shorter form to do that.

Review of the Court Process – Cathy Ferderer

NDCC was updated to allow for an administrative review process. The court is in the process of creating a rule. The draft rule is under revision internally. A notice of comment regarding proposed amendments to the North Dakota Rules of Juvenile Procedure has been issued by the North Dakota Supreme Court. The proposal has been posted to the Supreme Court's web page at <https://www.ndcourts.gov/news/north-dakota/north-dakota-supreme-court/notices>.

- This notice is provided under N.D.R.Proc.R. § 7.

Upon completion of the assessment, the court will begin the review process based on information received by the Qualified Individual. The Juvenile Court Director or designee will complete the administrative court review. The response from courts will be part of the court record; if the court and Qualified Individual disagree, a hearing can be held. If the court determines the placement is not appropriate, the child must be moved from the QRTP within 30 days. More detail can be found online, and comments may be issued for review before formal rule making is finalized.

STAKEHOLDER Q & A

Can a child be placed in a QRTP without Qualified Individual approval for up to 30 days?

Yes, emergency placement into a QRTP is allowable. However, the process for Qualified Individual will be to complete the CANS assessment within 15 days of admission to allow for a formal decision for the child to remain in the QRTP.

Who will be seeking the placement when a child is no longer eligible for QRTP and the decision to be placed in a different level of care is warranted?

If a child does not meet the QRTP level of care; the public agency with custody or authorized agency case managing the child is responsible to identify and locate a placement. Not the QRTP. A QRTP can assist with proper discharge planning but is not responsible to locate placement.

Will children be allowed to stay in a QRTP if not approved by the Qualified Individual?

If not approved by the Qualified Individual, federal Title IV-E funding cannot be used. NDDHS is not proceeding with state general fund as the payment resource, rather NDDHS is supporting the federal legislation to reduce congregate care encouraging least restrictive placements, while maintaining children in out of home treatment placements for the least amount of time necessary.

Can you explain if the PRTF's are moving upstream with QRTP as we review CANS assessment, Qualified Individual, continuum of care, etc?

Children and Family Services met with Field Services and Medical Services to review the contracted vendor Ascend. We could not make decisions in isolation; the full continuum of care for child welfare clients was reviewed and will continue to be discussed from the highest level of psychiatric hospital, to PRTF to QRTP, down to TFC foster and family foster homes. Additional meetings are occurring internally to review QRTP and PRTF placements. The full continuum is a topic of conversation and efforts to best meet the needs of children will continue.

If a child is placed as an emergency QRTP placement and does not meet QRTP level of care .. are those clients/residents eligible for the aftercare programming for six months by the QRTP?

A QRTP could make that decision, however the federal regulation remains silent allowing states to further define. NDAC 75-03-40 states a child "admitted for treatment", so if the Qualified Individual assessment is complete and the child is not eligible for further QRTP placement, NDDHS licensing rules do not require six month aftercare program for the emergency placements (assessment) not admitted into a QRTP treatment bed.

Lack of placement options for children; I do not see more availability of trained foster homes to meet the needs of these children who will be denied QRTP placement come October 1?

You are correct, there will be a bottleneck. DHS has been discussing this since federal regulation passed on 2-9-18. County agencies, recruitment and retention coalitions, licensed child placing agencies are all aware of the need for trained foster homes to help accommodate the lower level of care needs. ND has over 1000 homes; occupancy in those homes is at 68% meaning not all licensed providers are providing services to children in foster care. This topic will continue to be discussed at all levels.

The changes of the Family First QRTP process does allow for children placed in the RCCF today, upon conversion of the QRTP licensure, to be "grandfathered into" the QRTP. This will minimize an October 1, 2019 emergent bottleneck. However, it is necessary to continue state and local planning to continue recruitment efforts to assist with local placements.

Will there be people working as the Qualified Individual residing in North Dakota or are they all located out of state?

Ascend is hiring contracted clinical professionals in North Dakota. At least six employees potentially eight staff will be completing the CANS assessments in state with the children, families, and case managers.

Will the Qualified Individual be making the decision or will Ascend?

The Qualified Individual will be completing the assessment and making the decision. Ascend will have internal reviews and supervision from Tennessee for the ND Ascend staff.

Are the Qualified individuals trained?

Yes. Ascend is hiring qualified staff and all Qualified Individuals will have been trained in CANS assessment. They will receive internal supervision from Ascend clinical staff who are well versed in CANS, clinical assessment and the Family First regulations required of the contract with NDDHS.

Who will oversee the Ascend contract and the review process from NDDHS?

Ascend will have internal continuous quality improvement within their agency. Ascend will report to NDDHS as part of the contract. NDDHS will have internal peer review to the process and will maintain ongoing communications working directly with Ascend throughout implementation (weekly meetings) and ongoing (TBD weekly or monthly) throughout the contract.

If there are timelines that need to be adjusted with the juvenile court review process, how should we go about suggesting changes.

If there is a discrepancy with timing of the judicial review process; the open comment period would be an appropriate time to comment and provide feedback to the Courts.

What are the placement maximums for a QRTP?

Critically important that case managers are aware of the placement maximums and leave the referral into a QRTP for the children in need of treatment. Age 13 + cannot be in a QRTP for more than 12 consecutive months or 18 non-consecutive months. For children under age 13, they cannot be placed in a QRTP for greater than six months. If the length of stay is greater than the federal regulation allowances; CFS will need to request further approval from the federal Children's Bureau.

Do the placement maximums for a QRTP only apply to their foster care program or lifetime?

Current foster care episode. If a child age 14 is in foster care for 2 years; they cannot be placed in a QRTP for more than 12 consecutive months or 18 non-consecutive months. If the public custody ends and two years later the child is removed from the home again and enters a new foster care episode, the QRTP maximums clock starts over.

In the past, RCCF's are viewed as different levels of care within the same level of licensure. How will this work? Example if they begin at HOTR and before transitioning home, the child is placed at Charles Hall for a couple months.... Will the Qualified Individual define which facility the child can go to? Will the placement maximums apply to both facilities?

The Qualified Individual cannot dictate which facility a child can be placed; only if the QRTP level of care is appropriate. The placement maximums are specific to the level of care, not the facility. A child can be transitioned from one QRTP to another if it is determined in the best interest for their treatment.

It sounds like the Qualified Individual is very high up in the decision-making authority.... who has the final say? What if the QRTP does not believe the child's treatment is complete? What if the court does not agree? Will a Qualified Individual always win even at the expense of the child's best interest and treatment needs?

Further detail to come on this topic. However, NDDHS has granted the qualified Individual the authority to make decisions as third party verification (not connected to the system or to providers) to make a placement determination in the best interest of the child, while ensuring the least restrictive care. NDDHS has offered a modified appeals process; if the information needed to make the final decision was missing from a continued stay review or from the admissions request, the case manager has the ability to send additional documentation to support rational as to why this QRTP level of care is requested and how the supporting documentation provides additional rational. More to come!

Will we be trained on the QRTP process and the CANS assessment?

Yes. In September the field will be invited to join webinars managed by the Ascend contract.

NEXT MEETING:

September 18, 2019 from 1:00-2:00PM

TOPIC: Foster Care Candidates (prevention)