

Helping Government **Serve the People®**



**MAXIMUS**  
**Michigan QRTP Independent**  
**Assessment**

# MI QRTP Team Introductions and Roles



**Christa Ballew, BA, PMP**  
Vice President

- 23+ years of experience in health and human services program administration
- Proven organizational leadership skills through effective management of department heads to maintain operational efficiency, effectiveness, and productivity on a variety of statewide assessment programs



**Joi Shaw, LBSW, MSM**  
Senior Operations Director

- Experience as Director of statewide assessment projects across six states, with responsibility for all aspects of our performance
- Over 12 years of experience managing health care programs and over 16 years of experience in mental health care
- Extensive experience successfully administering programs and coordinating services for persons with complex mental health conditions
- Significant experience ensuring regulatory and contractual compliance with federal, organizational, and State requirements



**Natalie Stepp, MA, LMFT**  
Program Manager

- 10 years of experience with behavioral health clinical services, including providing comprehensive assessments and placement determinations to a variety of populations
- Direct experience supervising assessors to ensure high quality services and alignment with the project, state, and Maximus goals
- Current Program Manager of North Dakota QRTP Services

# MI QRTP Team Introductions and Roles



**Emily Isaacs, MS/Ed.S**  
**Clinical Alignment Manager**

- 14+ years of experience providing mental health services to vulnerable populations
- Former Program Manager of North Dakota QRTP Services; strong understanding of vulnerable youth population
- 3+ years of proven experience conducting large-scale, statewide assessment projects, including assessing the needs of youth in out-of-home care
- Extensive background in applied quality and clinical work with vulnerable populations; experience conducting clinical summaries to identify individual needs and recommendations aimed at optimizing treatment success for individuals, running clinical alignment sessions, and providing clinical management



**Amanda Learned**  
**Implementation Manager**

- 21+ years of experience in project management, implementations and transitions, system design, business analysis, and reporting
- ND QRTP Services Implementation Manager; successfully implemented statewide QRTP program within time constraints and to client specifications
- Successful implementations of similar size and scope include Ohio PASRR and Maine ASA



**Stefan Bain, MSW, LCSW**  
**Clinical Director**

- 22+ years of experience in healthcare management
- Ensure that we are adding significant value beyond output algorithm through varied expertise
- Leadership experience in behavioral healthcare operations, including contract compliance, thought leadership and strategic planning, Joint Commission, National Committee for Quality Assurance (NCQA), and Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation
- Former United Healthcare Clinical Director of Behavioral Health for Tennessee
- Proven ability to implement effective clinical practice models across multiple settings and clinical teams.

# Outline of Today's Presentation

- Overview of legislative change as it relates to the addition of the Families First Prevention Services Act:
  - Impact on Child Caring Institution (CCI) to Qualified Residential Treatment Program (QRTP)
  - Review of QRTPs and the Qualified Individual (QI)
- QRTP Independent Assessment Testing Phase and timeline of implementation to Go-Live
- Overview of referral and assessment workflow
- Review of Determination Report
- CANS development and MI specific algorithm
- CANS as an Information Integration Tool

# History and Overview: FFPSA

## Family First Prevention Services Act (FFPSA)



The Family First Prevention Services Act (FFPSA) was signed February 9, 2018 as part of the bipartisan Budget Act



FFPSA is effective as of October 1, 2019



States are able to seek a waiver for implementation for up to two years (October 1, 2021)



FFPSA is an extensive piece of legislation that covers a wide range of child welfare programs, but primarily focusing on two areas:



**Investing in Prevention:** 50% of prevention programs must be at the highest level of Evidence-Based Programs



**Prioritizing Family-Based Placements:** Removal of federal reimbursement for non-therapeutic group homes and higher standards placed on residential programs

# Child Caring Institution (CCI) To Qualified Residential Treatment Program (QRTP)

*In 2016, Michigan began efforts to better understand our use of residential services and what was needed to transform our system.*

## Transformation Vision

Children and adolescents who come to the attention of the child welfare system will receive mental health interventions and supports based on a clinical assessment of need and/or assessment of supports/needs of the family to successfully care for their child.

Treatment and supports will be trauma-informed, evidence-based, or considered best practice and whenever possible, delivered in a community setting.



## What is a Qualified Residential Treatment Program (QRTP)?

New as of October 1, 2019

“New designation of non-family-based placements that serve children with specific **treatment** needs who require short-term placement out of their home.”

### QRTP must:

- Have a trauma-informed model of care to address needs of children with serious emotional or behavioral disturbances
- Have a registered licensed nursing staff and other licensed clinical staff to provide care
- Facilitate family participation in the treatment where appropriate
- Provide aftercare support for 6 months post discharge

# Qualified Individual (QI) and Independent Assessment

## Timeline of 30 Day Assessment:

**Must be completed** prior to or within 30 days of a youth's admission to a QRTP

## The 30 Day Assessment:

**Must be completed by a Qualified Individual (QI)**, defined as: a trained professional or licensed clinician who is not an employee of the state agency and is not connected to or affiliated with any placement setting where the state agency places children

## The QI:

**Completes an assessment** of the child's strengths and needs using an age-appropriate, evidence-based, validated, functional assessment tool approved by MDHHS

**Determines** whether the child's needs can be met in a family or foster family setting

If the child's needs cannot be met in a foster home, determines **which setting would provide the best care** in the least restrictive environment consistent with the child's short- and long-term goals (also developed by the QI).



# Michigan Based Assessor Network: Qualified Individual (QI)

## Assessor Requirements:

Bachelor's degree or higher in a human services field

Minimum 2 years experience working with children and families in a health care and/or social science discipline

CANS Certified

## Assessor Credentialing:

Participate in a screening and Clinical Interview with 2 separate Maximus team members

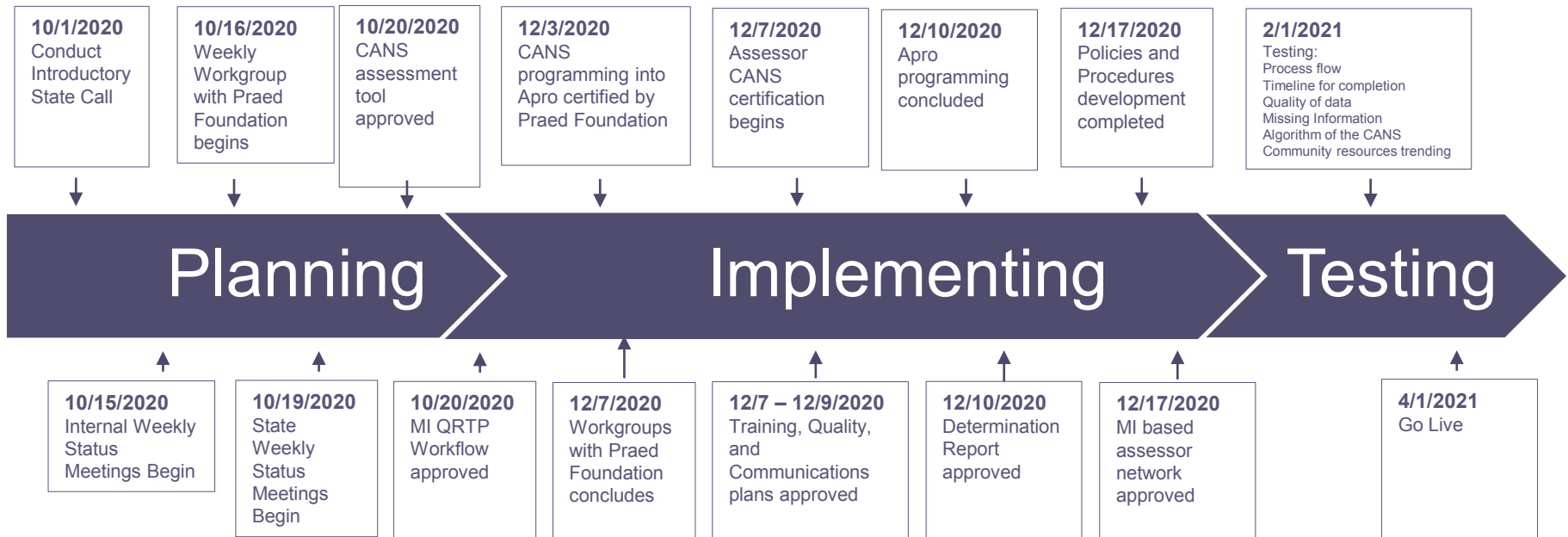
Professional references verified by the Maximus Recruiting and Credentialing Department

Background checks: OrangeTree, E-Verify, ICHAT, Central Registry, State & National Sex Offender registry

Credentialing Review Committee: Two members from the Maximus Review Committee review each potential assessor to ensure they meet all qualifications and are conflict of interest free



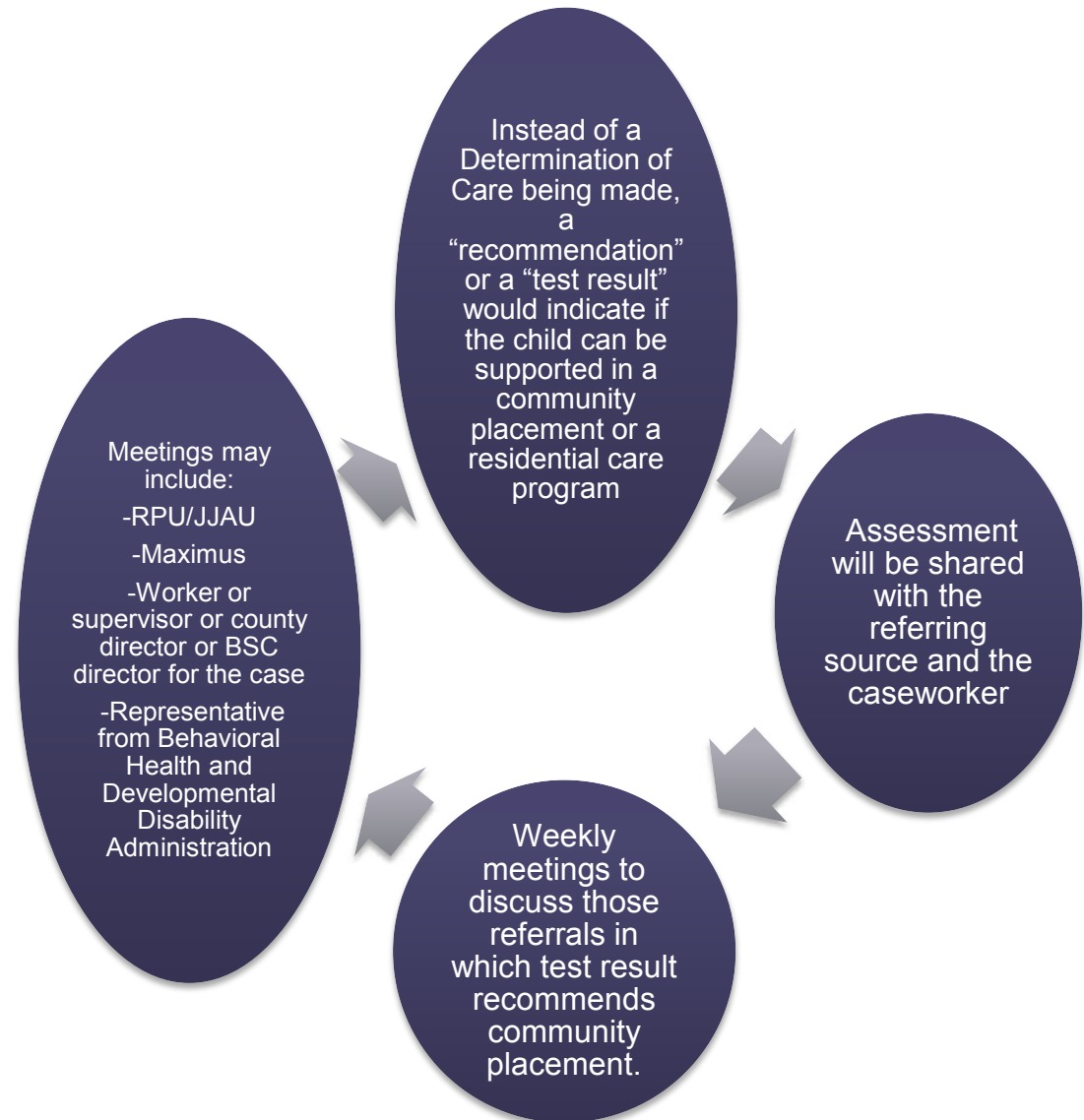
# Maximus Implementation Timeline



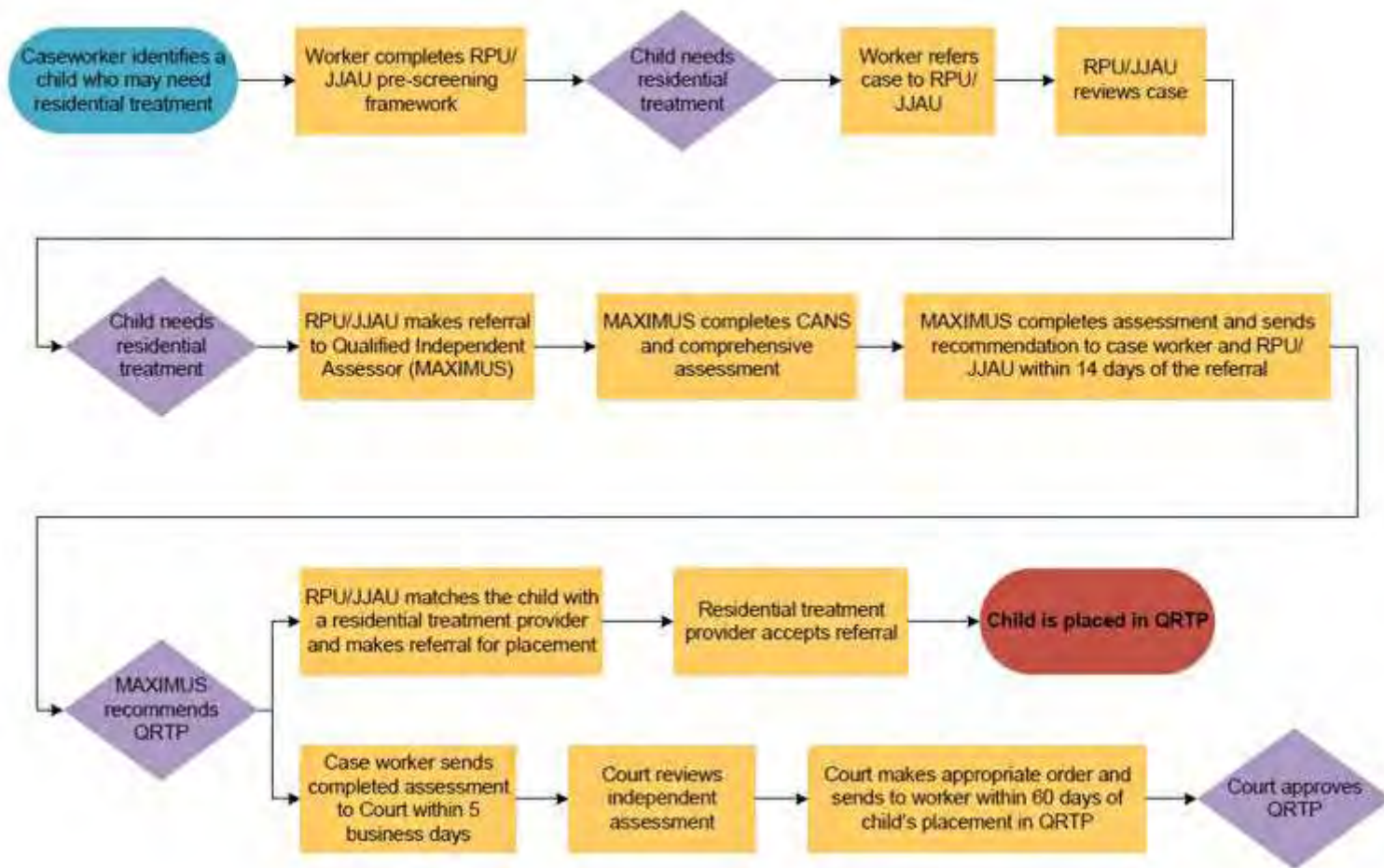
# QRTP Independent Assessment Testing Phase: 2/1-3/31

## What are we testing?

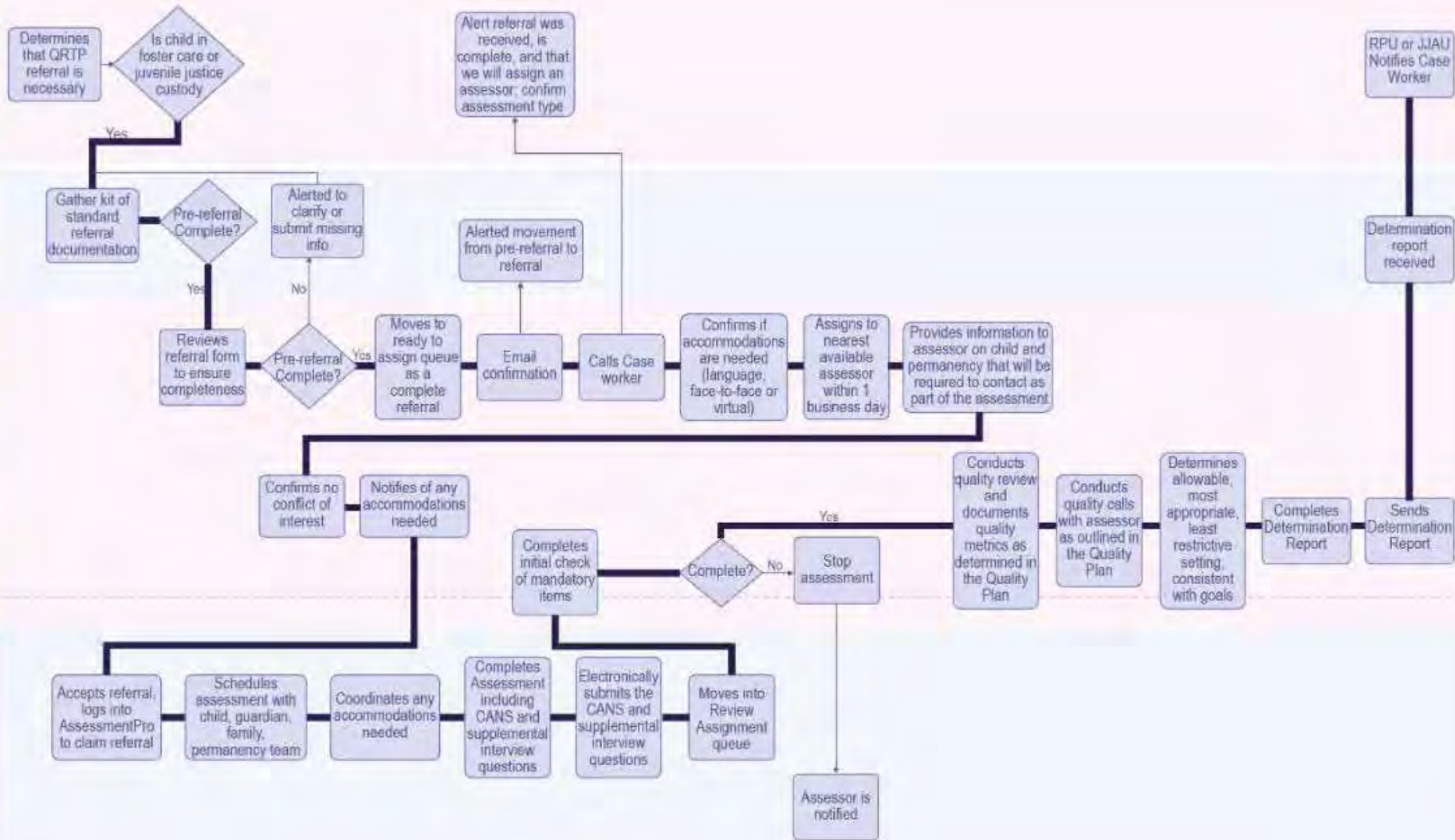
- Process flow
- Timeline for completion of the assessment
- Quality of data:
  - Is the right information being provided
  - How often is a referral rejected because information is missing
- Algorithm of the CANS
- Geographic areas where recommended community resources are lacking



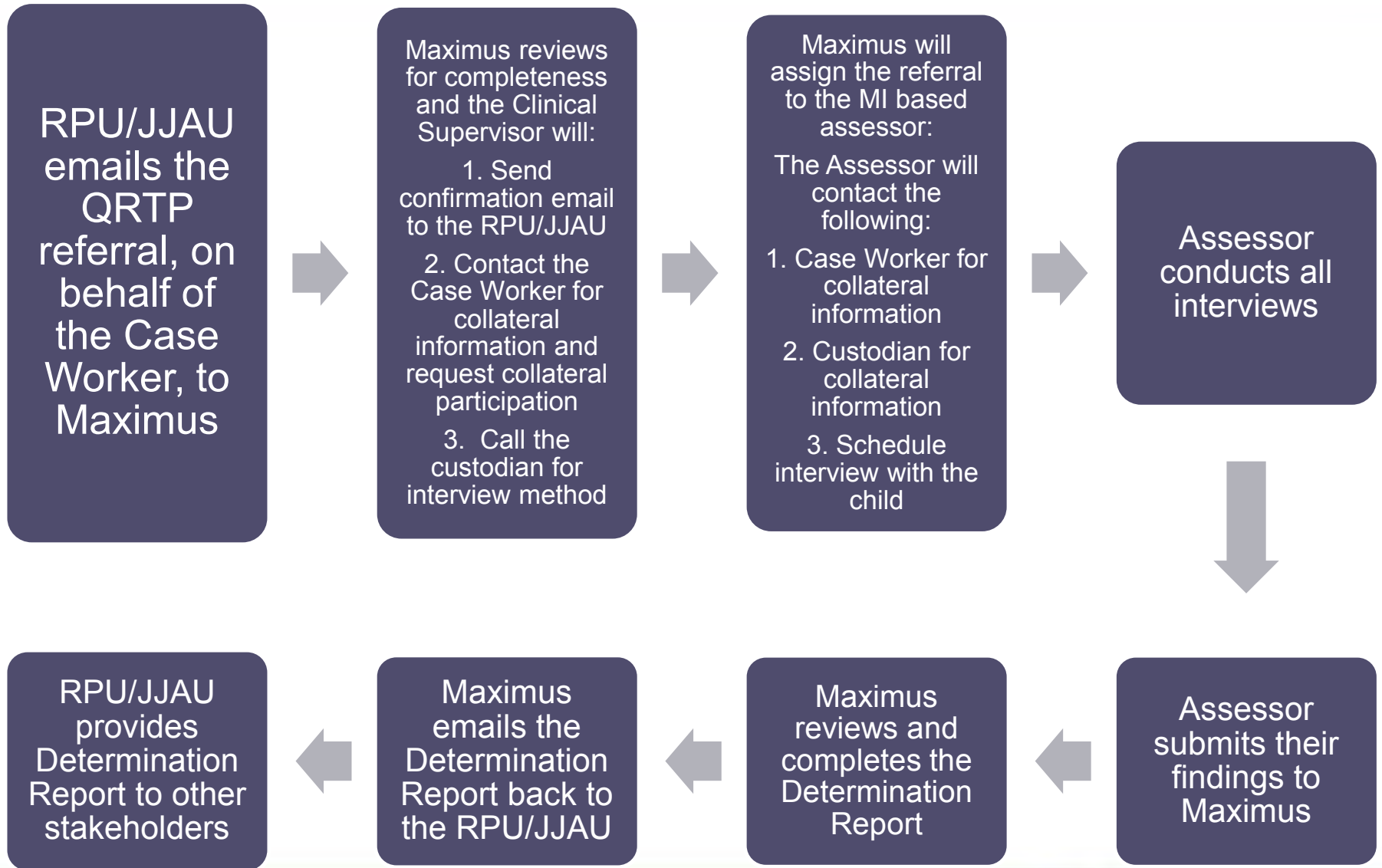
# MDHHS QRTP Process Flow Chart



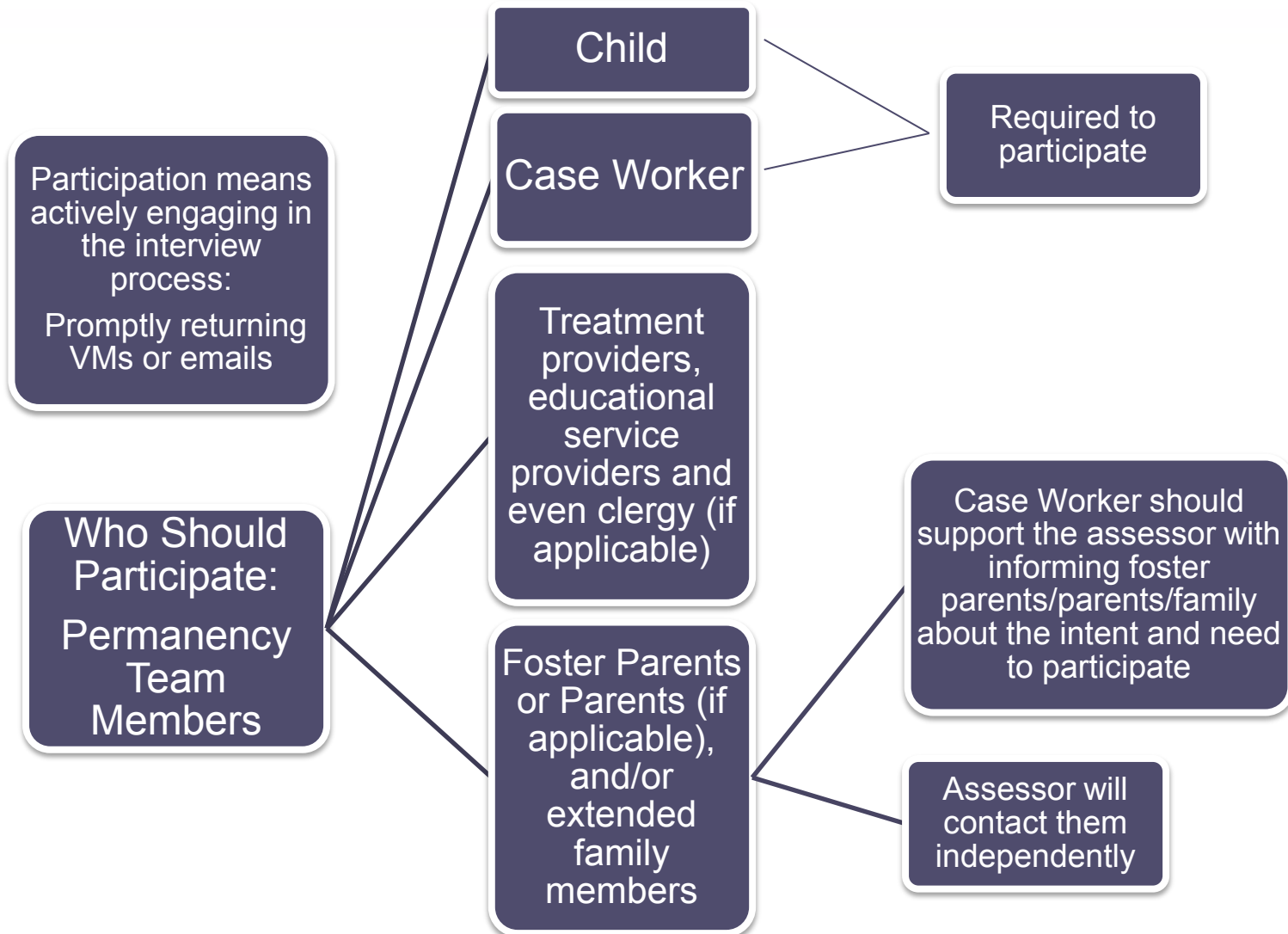
# End to End MI QRTP Workflow



# Workflow for RPU/JJAU and Case Workers



# Interview Participation



# How to Submit a QRTP Referral

[https://maximusclinicalservices.com/svcs/michigan\\_qrtp](https://maximusclinicalservices.com/svcs/michigan_qrtp)



We have been contracted with the Michigan Department of Health and Human Services (MDHHS) to manage the state's Qualified Residential Treatment Programs (QRTPs). With this partnership, our role involves the conducting of assessments to determine appropriate level of care for foster children. Continue to check back to the site often for new updates and resources.

Interested in working as an independent contractor assessor for the Michigan QRTP program? If you are a Michigan resident with a minimum of two years of experience working with children and adolescents with behavioral diagnoses, as well as a bachelor's degree in human services or a related field, please contact our Recruiting team to learn more: [Recruiting@maximus.com](mailto:Recruiting@maximus.com)

[Submit a QRTP Referral](#)

## CONTACT THE HELP DESK

### Phone, Fax & Email

☎ 833.664.7787

📠 877.431.9568

✉ [MichiganQRTP@maximus.com](mailto:MichiganQRTP@maximus.com)

### Business Hours

🕒 8:00 am - 5:00 pm EST, M-F

# Questions To Answer On Referral Email

1

Will the child or participating interviewees require any interpretation, for example Language Line or American Sign Language (ASL)?

2

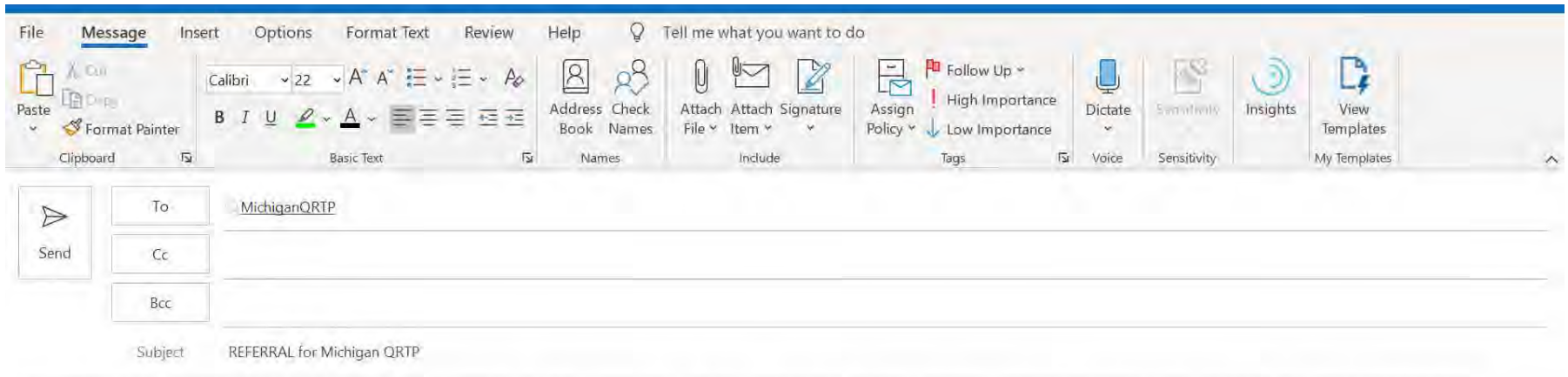
Are there any identifiable barriers, such as limited technology or internet bandwidth, preventing the child from participating through Zoom?

3

Are there any identifiable triggers the Maximus assessor should be aware of, taking into consideration the level of PPE each assessor will have on for any face-to-face assessments (e.g., N-95 mask, gown, face shield, and coveralls)?

# Pre-Populated Email For Referral Submission

All Referrals should be submitted to: [MichiganQRTP@Maximus.com](mailto:MichiganQRTP@Maximus.com)



The image shows a screenshot of a Microsoft Word document designed as an email template. The ribbon at the top includes tabs for File, Message, Insert, Options, Format Text, Review, and Help. The Message tab is active, showing various tools for text formatting, insertion, and communication. Below the ribbon, the email fields are pre-populated: the 'To' field contains 'MichiganQRTP', the 'Subject' field contains 'REFERRAL for Michigan QRTP', and the 'Cc' and 'Bcc' fields are empty. A 'Send' button is visible on the left side of the email fields.

In addition to providing the required referral form and supporting documentation, please answer the following questions to better prepare with scheduling interviews.

**Translation Services:** Will the child or participating interviewees require any interpretation, for example Language Line or American Sign Language (ASL)?

All interviews with the referring party (e.g., child) are required to be completed face to face. Considering the circumstance of COVID-19, we're also incorporating the HIPAA compliant Zoom (with video on) platform as an option. Are there any identifiable barriers, such as limited technology or internet bandwidth, preventing the child from participating through Zoom?

**Trauma triggers:** Are there any identifiable triggers the Maximus assessor should be aware of, taking into consideration the level of PPE each assessor will have on for any face to face assessments (e.g., N-95 mask, gown, face shield, and coveralls)?

# QRTP Referral: Demographics

## ASSESSMENT FOR DETERMINATION OF PLACEMENT REFERRAL

Michigan Department of Health and Human Services

**Instructions:** This form must be uploaded into MiSACWIS with the case service authorization and routed to FCD for approval.

### REFERRAL

#### Child Information

Name <b>Janie Jones</b>		Date of birth <b>06/30/2007</b>	
MiSACWIS case ID <b>5465</b>		MiSACWIS person ID <b>45465454</b>	
Primary language <b>English</b>	Gender <b>F</b>	Race/Ethnicity <b>White</b>	
Name of child's current placement <b>Theresa Herman</b>		Telephone number <b>545-555-5555</b>	
Child's current address <b>123 Elm St, Detroit</b>			
Will the CANS Assessment take place at the child's residence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
County of residence <b>Wayne</b>		County of jurisdiction <b>Wayne</b>	
Type of Wardship <input type="checkbox"/> Temporary Court Ward <input type="checkbox"/> Permanent Court Ward <input checked="" type="checkbox"/> State Ward <input type="checkbox"/> Dual Ward			
Type of placement <input type="checkbox"/> CCI <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Caregiver Home <input type="checkbox"/> Other, Specify _____			
Health provider (medical, dental, behavioral health) <b>MI Children's Care</b>		Telephone number <b>654654545</b>	
Health provider's (medical, dental, behavioral health) current address <b>456 Oak St, Detroit</b>			

# QRTP Referral: Case Information

## Case Information

Worker name <b>Tom Smith</b>	Telephone <b>6545454545</b>	Email <b>ts@email.com</b>
Supervisor name <b>Jonnie Tims</b>	Telephone <b>3213484878</b>	Email <b>jtt@emial.com</b>
MDHHS monitor name <b>name</b>	Telephone <b></b>	Email <b></b>
MDHHS monitor supervisor name <b>name</b>	Telephone <b></b>	Email <b></b>
RPU/JJAU referring worker name <b>Stephanie P</b>	Telephone <b></b>	Email <b></b>
WMPC care coordinator name <b></b>	Telephone <b></b>	Email <b></b>
MDHHS office or PAFC agency name <b></b>		MDHHS office or PAFC address <b></b>

## Child's Family and Permanency Team Member Information

Parent Name <b>Sally Jones</b>	Telephone <b>4546465454</b>	Email <b></b>
Parent Name <b></b>	Telephone <b></b>	Email <b></b>
Current Caregiver Name <b>Mary Myer</b>	Telephone <b></b>	Email <b></b>
Current Caregiver Name <b></b>	Telephone <b></b>	Email <b></b>
Team Member Name <b></b>	Role <b></b>	
Telephone <b></b>	Email <b></b>	
Team Member Name <b>"Click Here and Type"</b>	Role <b>"Click Here and Type"</b>	
Telephone <b>"Click Here and Type"</b>	Email <b>"Click Here and Type"</b>	

# QRTP Referral: Clinical Information

## Referral Information

Date of referral	Date child placed in QRTP? (If not currently placed, what is the anticipated date and location of placement?)
12/17/2020	12/21/2020, Girl's home QRTP
Child's history (Reason for initial removal; pertinent case information)	
Child was removed from birth mother due to lack of supervision for 4 days and unsafe living environment--no heat or running water--on 11/15/20. has been living in foster home and was found to be a risk to self and the other children in the home after hitting another child and throwing dishes at others. Child reports suicidal ideation with no plan or intent. She has a school suspension for fighting.	
What is the child's permanency plan?	
Plan is to return home to mother after mom completes parenting classes and drug rehab. 90 day rehab started on 12/1/20. Parenting classes co-occurring and will begin 1/15/21. Child will remain in custody.	
List the child's significant relationships (current caregiver, supportive adults, family members, etc.)	
Mother - Sally Jones Neighbor - Sue Simons	
Has the child been diagnosed by a health or educational professional with an intellectual/developmental disability or with an ongoing mental/physical health need? List current diagnoses made by a health or educational professional.	
Asthma, exacerbated by seasonal allergies in Spring Major Depressive Disorder	

# QRTP Referral: Clinical Information (continued)

Describe the child's behaviors and symptoms contributing to placement instability within the past three months.

She has been verbally and physically assaultive to other children in the foster home: regularly yells at them using profanity; hits them without provocation, and throws dishes, books, the remote control, and other hard/heavy items with the intent to harm.

Describe the child's past behaviors and symptoms.

She challenges older children at school and instigates fights, since 4<sup>th</sup> grade (age 9). she talks back to authority figures and is suspended from school several times each year. She is angry, isolative, and does not have conversations with others without it turning into screaming. she cares about her appearance although will occasionally dress in age-inappropriate clothing, like high heels or revealing tops.

Describe the efforts and treatment provided to maintain the child in the community, including support services the child and family is receiving. If there are any barriers to maintain the child in the community, please describe.

Family has received case management services in the past to support healthy living and avoid disruption. Dad died 3 years ago (10/1/2017) and mom began to abuse ativan at that time. Her addiction worsened and child is no longer safe in the home. This is the first removal.

If the child is placed in a QRTP, identify the discharge plan, anticipated next placement and efforts being made to assist the family in participating in the child's treatment program.

Child needs QRTP placement to support depression and anger management. She also needs education regarding addiction and recovery. Mom to engage in family therapy in conjunction with rehab and parenting classes. Goal is reunification at 6 months.

# Documentation Required For Each Referral

- Initial Service Plan/Updated Service Plans
- Family Team Meeting reports
- Service progress reports
- Any assessment, testing, IEP, medication lists, diagnosis detail, and specialist evaluations
- School related documents: Psychological or neuropsychological testing, most recent IEP, grade reports current or most recent academic year, all other applicable documents
- Primary care documents: Most recent comprehensive health examination, focused health visits within the last 6 months
- Medical specialist documents: Initial assessment and ongoing reports for the past 6 months
- Mental health: Initial biopsychosocial (if CMH) or other comprehensive assessment (if MHP), most recent comprehensive psychiatric assessment, psychiatric medication reviews for past year, most recent Individual Plan of Care/Person Centered Plan (CMH), treatment summary (if MHP), most recent psychological or neuropsychological testing, testing for eligibility for intellectual and/or developmental disability services
- Trauma screening checklist, trauma assessment (if applicable)
- Court order and MJJAS Risk Assessment

# Determination Report Cover Letter: Testing Phase (2/1-3/31)

## Q RTP Recommended

MAXIMUS®

### Notice of Q RTP Qualified Individual Assessment Outcome

On behalf of Michigan Department of Health and Human Services (DHHS): You are receiving this notification because a Q RTP Qualified Individual Assessment was completed for a child in your custody. For the period of time from February 1st, 2021 through March 31st, 2021, the Q RTP Qualified Individual Assessment process is considered to be in a test phase of the project to refine the process flow and the use of the Child and Adolescent Needs and Strengths (CANS) for Q RTP level of care decisions. The determination indicated below should be considered a recommendation during this test period rather than a mandate, as the determination will not be tied to Title IV-E funding for services during this test period. The Q RTP Assessment Report is being provided as the interventions recommended may be beneficial for treatment planning purposes.

It was recommended that care at a Q RTP is appropriate at this time. Although Q RTP was identified as being appropriate for the current needs, if a less restrictive environment is available that can meet the identified needs, this should be considered. To learn more, read the Q RTP Assessment Report that came with this letter.

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www.MAXIMUS.com

123456 Example Child #1

## Community/Family Recommended

MAXIMUS®

### Notice of Q RTP Qualified Individual Assessment Outcome

On behalf of Michigan Department of Health and Human Services (DHHS): You are receiving this notification because a Q RTP Qualified Individual Assessment was completed for a child in your custody. For the period of time from February 1st, 2021 through March 31st, 2021, the Q RTP Qualified Individual Assessment process is considered to be in a test phase of the project to refine the process flow and the use of the Child and Adolescent Needs and Strengths (CANS) for Q RTP level of care decisions. The determination indicated below should be considered a recommendation during this test period rather than a mandate, as the determination will not be tied to Title IV-E funding for services during this test period. The Q RTP Assessment Report is being provided as the interventions recommended may be beneficial for treatment planning purposes.

The recommendation as a result of this Q RTP Qualified Individual Assessment is that care at a Q RTP is not appropriate at this time. To learn more, read the Q RTP Assessment Report that came with this letter. Because a community setting was the recommendation, you may be invited to a Q RTP Qualified Individual Assessment meeting with representatives of DHHS and Maximus to discuss this recommendation further.

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www.MAXIMUS.com

1168073 Natalie Stepp

## Determination Report Cover Letter: Testing Phase (2/1-3/31)

**Each Determination Report will have the following clause included on the cover letter:**

### **Notice of QRTP Qualified Individual Assessment Outcome**

On behalf of Michigan Department of Health and Human Services (DHHS): You are receiving this notification because a QRTP Qualified Individual Assessment was completed for a child in your custody. For the period of time from February 1st, 2021 through March 31st, 2021, the QRTP Qualified Individual Assessment process is considered to be in a test phase of the project to refine the process flow and the use of the Child and Adolescent Needs and Strengths (CANS) for QRTP level of care decisions. The determination indicated below should be considered a recommendation during this test period rather than a mandate, as the determination will not be tied to Title IV-E funding for services during this test period. The QRTP Assessment Report is being provided as the interventions recommended may be beneficial for treatment planning purposes.

### **QRTP Recommended**

It was recommended that care at a QRTP is appropriate at this time. Although QRTP was identified as being appropriate for the current needs, if a less restrictive environment is available that can meet the identified needs, this should be considered. To learn more, read the QRTP Assessment Report that came with this letter.

### **Community/Family Recommended**

The recommendation as a result of this QRTP Qualified Individual Assessment is that care at a QRTP is not appropriate at this time. To learn more, read the QRTP Assessment Report that came with this letter. Because a community setting was the recommendation, you may be invited to a QRTP Qualified Individual Assessment meeting with representatives of DHHS and Maximus to discuss this recommendation further.

# Determination Report Cover Letter: Go Live 4/1/2021

**MAXIMUS**

**Notice of Q RTP Qualified Individual Assessment Outcome**

Notice Date: December 17, 2020

AUBREE SODEN

You are receiving this notification because a Q RTP Qualified Individual Assessment was completed for a child in your custody. To learn more, read the additional information that came with this letter.

Name of Evaluated Individual: **Maya** Test

Individual ID number: 1226086

Assessment ID number: 1190691

Determination: Approved - Q RTP Appropriate

Determination Issuer: Aubree Soden

Decision Date: December 17, 2020

Effective Date: December 17, 2020

End Date:

Enclosures: Outcome Explanation, Assessment Summary

**MAXIMUS**

**Q RTP Assessment Outcome Explanation  
Notice of Q RTP Approval**

On behalf of Michigan Department of Health and Human Services (DHHS), you are receiving this notification because a Q RTP Qualified Individual Assessment was completed for a child in your custody. It was determined that care at a Q RTP is appropriate at this time. Although Q RTP was identified as being appropriate for the current needs, if a less restrictive environment is available that can meet the identified needs, this should be considered. To learn more, read the Q RTP Assessment Report that came with this letter.

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# Determination Report

## MAXIMUS

### Michigan QRTP Onsite Form Assessment Summary

Report Date:	Individual:	ID:
12/17/2020	Maya Test	XXX-XX-6989

#### Demographics

First name: <b>Maya</b>	Last name: Test
Assessment Type: QRTP Initial	MISACWIS Person ID:
Case Worker's Name: Sarah Thomas	Supervisor's Name: Andy Thomas
Supervising Agency: Gghh	County of Jurisdiction: Ingham
Current Placement Type: Home	Current Placement:
	122 E MALCOLM X ST
	LANSING, MI 48933
	Ingham County

#### Is the choice of care in a QRTP setting appropriate for the child?

QRTP care can be chosen now

The reason for that decision is outlined below.

#### Why did this referral occur?

We were contacted because admission to a Qualified Residential Treatment Facility (QRTP) requires a determination of the least restrictive environment for the child's needs to be met that are consistent with the child's short-term and long-term goals. We gathered the information in this report through review of the child's medical record, completion of the CANS-Comprehensive Evaluation and interviews with Hazel, her case manager, and her mother.

We learned that:

- Maya's treatment team is seeking QRTP admission after her father determined that she could no longer live with him and his girlfriend and it was decided that she needed a living environment where she could receive treatment for her needs. Maya's father decided that he and his girlfriend were unable to manage Maya's symptoms of encopresis and daily soiling of her bed and clothing. There were also concerns regarding behaviors of stealing from her stepmother, hoarding food, and frequent threats to harm her father and stepmother.
- PATH foster care was considered for Maya but there were safety and hygiene concerns due to her

This referral has been completed. This Assessment Summary must be forwarded to the case manager and e-filed/emailed to the court directors/tribal court.

## MAXIMUS

### Michigan QRTP Onsite Form Assessment Summary

Report Date:	Individual:	ID:
12/17/2020	Maya Test	XXX-XX-6989

symptoms of threats toward her family and encopresis.

#### What did the review find about the child's service history?

We learned the following about the child's service and treatment history:

- Maya was previously in PATH foster care (four separate foster homes) from age 2 to 7. She lived with her mother for the first 2 years of her life but was unable to safely live with her mother due to neglect and her mother's substance abuse and sexual abuse by her mother's boyfriend. Her mother is no longer involved in her life.
- Maya was not involved in treatment while living with her father as her father was resistant to participation in services. Maya is open to participation in treatment and liked her therapist while she was in foster care.

#### What are the child's identified strengths and needs?

We learned the following about the child's strengths and needs:

The CANS-Comprehensive identified Maya's strengths to include the following strengths as useful strengths that should be built upon with treatment:

- She likes woodwork and knitting and feels that she is good at both of these activities.
- She does well academically.
- She attends church.

The CANS-Comprehensive assessment identified the following needs to be immediate and require intensive action for Maya:

- Her father requested that she be removed from the home and she has no involvement with any other family.
- Her father has been unwilling to participate in treatment services.
- She has gotten into arguments with classmates and teachers at school and has a hard time with accepting

This referral has been completed. This Assessment Summary must be forwarded to the case manager and e-filed/emailed to the court directors/tribal court.

# Determination Report

## MAXIMUS

### Michigan Q RTP Onsite Form Assessment Summary

Report Date: 12/17/2020  
Individual: Maya Test  
ID: XXX-XX-6989

limits and following directions at school.

The following needs were identified to be impacting Maya's functioning and needing intervention:

- She has no identified friendships and needs help with developing healthy social skills.
- She has symptoms of encopresis that happen at home, although not at school. At home, she hides this behavior and her soiled clothes. She has a lot of anxiety about this behavior. This could be due to her trauma history but she should be evaluated to rule out any medical needs.
- She has sent multiple letters at school to a boy describing sexual acts she would like to perform. This behavior has been considered harassment by school staff.
- She has made frequent verbal threats to kill her father and stepmother in their sleep, although no physical aggression has taken place toward them as of this assessment.
- Her family has found items at home that she has taken from stores without paying for them.

The following needs were identified to need monitoring or prevention services:

- She needs help with decision-making skills.
- Behaviors are present that appear to be related to her trauma history.

#### What are the child's short-term and long-term mental and behavioral health goals?

##### Short-term Goals:

- She will reduce threatening behaviors toward her family.
- She will learn healthy social skills and learn healthy social boundaries.
- The family will begin engaging in family therapy.
- Further trauma screening will occur to assess the impact of her trauma history on current behaviors.
- Further medical screening will occur to assess for any medical cause of her symptoms of encopresis.

##### Long-term Goals:

- She will demonstrate no threatening behaviors toward her family and safely be able to return to her family's home.

This referral has been completed. This Assessment Summary must be forwarded to the case manager and e-filed/emailed to the court directors/tribal court.

## MAXIMUS

### Michigan Q RTP Onsite Form Assessment Summary

Report Date: 12/17/2020  
Individual: Maya Test  
ID: XXX-XX-6989

- She will demonstrate healthy boundaries with no episodes of harassing behaviors.
- The family will be actively engaged in family therapy and demonstrate healthy communication strategies.

She will participate in trauma therapy as identified through the trauma screening and eliminate symptoms of encopresis.

#### What interventions are needed to meet the identified goals?

- The family intervention specialist should make effort to involve Maya's family in her care and document those efforts.
- Further trauma screening is recommended to identify how Maya's trauma history is impacting her current symptoms.
- Maya's father and stepmother may need assistance to engage in her treatment.
- The discharge planning team should consider alternative living arrangements, such as PATH foster care, to provide a stable and therapeutic living environment for her as soon as determined to be safe. Discharge planning should begin upon admission to the Q RTP.
- A medical evaluation should be conducted to rule out medical causes for encopresis.
- Trauma-informed treatment is recommended to address her history of neglect and sexual abuse, which is likely impacting current behavioral symptoms, including encopresis, oppositional behaviors, and harassment behaviors.
- Social skills training could help her learn how to develop healthy boundaries and relationships.
- Mental health treatment could help address symptoms of anxiety and poor decision-making skills. Maya would need to demonstrate understanding consequences of behaviors such as stealing.

#### What barriers exist to child/family progress toward treatment goals? What steps could be taken to address these barriers?

- Maya's father has been resistant to treatment in the past. He also may not be open to Maya returning to his home. He may benefit from receiving education about how Maya's trauma history may have impacted her and from using Motivational Interviewing techniques to assist with getting him engaged in treatment.

This referral has been completed. This Assessment Summary must be forwarded to the case manager and e-filed/emailed to the court directors/tribal court.

# Determination Report

## Testing Period Rationale (2/1-3/31)

**MAXIMUS**

Michigan Q RTP Onsite Form  
Assessment Summary

Report Date: 12/17/2020	Individual: Maya Test	ID: XXX-XX-6989
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What was the placement preference for the child as determined by the family, child, and family team? If this placement was not recommended, explain why.

- Maya's family and case manager both prefer Q RTP admission due to safety concerns.
- Maya would prefer to stay at home with her family but is open to receiving treatment to improve things at home before returning.

**Q RTP Determination**  
Approved (Q RTP Appropriate)

**Rationale**

For the period of time from February 1st, 2021 through March 31st, 2021, the Q RTP Qualified Individual Assessment process is considered to be in a test phase of the project to refine the process flow and the use of the Child and Adolescent Needs and Strengths (CANS) for Q RTP level of care decisions. The determination indicated below should be considered a recommendation during this test period rather than a mandate, as the determination will not be tied to Title IV-E funding for services during this test period.

Maya is currently exhibiting threats toward her family which pose a safety risk in a less restrictive environment. She is also demonstrating behaviors of encopresis that could pose a hygiene concern without significant oversight and monitoring and she has demonstrated harassment behaviors and poor sexual boundaries toward another student at her school. She has limited natural supports and has also engaged in shoplifting behaviors that put her at risk for legal involvement.

**Documents Reviewed**

- Comprehensive Health Examination Report
- Assessment For Determination of Placement Referral

This referral has been completed. This Assessment Summary must be forwarded to the case manager and e-filed/emailed to the court directors/tribal court.

## Go-Live Rationale (4/1/)

**MAXIMUS**

Michigan Q RTP Onsite Form  
Assessment Summary

Report Date: 12/17/2020	Individual: Maya Test	ID: XXX-XX-6989
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What was the placement preference for the child as determined by the family, child, and family team? If this placement was not recommended, explain why.

- Maya's family and case manager both prefer Q RTP admission due to safety concerns.
- Maya would prefer to stay at home with her family but is open to receiving treatment to improve things at home before returning.

**Q RTP Determination**  
Approved (Q RTP Appropriate)

**Rationale**

Maya is currently exhibiting threats toward her family which pose a safety risk in a less restrictive environment. She is also demonstrating behaviors of encopresis that could pose a hygiene concern without significant oversight and monitoring and she has demonstrated harassment behaviors and poor sexual boundaries toward another student at her school. She has limited natural supports and has also engaged in shoplifting behaviors that put her at risk for legal involvement.

**Documents Reviewed**

- Comprehensive Health Examination Report
- Assessment For Determination of Placement Referral

**Assessment Information**

**Onsite evaluator**  
Name Aubree IC  
Credentials LCSW  
Interview date 12/17/2020

**Final determination by**  
Name Aubree Soden  
Credentials  
Determination date 12/17/2020

This referral has been completed. This Assessment Summary must be forwarded to the case manager and e-filed/emailed to the court directors/tribal court.

# Testing Period Rationale (2/1-3/31)

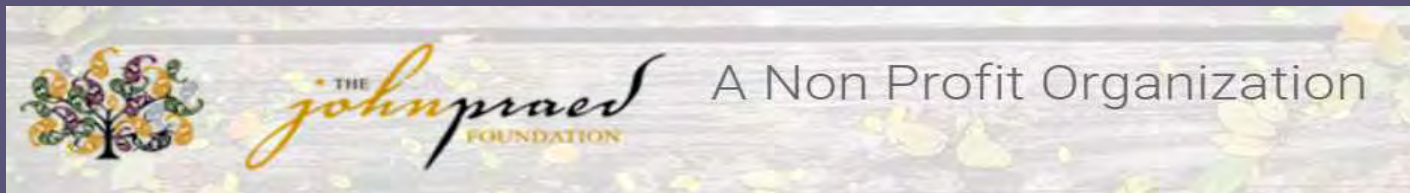
## Rationale

For the period of time from February 1st, 2021 through March 31st, 2021, the QRTP Qualified Individual Assessment process is considered to be in a test phase of the project to refine the process flow and the use of the Child and Adolescent Needs and Strengths (CANS) for QRTP level of care decisions. The determination indicated below should be considered a recommendation during this test period rather than a mandate, as the determination will not be tied to Title IV-E funding for services during this test period.

Maya is currently exhibiting threats toward her family which pose a safety risk in a less restrictive environment. She is also demonstrating behaviors of encopresis that could pose a hygiene concern without significant oversight and monitoring and she has demonstrated harassment behaviors and poor sexual boundaries toward another student at her school. She has limited natural supports and has also engaged in shoplifting behaviors that put her at risk for legal involvement.

## Clinical Alignment: Child and Adolescent Needs and Strengths (CANS) assessment

- Developed for children's services to support decision making
  - Level of care and strengths-based service planning
  - To facilitate quality improvement initiatives
  - To allow for the monitoring of outcomes of services
- Each item suggests different pathways for service planning
- 4 levels for each item with anchored definitions to translate into action levels
- Standard CANS Comprehensive version lends itself well to QRTP decisions as it's a thorough assessment, with additional modules to complete based on the individual child's needs (Developmental, Trauma, Substance Use, Violence, Sexually Aggressive Behaviors, Run Away, Juvenile Justice, and Fire Setting)
- CANS workgroup determined need to add Need (Sexual Exploitation) and additional module (Commercially Sexually Exploited Children) based on this being an identified need in Michigan



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# MI-Specific CANS

- The CANS is a multi-purpose information integration tool developed to support care planning and level of care decision-making
- Meets federal requirement for an age-appropriate, evidence-based, validated, functional assessment tool with high reliability and certification process in order to administer
- Individuals are scored on four levels of ratings for each item with specific anchored definitions designed to translate into action levels
- Standard CANS Comprehensive version lends itself well to QRTP decisions as it's a thorough assessment, with additional modules to complete based on the individual child's needs (Developmental, Trauma, Substance Use, Violence, Sexually Aggressive Behaviors, Run Away, Juvenile Justice, and Fire Setting)
- CANS workgroup determined need to add Need (Sexual Exploitation) and additional module (Commercially Sexually Exploited Children) based on this being an identified need in Michigan

# MI-Specific CANS Algorithm Development

- Human bias can impair decision-making when it comes to appropriate service assignment. To combat this, the CANS can be tied to logical, functional pathways into levels of care as combinations of actionable needs and levels of need intensity.
- Algorithms are not based on specific cut-off scores, but instead allow for increasing levels of acuity based on combinations of needs.
- Starting point for developing an algorithm for QRTPs is identifying current level of availability of community services and supports, identifying the overall goal, and gently guiding behaviors in the direction of the goal. Higher availability of community supports leads to higher threshold for QRTP admission, lower availability leads to lower threshold.
- You have to think about what you can do safely and balance it with what you'd like to do aspirationally.
- Congregate care decisions typically based on a combination of needs in the Behavioral/Emotional Needs and Risk Behaviors domains; without these present, the child's needs can typically be met in a less restrictive level of care.
- Ideally, the presence of significant Strengths can mitigate the need for congregate care even if significant needs are present
- Note that needs in other domains/areas are still important for care planning and determination reports.

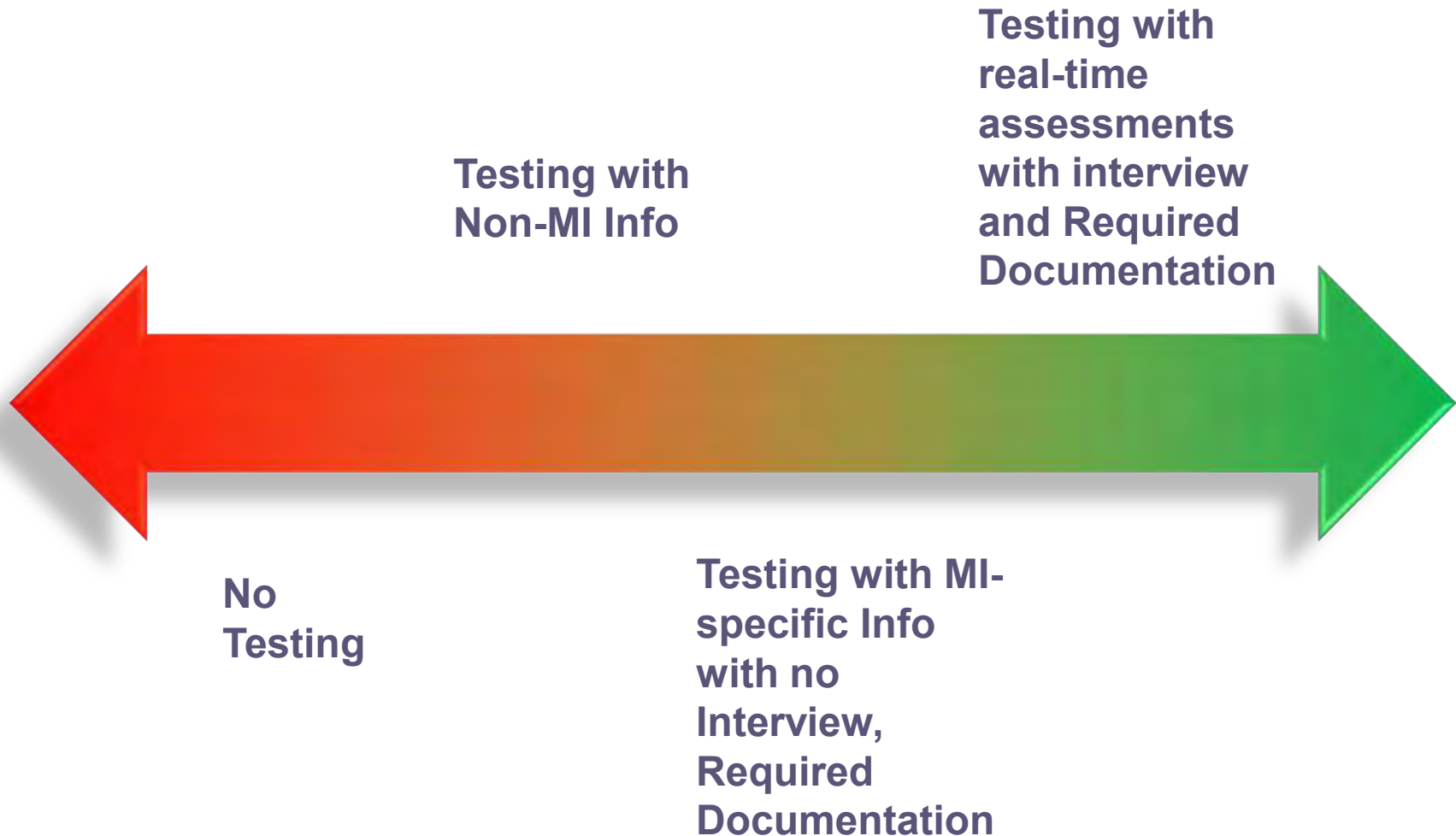
# Algorithm Clinical Considerations

- Scores of 3 in the areas of Psychosis, Suicide Risk, Non-Suicidal Self-Injurious Behavior, Other Self-Harm (Recklessness), Danger to Others, Sexual Aggression, and Fire Setting should be reviewed for assessing current intervention need, taking into consideration 30-day window. If current acute risk of harm is present, consideration should be given to recommendation of a higher level of services until stability can be attained.
- If significant Strengths are present, consider recommendation of family setting.
- Note that while Caregiver needs are important considerations in care planning and recommendations, Caregiver needs should not be the driver for the child being placed in congregate care.
- Recommendations for Specific Facility Type-certain needs may be present that warrant specialized treatment. When those needs are present, QRTP admission may be appropriate, but only for a QRTP that can meet those specific treatment needs. Will continue to work with DHHS on identifying QRTP Facility types.

# MI-Specific CANS Algorithm Development-Next Steps

- Dr. Lyons identified draft algorithms based on feedback from the CANS workgroup, with both a lower threshold and higher threshold for admission and opened up discussion amongst the CANS Workgroup for feedback
- Group agreed that the higher threshold was more appropriate for Michigan, with small modifications (addition of Developmental needs to inclusionary Needs, removal of Delinquent Behavior as inclusionary)
- Dr. Lyons and his team recommended testing of the algorithm, either through scoring of the CANS on individuals in congregate care in Michigan, or through the use of more general data that would not be state-specific
- His recommendation mirrors the process we utilized in North Dakota where we also are administering the CANS for the purposes of the QRTP Qualified Individual assessment process and tested a draft CANS algorithm prior to go-live of the project

# Algorithm Testing Options Continuum



# CANS as an Information Integration Tool

- The CANS is considered an **information integration tool** rather than a structured assessment and works best when it takes into consideration multiple perspectives that include that of the child and those who know them best
- Information considered during initial algorithm test
  - Psychiatric evaluation
- Information that will be considered during 2 month 'go-live' test phase:
  - Interviews with the child, caseworker, and other members of permanency team (family, treatment providers, natural supports, etc.)
  - Psychiatric evaluation
  - Clinical narrative from RPU/JJAU
  - Service Plans
  - IEPs and other specialist evaluations
  - Biopsychosocial evaluations
  - Medical specialist documentation
  - Trauma screening checklist, trauma assessment (if applicable)

# Questions and Open Discussion



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