



Maximus Michigan QRTP Independent Assessment

Outline of Today's Presentation

- Families First Prevention Services Act:
 - Impact on Child Caring Institution (CCI) to Qualified Residential Treatment Program (QRTP)
 - QRTP Level of Care
 - Review of the Independent Assessment and the CANS
- Overview of the referral and assessment workflow
- Review of the Determination Report and next steps after completion
- Maximus Resources

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)?

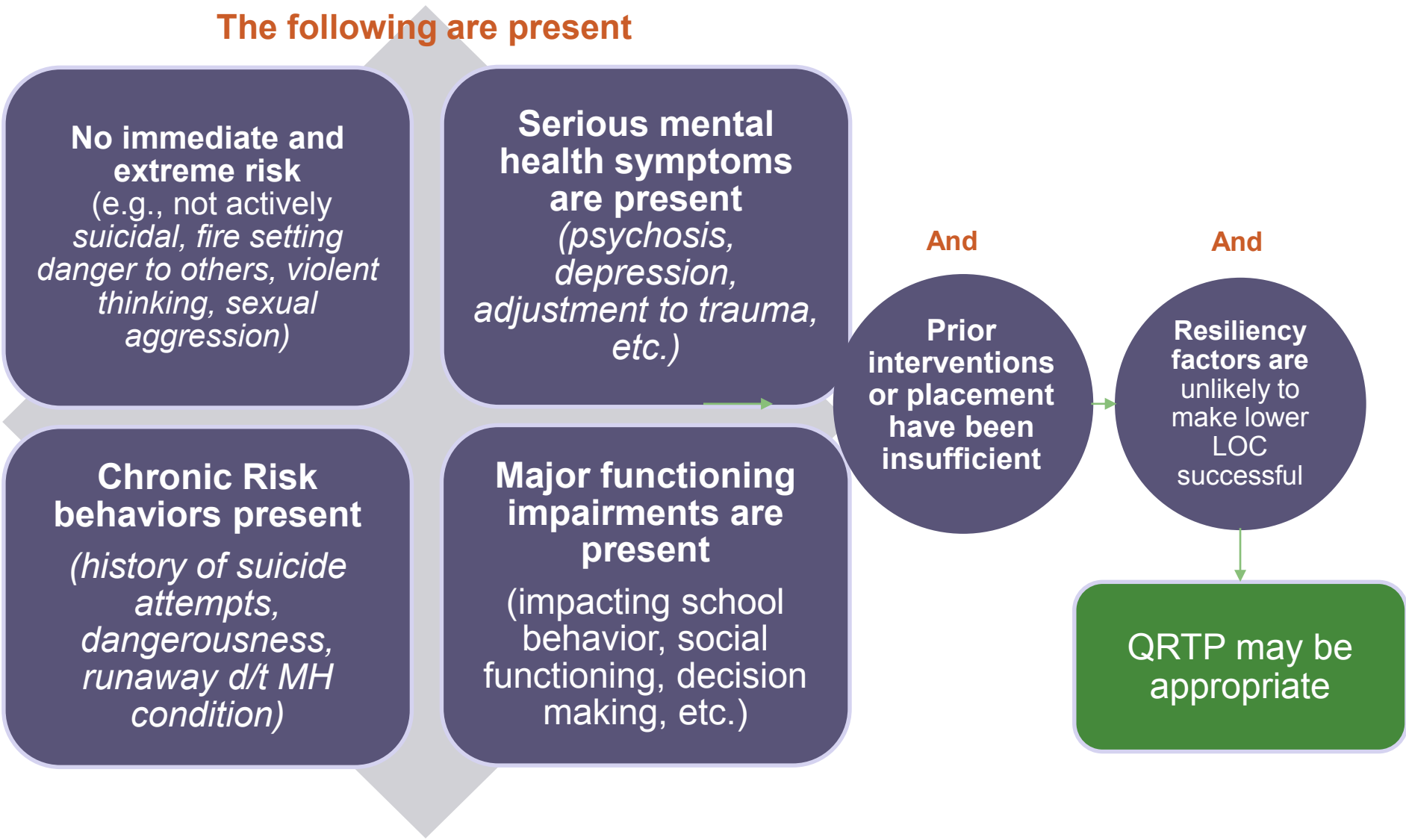
New as of October 1, 2019

“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

QRTP Level of Care Considerations



Characteristics: A Child Receiving Care in a QRTP

- | | | | |
|---|---|---|-------------------|
| 1 | Impulse and hyperactivity | 5 | Sexual aggression |
| 2 | Depression, suicide attempts or ideation, self injurious behavior | 6 | Runaway |
| 3 | Oppositional behavior, Conduct and antisocial behavior | 7 | Fire setting |
| 4 | Danger to others | 8 | Reckless behavior |

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).

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



The Praed Foundation is a public charitable foundation committed to improving the wellbeing of all through the use of personalized, timely, and effective interventions

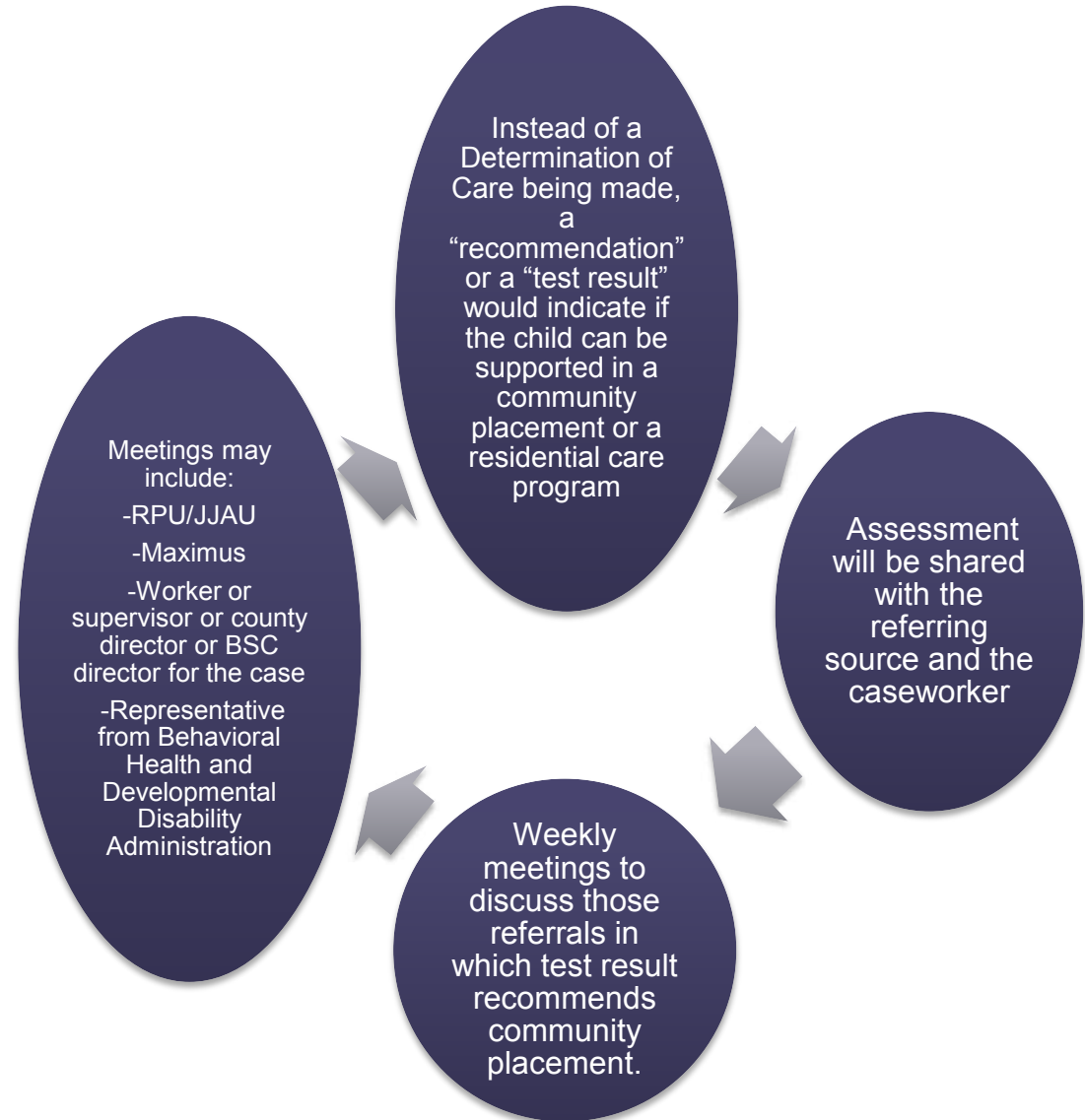
MI-Specific CANS Algorithm Development

- CANS can be tied to logical, functional pathways into levels of care as combinations of actionable needs and levels of need intensity
- Increasing levels of acuity based on combinations of needs
- Identifying current level of availability of community services and supports, identifying the overall goal, and gently guiding behaviors in the direction of the goal
- 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
- Needs in other domains/areas are still important for care planning and determination reports

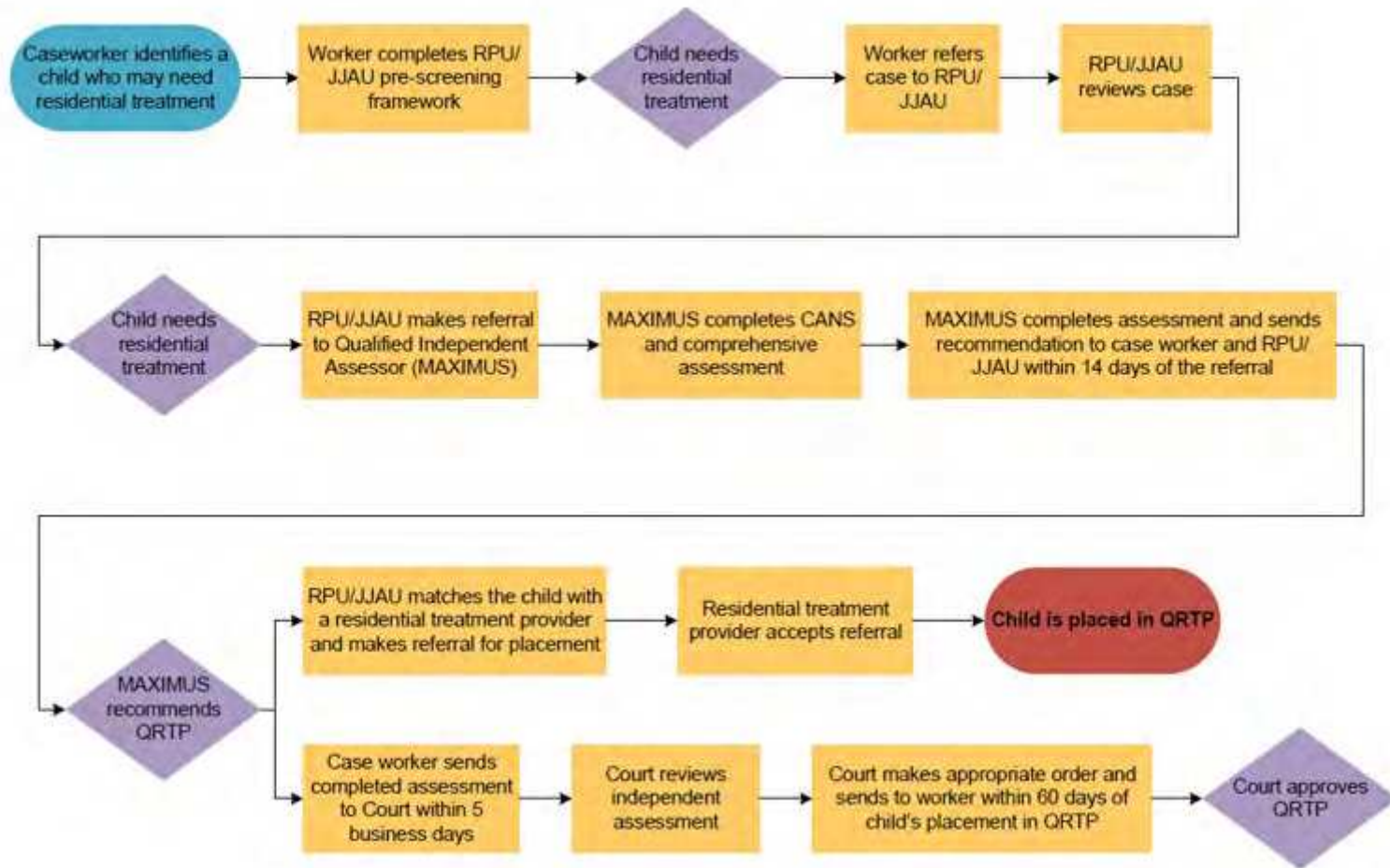
QRTP Independent Assessment Testing Phase: 2/1-3/31

What we tested?

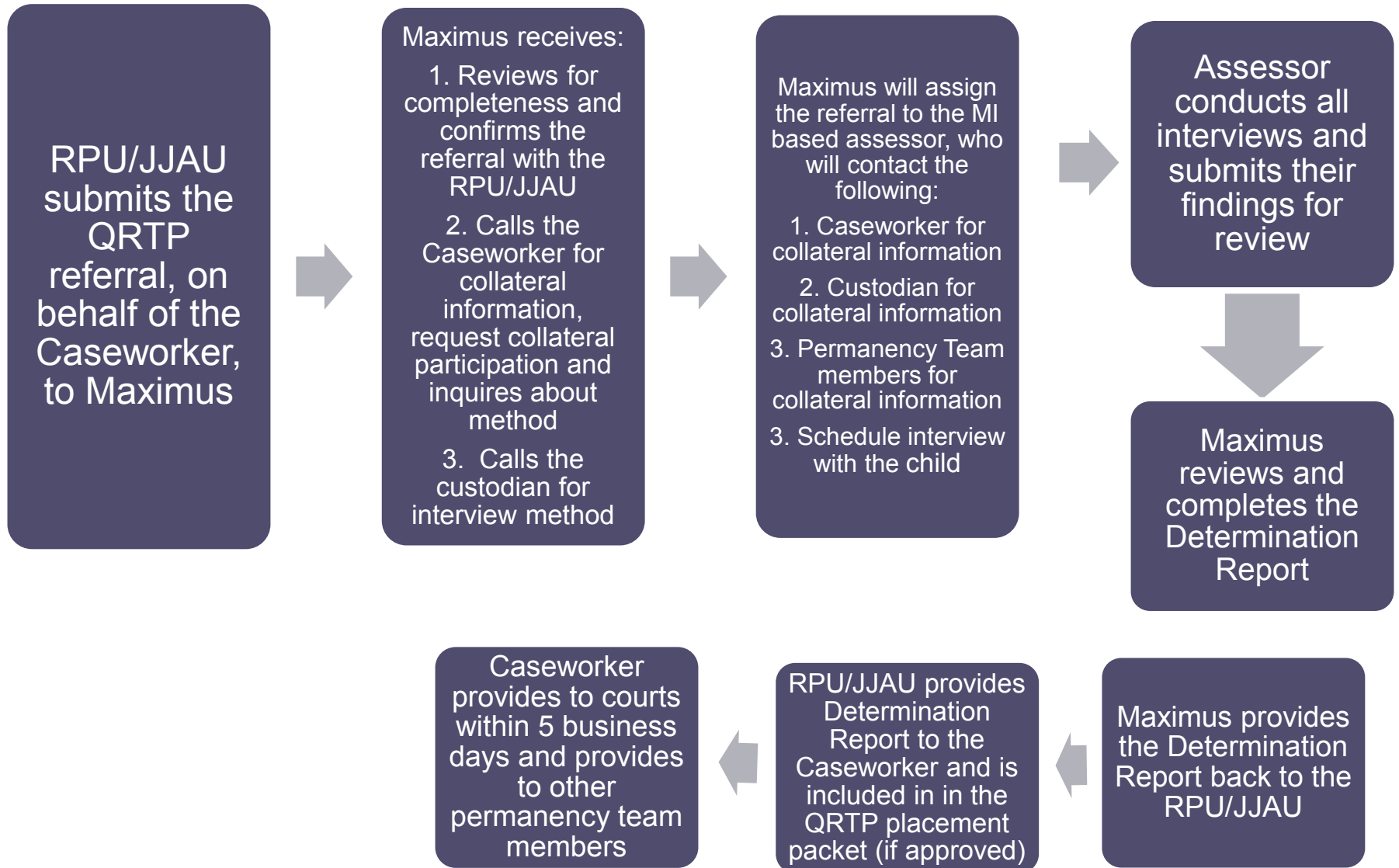
- Process flow
- Timeline for completion of the assessment
- Quality of data:
 - Is the right information being provided
 - How often is a referral rejected because information is missing
- Algorithm of the CANS
- Geographic areas where recommended community resources are lacking



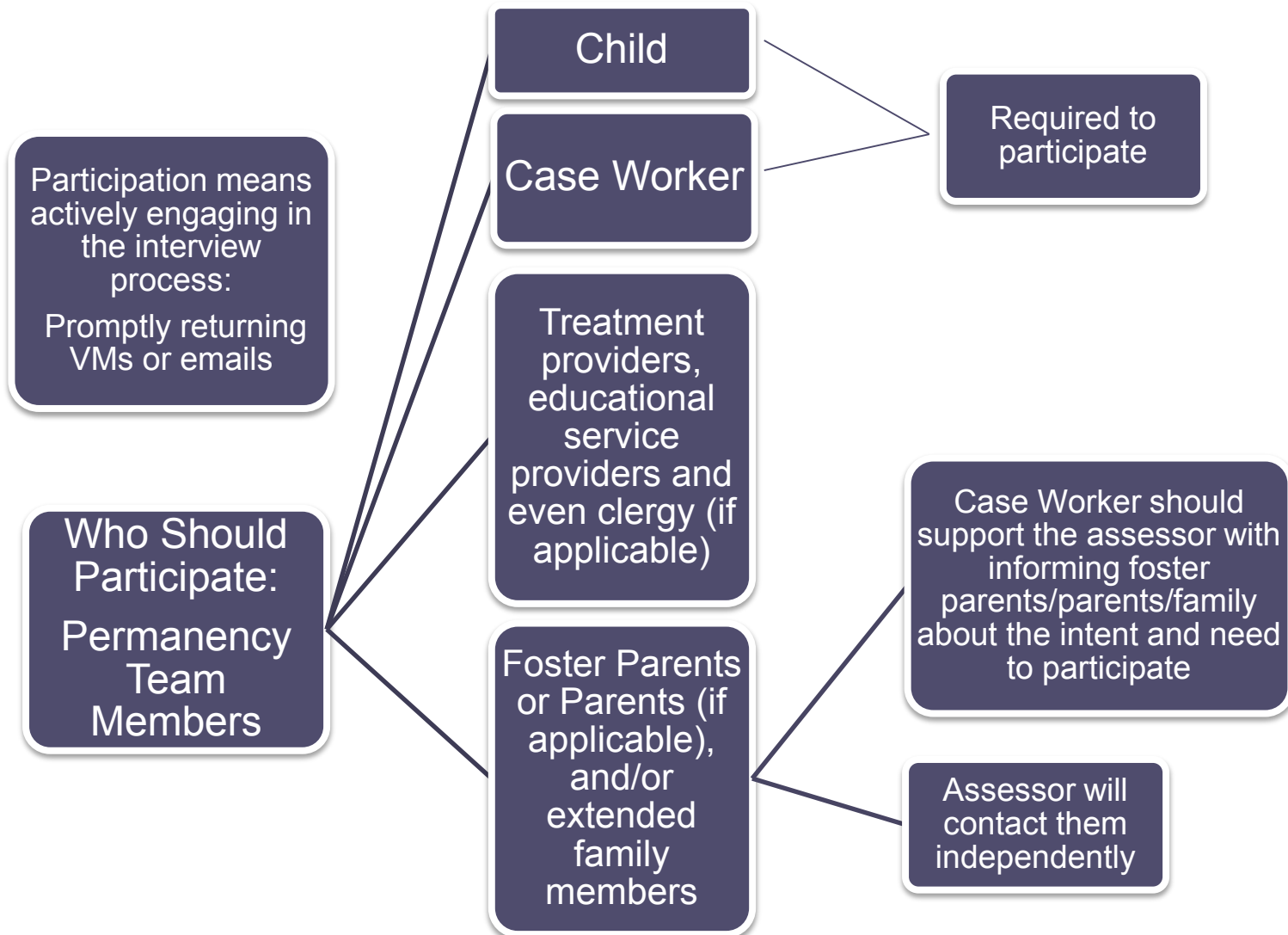
MDHHS QRTP Process Flow Chart



Workflow for RPU/JJAU and Case Workers



Interview Participation



How To Best Prepare The Referring Child For Interview

- Notify the custodian/provider that an interview will take place
- Educate the referring child on the purpose of the interview
- Request the custodian/provider to allow for a quiet space for participation, similar to a remote learning setting (e.g., free of distractions, private)
- Share that a team member, stuffed animal, or other support items can be present during the interview, if that makes them feel more comfortable

Questions to prepare the child for:

- Tell me why you're here (in the QRTP, being assessed for QRTP admission).
- Where would you like to live right now? Clarify: would they like to be in the QRTP, with a family, foster care, independent living, etc.)
- What do you do well? What do you like to do? What's important to you? What do you want for your future?
- Do you ever have a hard time with your feelings? If yes, what does that look like for you?
- What do you want to work on in treatment?
- Do you feel safe in your life right now? If no, what feels unsafe to you?
- Do you feel connected to a cultural, ethnic, or other group that's important to you?

The Referral Process

As the case worker, your participation begins with the RPU/JJAU analyst when first identifying residential care (QRTP) is needed:

Confirm the information provided is accurate and documented; if it's not documented, clarify to the analyst why

All documentation should be included in:
Health Screens section in MiSACWIS
CareConnect360 for information based on Medicaid claims (webinars located in the Learning System on how to enter/access this information).

Maximus DOES NOT have access to MiSACWIS or CareConnect360

- Supporting documentation is vital for a complete assessment
- Confirm supporting documentation is up-to-date (last 90 days)
- The information you provide when submitting a referral, as well as during your interview with the Maximus assessor, assists in filling any clinical gaps for a child with limited supporting documentation

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

QRTP Referral: Case Information

Case Information

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

Child's Family and Permanency Team Member Information

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

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 4th 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

Need for most up-to-date clinical referral documentation (within last 1 year, although ideally within last 90 days)

Specifically:

- Initial Service Plan/Updated Service Plans
- Family Team Meeting reports
- Service progress reports
- Medication reviews outlining current functioning and challenges
- 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
- **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

Questions To Expect During Assessor Interview

Expect to be contacted by Maximus team members, such as **Maximus Support Staff, the assessor and potentially a Clinical Supervisor**

Provide **current details** during the interview (e.g., current behaviors, recent events leading up to the referral)

Provide context pertaining to the child's current needs (NOT historical but rather **within the last 90 days**)

What are the circumstances that led up to referring the youth for QRTP admission? Why was a family setting not considered to be sufficient to meet the youth's needs?

What treatment services has the youth received?

If the youth is referred through the foster care system: What are the circumstances around why the child entered foster care?

What does the youth do well? What do they enjoy? What makes them happy? Who are the significant supports in their life? What are their hopes for their future?

How is the youth doing in school? In their current placement or treatment setting? With friends?

Is the youth having trouble with their feelings or actions?

Is the youth doing things which could hurt themselves or others? If yes, what does that look like for the youth?

Are there concerns about the youth's safety in their current placement or treatment? At school? In the community?

Is there evidence or suspicion that the youth has developmental or cognitive needs? If yes, has testing or evaluation been done to confirm this?

Has the youth experienced trauma or challenging life events? Are they having signs or symptoms that their trauma still impacts them today?

What does the youth need to be best supported? What do you believe is the best place for the youth to receive treatment?

Determination Report Cover Letter

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.

840 Crescent Centre Drive / Suite 400 / Franklin, TN 37067

Determination Report

MAXIMUS

Michigan QRTP Onsite Form Assessment Summary

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

Demographics

First name: Maya	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: Goals, Interventions and Barriers

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: Rational

MAXIMUS

**Michigan QRTP Onsite Form
Assessment Summary**

Report Date:
12/17/2020

Individual:
Maya Test

ID:
XXX-XX-6989

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 QRTP 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.

QRTP Determination

Approved (QRTP 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

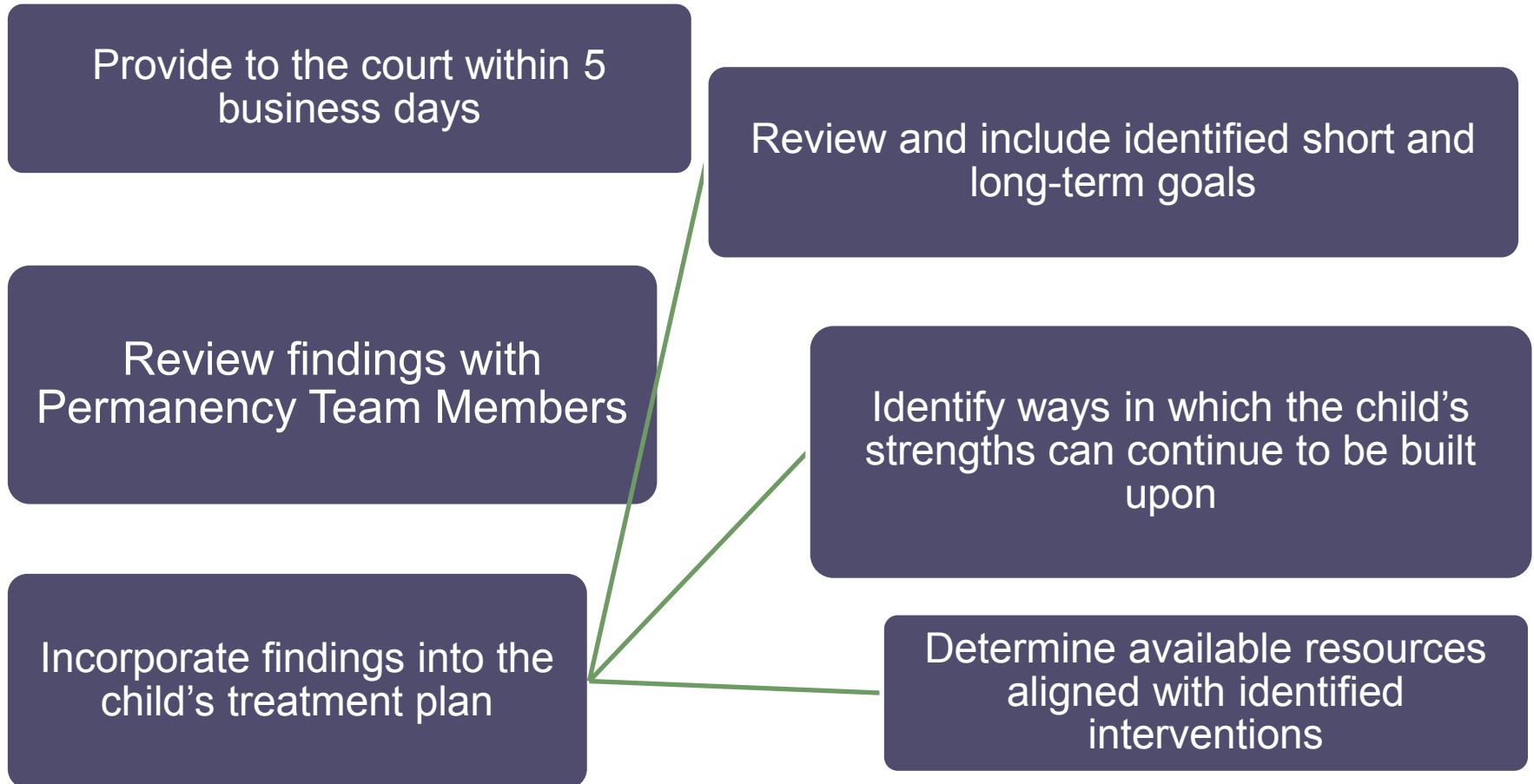
Name Aubree Soden

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.

What To Do With Completed Determination Report



MI QRTP Q&A Document

MAXIMUS

MICHIGAN QRTP –
CASEWORKER: FREQUENTLY ASKED QUESTIONS (FAQs)

QUESTIONS	ANSWERS
<i>Contact Information and Resource Access</i>	
How do I contact the Michigan QRTP Help Desk at Maximus?	<p>Contact by phone: 833.664.7787 (833.6MI.QRTP)</p> <p>Contact by email: MichiganQRTP@maximus.com</p> <p>Business hours: Monday through Friday 8:00 a.m. to 5:00 p.m. EST</p> <p>Additional resources: https://maximusclinicalservices.com/svcs/michigan_qrtp</p>
What was the impetus for the QRTP implementation?	<p>The Family First Prevention Services Act (FFPSA) is an extensive piece of legislation that covers a wide range of child welfare programs, but primarily focuses on two areas:</p> <ul style="list-style-type: none">• Investing in prevention, requiring the highest level of evidence-based services• Prioritizing family-based placements, such as removal of federal reimbursement for non-therapeutic group homes, and higher standards for residential programs <p>In 2016, Michigan's Department of Health and Human Services began working on transforming the services provided to youth with mental and behavioral health needs in partnership with the provider community- this work was to establish transformation and a foundation aligned with QRTP requirements. Effective April 1st, all former Child Care Institutions (CCI)s will be required to maintain a QRTP certification to fall under the new designation of non-family-based placements that serve children with specific treatment needs who require short-term placement out of their home.</p>
What is a Qualified Residential Treatment Program (QRTP)?	<p>A QRTP is a residential treatment setting for children and youth with serious behavioral or emotional needs. Typically, significant risk behaviors should be present in order to require the clinical level of care that a QRTP provides. QRTPs make use of a trauma-informed care model to address needs of children with serious emotional or behavioral disturbances, facilitate family participation in treatment (when appropriate), and provide aftercare support for 6 months post-discharge.</p>

Questions and Open Discussion



Phone 833-664-7787

Email: MichiganQRTP@Maximus.com

Website: https://maximusclinicalservices.com/svcs/michigan_qrtp