



**Maximus  
Michigan QRTP Independent  
Assessment**

**maximus**

# Outline of Today's Presentation

- Who Maximus is
- 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)
- Overview of referral and assessment workflow
- Review of Determination Report and Quality Control
- CANS development and MI specific algorithm
- Review of court approval process

# Maximus, Clinical Services Division

- Since 1975, Maximus has partnered with federal and state agencies to meet legislative mandates and operational improvements
- Operating large-scale health service access projects since 1990
- Medicaid access and customer service projects since 1995
- We have performed both mental health and intellectual disability assessment services in 14 states
- Engagement in FFPSA since it was enacted, currently providing QRTP assessments in ND, MI, IN and NH
- We set the industry standard for delivering high-quality, innovative, and value-driven healthcare access solutions, including specialized tools that conduct clinical assessments, configurable information systems, and comprehensive project management services.
- 4 Maximus locations in MI: Lansing, East Lansing, Flint, and Livonia
- Over two decades of Partnership with MDHHS



# 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 the Initial Independent Assessment:

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

### The Initial Independent 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).



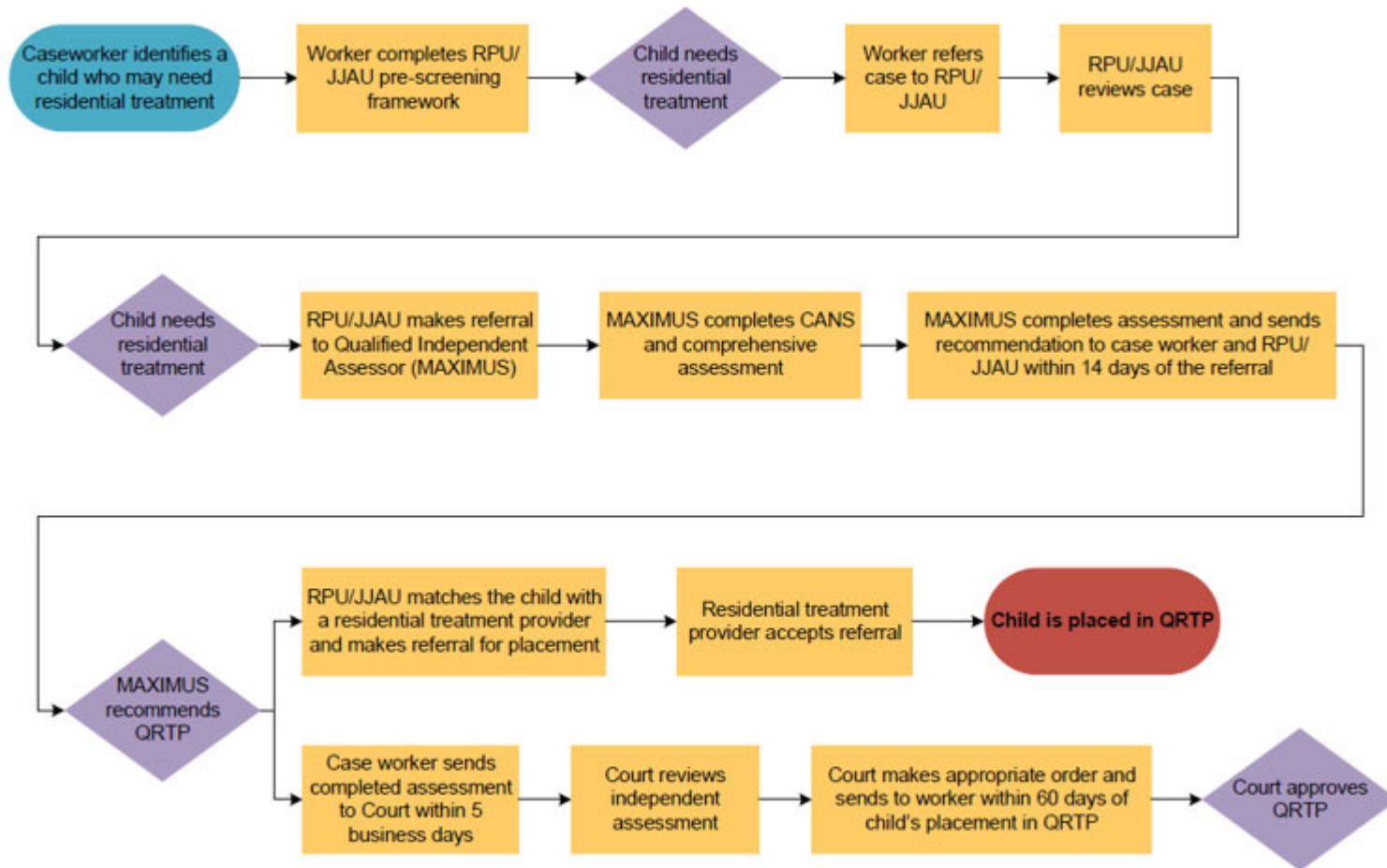
## Michigan Based Assessor Network: Qualified Individual (QI)

### Assessor Credentialing:

- Assessors are screened, interviewed and thoroughly vetted
- Professional references are obtained by the Maximus Recruiting and Credentialing Department
- Background clearances obtained:
  - Social Security Number Trace
  - County Criminal Record Search for every address the assessor has resided in the last 7 years
  - Federal Criminal Records Search
  - National Criminal Records Search
  - National & State Sex Offender Registry
  - Fraud and Abuse Control Information System (FACIS), Level 3
  - National Practitioners Data Bank – for professionally licensed clinicians
  - Education Verification – for non-licensed professionals – highest degree is confirmed
  - Professional License Verification – if applicable
  - Employment Eligibility (E-Verify)
  - Fingerprint Background Clearance
  - Child Protective Services Clearance(s)

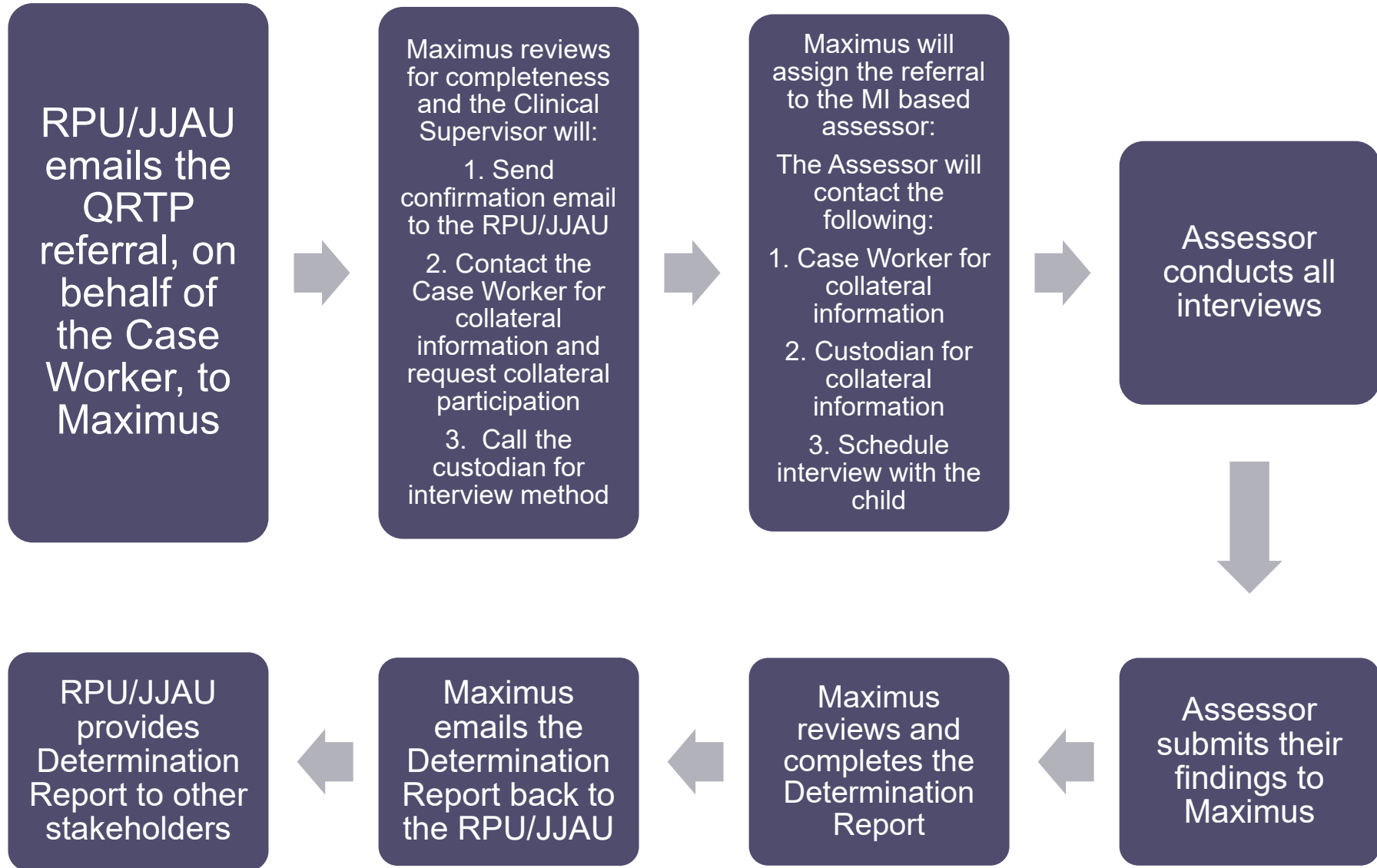
Credentialing Review Committee: Two members from the Committee who hold leadership positions review each assessor to ensure they meet all qualifications and are free of conflicts of interest

# MDHHS QRTP Process Flow Chart





# Workflow for RPU/JJAU and Case Workers



# Interview Participation

Assessor must work with the child's Family and Permanency Team to complete the assessment

Case Worker should support the assessor by informing foster parents/parents/family about the intent and need to participate

Assessor will contact them independently

Child  
(required)

Case Worker or  
Supervisor  
(required)

Treatment providers,  
educational service  
providers, and clergy  
(if applicable)

Foster Parents or  
Parents  
(if applicable)  
Extended family  
members

Participation means actively engaging in the interview process, including promptly returning calls and emails

## Determination Report Contents

- 1 Cover letter providing basic demographics and determination
- 2 Description of circumstances of referral
- 3 Child's service and placement history
- 4 Description of strengths and needs identified through the CANS
- 5 Child-specific short-term and long-term mental and behavioral health goals and interventions needed to address those goals, related to action levels identified through the CANS
- 6 Any barriers to progress toward treatment goals and steps recommended to address barriers
- 7 Placement preference of the child and the permanency team (if not the recommended placement, explanation provided)
- 8 Determination and rationale
- 9 Supporting documentation reviewed along with the assessment
- 10 Individuals interviewed by the assessor

# Maximus Quality Control

## Testing Phase Prior to Go-Live:

- 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

## Ongoing Quality Initiative:

- Every CANS assessment is reviewed through Maximus Quality Control at 100%
- Independent weekly audits of the Clinical Supervisor's work
  - Confirming decision was aligned with MDHHS's algorithm, clinical decision-making model and recommended LOC criteria
  - Needs and strengths of the youth;
  - why the recommended placement is the least restrictive setting that can meet the youth's needs
  - identified short and long term mental and behavioral health goals actionable and are specific to the needs and strengths
- Quality Department partners with Operations
  - Feedback on all audits
  - Monitoring trends through an internal Quality Dashboard, and compared to other QRTP contracts
  - Clinical Supervisors and Quality Department hold internal alignment meetings

## 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

- 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)
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# Court Approval Process

## Caseworker

- Receives Independent Assessment report from the RPU
- Within 5 days, submits to the court using the updated JC 15, Motion and Authorization/Denial Order
- Must check the Ex-Parte and check the “I request court review of the child’s placement in a QRTP by \_\_\_\_” and include the calculated date 60 days from admission or 60 days from the date on the Maximus Determination Report if the child has not yet been admitted into a residential program.

## Court

### Residential Services Recommended

- Review and consider the assessment, determination, and documentation made by the independent assessor conducting the assessment.
- Determine whether the needs of the child can be met in a family home.
- If a family home cannot meet the child's needs, determine:
  - Whether residential services are the most effective and appropriate level of care for the child in the least restrictive environment; and
  - If residential services will enable the child to achieve the goals in the child's permanency plan.
- If the court does not approve residential services, the caseworker has 30 calendar days from the court order to move the child to a community-based setting. The court must issue the JC15, Motion and Authorization/Denial, approving or denying the recommendation, no later than 60 days from the initial admission into the residential program to continue Title IV-E eligibility.

### Community Setting Recommended

- Within 5 business days of receiving the report from the independent assessor recommending placement in a community setting, the caseworker must submit the report and the MDHHS-5964, Court Cover Letter to the court checking the box that indicates that no action is needed.

# Court Approval Process Cont.

## **Subsequent Court Reviews:**

- At each dispositional review and permanency planning hearing, the court must approve of the child's continued participation in residential services.
- The caseworker must submit the following to the court:
  - Evidence that residential services are the most effective and least restrictive environment for the child based on the ongoing assessment of the child's strengths and needs.
  - The placement is consistent with the child's short- and long term goals as specified in the treatment plan.
  - Documentation of the specific treatment or service needs that are being provided for the child at the residential and the length of time the child is expected to need services.
  - Documentation of the efforts made to prepare the child to return home, or be placed with a fit and willing relative, legal guardian, adoptive family home, or foster family home.
  - Documentation that the placement has been approved by the court, both initially and for continued placement.



# Funding Implications for Court Approval

If the court does not approve residential services, and the child is already placed, the caseworker has 30 calendar days to move the child to the community.

If the child is not moved within 30 days of receiving the court determination, Title IV-E funding will be unavailable for the cost of the placement.

If the court does not agree with the Independent Assessment recommendation of community-based level of care and orders a youth to be placed in residential.

Title IV-E funding will be unavailable for the cost of the residential placement.

If the court does not approve the residential placement within 60 days of admission

Title IV-E funding will only be available for the first 60 days from admission.

# Questions and Open Discussion



**Phone 833-664-7787**

**Email: MichiganQRTP@Maximus.com**

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