WHAT IS A QRTP?

Under the Family First Prevention Services Act, a Qualified Residential Treatment Program is one of four types of child care institutions that may qualify for federal IV-E matching payments after a child’s first two weeks in that congregate care setting. The other three allowable child care institutions are:

- a setting specializing in providing prenatal, post-partum, or parenting supports for youth,
- a supervised independent living setting, and
- a setting providing high-quality residential care and support services to children who have been or are at risk of becoming sex trafficking victims.

States may also claim IV-E foster care payments for a child living in a foster family home licensed or approved by the state, or with their parent(s) in a licensed, family-based residential substance abuse treatment facility.

Among these settings, QRTPs are the most likely to draw the scrutiny of federal officials for potential violation of the Medicaid IMD exclusion. In addition to requiring certain assessments and oversight for continued stay, the Family First Prevention Services Act defines a QRTP as a program that:

- Has a trauma-informed treatment model that is designed to address the needs, including clinical needs, of children with serious emotional or behavioral disorders or disturbances.
- Has registered or licensed nursing staff and other licensed clinical staff who
  - provide care within their state-defined scope of practice
  - are on-site consistent with the QRTP’s treatment model, and
  - are available 24 hours/day, 7 days/week.
- As appropriate, facilitates participation of family members in the child’s treatment program.
- Facilitates and documents outreach to family members, including siblings, and maintains contact information for any known biological family and fictive kin of the child.
- Documents how family members are integrated into the treatment process, including post-discharge, and how sibling connections are maintained.
- Provides discharge planning and family-based aftercare support for at least 6 months post-discharge.
- Is state-licensed and is accredited by CARF, COA, the Joint Commission, or another independent, nonprofit accrediting organization identified by the HHS Secretary.
- If identified as an excluded IMD under Medicaid, may have to meet additional requirements to participate in a Medicaid Section 1115 waiver.

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