DRAFT - NOT FOR FILING

5101:2-9-42 Qualified Residential Treatment Program (QRTP).

(A) A residential facility that is certified by the Ohio department of job and family services (ODJFS) and accepts children for placement is considered a QRTP and shall comply with the requirements in this rule. Agencies certified after October 1, 2020 are to be compliant with this rule in order to become certified. Agencies certified prior to October 1, 2020 have until October 1, 2024 to become compliant with the requirements related to meeting QRTP standards. In order to maintain title IV-E reimbursability, residential agencies must meet QRTP standards by October 1, 2021.

(B) A QRTP is defined as a facility that:

(1) Has a residential program that is accredited by at least one of the following national accrediting bodies and provides ongoing proof of such accreditation status to ODJFS:

(a) Commission on accreditation of rehabilitation facilities.

(b) Joint commission on accreditation of healthcare organizations.

(c) Council on accreditation.

(2) Has a trauma-informed treatment model that is approved by ODJFS for the population the facility serves and addresses the child's clinical needs. A trauma-informed treatment model is a program, organization or system that:

(a) realizes the widespread impact of trauma and understands potential paths for recovery;

(b) recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system;

(c) responds by fully integrating information about trauma into policies, procedures and practices;

(d) seeks to actively resist re-traumatization.

(3) Has a trauma-informed approach in which all employees, volunteers, interns, and independent contractors within the facility are trained in that trauma-informed approach. Trauma-informed training is to occur within the first thirty days after the date of hire, in accordance with rule 5101:2-9-03 of the administrative code, and then annually thereafter.

(4) Organizations shall have a trauma informed treatment model that includes service of clinical needs and that:

(a) Is an approved Trauma Informed Treatment Model applicable to the population of children served (will list link here) or,

(b) Meets the 10 Substance Abuse and Mental Health Services Administration (SAMHSA) implementation domains and follows the 6 key principles of the SAMHSA trauma informed approach which are located at (will list link here); and

(c) Receives approval by the department or designee.

(5) Has registered or licensed nursing and clinical staff who operate in accordance with the following:

(a) Provide care within the scope of their practice as defined by state law;

(b) Are accessible on-site or face-to-face to meet the child's clinical and/or medical needs.

(c) Are available 24 hours a day and 7 days a week.

(6) With consideration to the child's safety and developmental needs, provides treatment that is family-driven with both the child and the family included in all aspects of care, if in the best interest of the child. The key components of family-centered residential treatment are to be documented and include the following:

(a) Facilitation of regular contact between the child and other members of the family including siblings,

(b) Actively involving and supporting families who have a child placed in the residential facility,

(c) Providing outreach, ongoing support and aftercare for the child and the family.

(7) Completes discharge planning that is to include family-based aftercare support. Family-based aftercare support is defined as individualized, community-based, trauma-informed supports that build on treatment gains to promote the safety and well-being of children and families, with the goal of preserving the child in a supportive family environment. The discharge plan is to:

(a) Include planning for aftercare services for all children discharged from the facility to family-based settings including:

(i) Reunification with family,

(ii) Kinship care,

(iii) Foster care,

(iv) Independent living.

(b) Begin in partnership with the legal custodian and/or custodial agency no later than the next business day after a child is admitted to the QRTP.

(c) Be reviewed by the QRTP no less than monthly and during every service plan review.

(d) Include at least a six-month period of support after discharge, even if the child reaches the age of majority.

(e) Be provided within the child or family's community as appropriate to promote continuity of care.

(f) Be individualized and driven by the child, the caregivers and the family as appropriate, and include the following:

(i) Monthly contact with the child and caregivers to promote and maintain engagement, re-engagement, and to regularly evaluate the family's needs. Monthly contact may be face-to-face, by phone or other electronic means.

(ii) Coordinate engagement with any applicable community providers serving the child or family. The QRTP will ensure they are available to the community providers for ongoing consultation.

(iii) Written documentation provided to all participants of the discharge plan prior to discharge with information on how to access additional supports from the QRTP and community providers including contact information for all providers.