

QRTP Aftercare Addendum

Clarifications to the QRTP Aftercare Expectations

1. *If a youth is determined not to be QRTP eligible through the 30-day assessment process is the QRTP required to provide Aftercare Services?*

No, the QRTP agency will not need to provide Aftercare. The youth will not be IV-E eligible for QRTP, and thus Aftercare is not necessary. Since the youth did not complete treatment, it is unlikely that Aftercare would be beneficial to the youth, family or the team.

2. *Are Aftercare Services expected for non DCS/Medicaid (i.e. Private Pay, DOE)?*

QRTP is for youth that are involved in Juvenile Justice and Child Welfare systems for whom DCS can potentially claim IV-E reimbursement. DCS is not the payer for Aftercare for youth placed through other systems and therefore DCS cannot require it.

The one caveat to this is Medicaid funded PRTF placements. If Medicaid is the payer, but the youth is a DCS Ward, it would still fall under the purview of the DCS contract and thus Aftercare would be required.

3. *Are Aftercare Services expected for Adoption and Group Home Discharges?*

For youth who discharge to Group Homes, no because Group Homes are required to be QRTP as well and will thus be required to provide Aftercare Services themselves. For youth who discharge to Adoption/Foster care/Parents/Kinship placements – these will all require Aftercare Services. FFPSA specifies that aftercare services and support must be family-based.

Updated For any non-QRTP community-based placements (i.e. Adoption/Foster care/Reunification/Kinship/Host Home, etc.), Standard Aftercare services are required.

4. *Will Aftercare Services be on the youth's ICPR?*

Originally DCS hoped to add Aftercare to the ICPR, but it became clear when meeting with the programmers that this was not going to be possible. It will now be handled through a separate service referral in KidTraks. We have asked that providers be able to enter those referrals themselves upon discharge so that there is no interruption in service provision. It will not be on your ICPR, it will be a separate referral. We know some agencies may have started providing Aftercare as of 7/1/21. If that's the case with your agency, please keep a list of the youth and the date Aftercare Services started and when we are able, we will assist with creating those referrals for your agency.

5. *How will unique and specialized services (Day Treatment, Foster Parent Training, etc.) be referred/compensated?*

This question appears to be conflating/confusing Standard Aftercare and Enhanced Aftercare. Standard Aftercare is all that DCS is implementing at this time. Standard Aftercare is defined as the facilitation of the discharge and aftercare plan being implemented. Any services outside of

this will need to be referred/secured through regular DCS contracted community-based services.

6. *Is there a recommended Assessment Tool for Aftercare Services (is CANS a requirement?)*

For the time-being, if you are operating under a traditional community-based standard there would not be a requirement of a re-assessment. If you need a waiver for what would be a duplicative requirement (i.e. an initial assessment for counseling when you're actually in aftercare) please reach out to Residential Licensing. We would see these services as a continuation of the work that was begun in residential.

7. *Can a youth receive both aftercare services and wraparound services at the same time?*

This would likely be seen as a duplication of services given that Standard Aftercare is modeled after the CMHI Wraparound model in several ways. Depending on the child's individualized need, there might be some options here, but most likely these two things would not be in place at the same time. For example, it might be that Aftercare services are in place for the indicated 6 months post-discharge and then Medicaid wraparound

8. *Would aftercare services be required for a youth transitioning to Job Corp or Youth Challenge Academy?*

When a youth discharges to any **family-based**, non-QRTP community-based placement, Standard Aftercare services are required. When a youth discharges into Job Corp or YCA (or equivalent) it could present a unique challenge when providing the Standard Aftercare service given the nature of these programs. Because Aftercare and Discharge Planning should start at the beginning of residential treatment it will be necessary for the team to discuss the intentions for Aftercare along the way. If the discharge placement is unique, this should be considered when assessing Aftercare plans. If the team decides that Standard Aftercare will not be feasible or beneficial, the Residential Treatment Program should notify the Residential Licensing Specialist and include justification to indicate why Standard Aftercare will not be functional or beneficial along with documentation that reflects that the Child and Family Team made this determination together.

9. *What if a youth goes to Job Corp and leaves? Would they then be able to receive aftercare if they are in the 6-month time frame?*

FFPSA specifies that Aftercare Services and support should be family-based and occur for at least 6 months post-discharge. If a youth initially discharges to a non-family-based setting, Aftercare Services would not be required. If a youth were to return to a family-based setting after being at another location during the 6 months post-discharge Aftercare Services would not be required as that placement was not the initial discharge placement, and the intention of Aftercare Services is that they immediately follow and support residential treatment.

10. *If we have a HT youth that would benefit from after-care services are we able to provide to them and their family?*

Residential treatment programs that focus on treatment for victims of trafficking are considered QRTP-exempt programs. It will still be possible to serve that population with Aftercare Services through a standard aftercare referral.

11. *Is there a schedule for submitting monthly reports? Are all reports due by a certain date or is each individual report due a certain number of days after each month of service?*

Aftercare Services are being modeled after CMHI in regards to rate, documentation, and structure. The monthly rate covers the cost of the Standard Aftercare Services. The monthly unit can be billed after the first Child Family Team (CFT) meeting during the calendar month. Only one unit of facilitation may be billed per month per family. If the family begins services during the month, the unit is still billable provided a CFT meeting is held. Providers are eligible to invoice after the CFT meeting has been held each calendar month (i.e. September, not 9/15-10/15) and the documentation of that CFT meeting is in the electronic case management system. Monthly reports for Standard Aftercare are due by the 10th of each month following the month of service.

12. *Are QRTPs required to provide Aftercare Services to youth going into Collaborative Care that is not in a family-based setting?*

When a youth discharges to a **family-based placement**, Standard Aftercare services are required. Because Aftercare and Discharge Planning should start at the beginning of residential treatment it will be necessary for the team to discuss the intentions for Aftercare along the way. If the discharge placement is community-based but unique, this should be considered when assessing Aftercare plans. If the team decides that Standard Aftercare will not be feasible or beneficial, the Residential Treatment Program should notify the Residential Licensing Specialist and include justification to indicate why Standard Aftercare will not be functional or beneficial along with documentation that reflects that the Child and Family Team made this determination together.

13. *What communication/training is DCS doing with its field staff about aftercare? It appears that some FCMs are not aware of Aftercare Services. As they'll be important to the aftercare team, it would be great to understand what training is being done with them.*

DCS has offered and made available multiple trainings and information sessions related to FFPSA and QRTP to internal DCS staff. There are a wide variety of QRTP/FFPSA informational resources and tools available internally to DCS staff as well. Further, additional training is being developed right now for DCS Field staff regarding specific pieces of FFPSA. It is also important that providers are empowered to involve the appropriate DCS Field chain of command in situations where it is necessary to meet the needs of the youth and family.

14. *Since Child and Family Team (CFT) Meetings are not as common for probation youth, what is the expectation for probation youth in Standard Aftercare Services?*

The monthly meetings for Aftercare Services purposes will now be referred to as Facilitation of Aftercare Monthly (FAM) meetings. These meetings are not expected to be traditional CFT meetings, but are expected to assist with facilitation and follow-up with regard to Aftercare

Services and Aftercare planning. See question #20 regarding who must be present at the FAM Meeting.

15. *Are Standard Aftercare Services required for CMHI-placed youth?*

No, residential programs are not required to provide Aftercare Services for CMHI youth as there will not be a referral mechanism in place for this. Because CMHI youth are not CHINS or Juvenile Justice-involved youth they are not IV-E eligible and QRTP requirements are linked to IV-E eligibility.

16. *The Standard Aftercare Definition states that we should have monthly CFTMs and cannot bill for services until that is held each month for that month. Some are interpreting that to me if an agency provides aftercare services for the entire month and have a CFTM set up later in the month, but it gets canceled or rescheduled that we would not get paid for those services that month, as it says, "...during the calendar month". Some others are interpreting it as you have one initial CFT meeting and then do updates after that every 30 days, but the initial CFT meeting is what triggers the monthly ongoing payments and ability to bill.*

Standard Aftercare Definition states that a **monthly** Facilitation of Aftercare Monthly (FAM) meeting is required and billing can occur after the FAM meeting each month. The scheduling of said meeting should be considered each month if there are concerns about cancellations or reschedules impacting the completion of the monthly FAM meeting (i.e. perhaps making it common practice to schedule the FAM meeting early in the month so that reschedules can occur if needed). If a provider experiences issues with this or having a month where efforts have been made to conduct a FAM meeting but it could not happen, we can take a look at those on a case-by-case basis and determine what to do.

17. *What do we do regarding Standard Aftercare services if Probation/DCS closes the case upon the youth's discharge from residential treatment?*

Standard Aftercare services cannot be provided if the case itself is closed. The referral for Standard Aftercare services is tied to the open case in the system and therefore cannot occur on a closed case. It is the intention with Standard Aftercare that plans for eventual Aftercare implementation be discussed with referral sources as early as admission of the youth into the QRTP. These early and frequent discussions should prepare the whole Child and Family Team for discharge and aftercare planning and what these will look like upon the youth's actual discharge from the QRTP. This open communication should increase everyone's knowledge and comfort with Standard Aftercare services and hopefully encourage referral sources to keep cases open so that Standard Aftercare can be provided. Additionally, DCS (through staff training as well as consultation with Residential Licensing and the Probation Service Consultant team) is working to ensure that Standard Aftercare services are understood by referrals sources and the benefits of them being provided is clear.

18. *Are there any recommendations if the referral source does not seem cooperative with Aftercare Services?*

If a residential provider is struggling to engage an FCM or other referral source in the Aftercare Services process, please escalate that concern within the local office hierarchy, for DCS.

If there are still struggles after attempting escalation, please see the following recommendations:

- To escalate to the DCS Regional Manager:
<https://www.in.gov/dcs/overview/regional-managers-and-assistant-deputy-directors-of-field-operations/>
- For DCS youth, you can also reach out to your Residential Licensing specialist or the Clinical Consultant for the youth's DCS Region
- For Probation youth please reach out to the Probation Services Consultant:
https://www.in.gov/dcs/files/Probation_Service_Consultants_Map.pdf

19. *What should be done if there appears to be duplication of services between the Aftercare Services facilitation provided by the residential provider and the other services involved with the youth/family?*

The DCS expectation is that the residential provider **facilitate** and help arrange the aftercare services necessary to meet the youth's individualized needs. The Aftercare Services provided by the residential facility should be thought of as akin to a wrap facilitator and someone who helps to make the connection between the youth/family and any services, resources, and/or supports that may be needed in the transition period back to the community.

It is vital that all members of the child and family team work together to determine what roles each member of the team will serve in the aftercare of the youth. If duplication becomes evident or a concern during the six-month aftercare period, please work with the child and family team to realign and possibly redefine what members of the team are responsible for in the case. Aftercare Services facilitation provided by the QRTP provider should be a support and a resource to the family and are defined to allow flexibility in delivery, goals, and modalities such that services can meet youth and families where they are based on their unique and individual needs.

20. *Who must be present at the Facilitation of Aftercare Monthly (FAM) meeting?*

It is required that the parent/guardian be present at the FAM meeting. It is best practice for the youth to be present as well, however if the youth is engaged in other pro-social activities that conflict with the meeting, that is acceptable. Please ensure that this is documented in the monthly report. It is helpful if providers of the aftercare services in place are also present or have a voice in the meeting, but their presence is not required for reimbursement. The FCM or PO is also welcome to be involved and their presence can be greatly beneficial, but their presence is not necessary for reimbursement.

21. *We believe our invoice for QRTP Aftercare Services was denied inappropriately. What should we do?*

If you think an invoice was denied erroneously, please feel free to reach out to DCSPaymentResearchUnit@dcs.in.gov.

22. *For youth who were in placement when FFPSA went into effect, the start date (for FFPSA QRTP timeframe purposes) would be 9/29/21- is that correct?*

Yes. All youth who were already in a QRTP on our implementation date (which technically ended up being 10/1/2021, not 9/29), whether they had an assessment or not, have an official admission date of 10/1, and their respective “clocks” start with that date (so, youth 12 and under have 6 months, and 13 and over have 12 of IV-E support from that date).

23. *Is DCS doing centralized tracking of these FFPSA QRTP dates so that residential providers can confirm the date given to us by the placing agent is accurate?*

Yes, DCS is tracking this, however these timeframes only dictate how the state can or cannot access Title IV-E funds, and it's DCS (as the state's IV-E agency) who can claim those funds (or not), not providers. DCS wants providers focused on doing good clinical work with youth and families and getting youth ready for integration into the community as efficiently as possible. The “spirit” of FFPSA is to ensure youth do not spend longer than necessary in congregate care settings, not to have all youth under 13 years old spend 6 months, and youth 13 and over spend 12 months. Providers should not be worried about tracking this, DCS wants them to be focused on moving kids along in their treatment efficiently and appropriately.

24. *Are there any days that would not count toward the timeframes for placement? For example, if a youth has a bed hold for runaway, hospitalization, etc., do those days count toward QRTP tracking or not?*

DCS does not want providers to be focused on this. However, if the state claimed IV-E during those days (which we likely would if the youth was not discharged from the residential program), then, yes, those days would count toward the youth's maximum time that is claimable (so, 6 month for younger youth, 18 total with 12 consecutive months for older). Days wherein DCS does not pay the provider, like if the youth is on runaway status beyond the bed hold allowance, won't be claimed to IV-E.