
Qualified Individual Practice Guide: Standards for Qualified Residential Treatment Program Assessment

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Introduction

This guide establishes standards for Qualified Individuals (QIs) who complete assessments for children placed in Qualified Residential Treatment Programs (QRTP) when county social service agencies and Tribes participating in the American Indian Child Welfare Initiative (Initiative) have legal and financial responsibility for placing children.

The role of a QI was created by the federal [Family First Prevention Services Act \(FFPSA\)](#), effective Sept. 30, 2021. The primary functions of a QI are:

- To determine the necessity of a placement that is not a family foster home, and
- To ensure the child's needs are met in the least restrictive setting as possible.

The act seeks to curtail the use of congregate care for children and instead places a new emphasis on family foster homes. Approved settings, known as Qualified Residential Treatment Programs, must use a trauma-informed treatment model and employ registered or licensed nursing staff and other licensed clinical staff. The child must be formally assessed to determine if their needs can be met by family members in a family foster home or approved setting.

According to the [Adoption and Foster Care Analysis and Reporting System \(AFCARS\)](#), approximately 443,000 children and youth were in foster care nationwide in 2017, with 13% residing in a congregate or group care setting. According to a [literature review by San Diego State University](#), congregate care settings are more expensive and are associated with higher levels of emotional and behavioral problems as well as poorer educational outcomes than family-based settings. Child welfare experts and researchers agree that placing children and youth in family-based settings produces better outcomes.

QIs must adhere to standards to effectively perform the function of completing QRTP assessments. These standards are important, as the QRTP assessment is an essential component of the placement process in residential settings. The QI completes an independent and objective assessment of the child's need for placement in a residential facility. A QI must complete their work timely, and have contact with children, youth and their families during a time when they are looking for help and services to meet their child's needs. To reduce the trauma and concerns about the QRTP assessment, it is essential that everyone involved is aware of what to expect from a QI and the QRTP assessment process.

The role of a QI is to complete an objective and independent assessment to determine if placement in a QRTP is the most appropriate and least restrictive setting to meet a child's needs.

A QI cannot complete a QRTP assessment for a child if they have participated in, or attended, a juvenile treatment screening team for that child, or if the QI was the mental health professional who completed the child's diagnosis assessment. The QI is not objective or making an independent assessment if they have attended the team meeting, where the agency team discussed their decision and made a recommendation. In addition, if an individual (who is a trained and certified QI) is completing a diagnostic assessment for a specific child, they cannot also be the QI who completes the QRTP assessment for that child. Both processes have a role in the agency's decision-making process and participation devalues the independence and objectivity of the QRTP assessment.

Summary of standards

1. Becoming a qualified individual

QIs must:

- Participate in the state sponsored QI pilot program or local county, Initiative Tribal agency QI program or a county or Initiative Tribal agency employee under the provisions of the federal waiver
- Complete the required two-day QI training provided by the [Child Welfare Training Academy](#)
- Complete and pass the Minnesota Brief Child and Adolescent Needs and Strengths (CANS) certification exam to administer the assessment tool and maintain annual re-certification. This version of the CANS was developed specifically for Minnesota and for the sole purpose of a QRTP assessment.

2. Conducting QRTP assessments

QIs will:

- Accept QRTP assessment referrals from county or Initiative Tribal agencies
- Contact the referring agency within two business days after receiving the referral
- Have access to required information about the child and child's family and permanency team to complete the QRTP assessment
- Acknowledge and understand the crisis or uncertainty the child and their family are experiencing, and contact the child and child's parents within five days of receiving the referral
- Conduct interviews with the child, parents, Tribal representatives and members of the Family and Permanency Team
- Work with the child's family and permanency team using culturally competent practices
- Consult with the referring case manager if the QI is aware of ICWA and MFPA requirements for foster care placement
- Articulate a clear placement recommendation for the least restrictive setting for a child to receive needed services. This is not a clinical recommendation
- Consult with referring agency caseworker regarding community resources to best meet the child's needs
- Ensure all QRTP assessment requirements are met, including completing both the QRTP Assessment and Recommendation form and the CANS
- Demonstrate child welfare competencies
- Be responsive and communicate with the referring agency throughout the QRTP assessment process.

3. Submitting QRTP assessments to referring agencies

QRTP assessments must:

- Be submitted to the referring agency by the required due date
- Be submitted to the referring agency caseworker only
- Include the completed CANS
- Include the completed QRTP Assessment and Recommendation Form
- Be submitted electronically to the referring agency as a professional document, which is typed and grammatically correct.

Standards

The following information is a comprehensive list of standards to assist QIs in understanding their role and providing high quality QRTP assessments.

1. Becoming a qualified individual

- **Standard:** QIs must either participate in the state sponsored QI pilot program, be under contracted with a county or Initiative Tribal agency QI program or be a county or Initiative Tribal agency employee utilizing the provisions of the approved federal waiver.

The department established a pool of QIs to complete QRTP assessments to ensure counties and Initiative Tribes were in compliance with federal requirements by Sept. 30, 2021. Counties and Initiative Tribal agencies can request a state QI when they recommend placement of children in facilities certified as QRTP (corporate foster homes, group homes, and residential treatment). Implementing a state-sponsored pilot program supplements and supports county and Tribal social service agency requirements to have their own QIs to meet the new Family First Prevention Services Act (FFPSA). QIs can be licensed clinicians, or community members specifically trained and certified to complete assessments of children.

County and Initiative Tribal social service agencies also developed their own QI program at the local level. QIs may be county or Initiative contracted or designated staff under one of the approved federal waivers as outlined in the [Qualified Individual \(QI\) waiver instructions for county and Initiative Tribal agencies](#).

- **Standard:** All QIs must complete the required Child Welfare Training Academy two-day training and complete a certification exam to administer the CANS. This includes maintaining annual re-certification of the CANS.

Only individuals who have completed the QI training by the Child Welfare Training Academy and are certified in completing the CANS may complete a QRTP assessments. Annual CANS re-certification rates are \$12/person for

a group rate and \$15 per person for an individual rate. For more information visit [Praed Foundation \(www.TCOMtraining.com\)](http://www.TCOMtraining.com) to re-certify.

2. Standards for conducting QRTP assessments

- **Standard:** Accept QRTP assessment referrals from county or Initiative Tribal agencies.

A QRTP assessment is required when a Title IV-E agency has placement responsibility. In Minnesota, a county or Initiative Tribe social service agency has this responsibility. The child and the child's parents, when appropriate, may request that a specific culturally competent qualified individual complete the child's assessment. The agency shall make efforts to refer the child to the identified qualified individual to complete the assessment, which must not be delayed for a specific qualified individual to complete the assessment as outlined in Minnesota Statutes, section 260C.704 (b).

The responsible child welfare agency is required to make an assessment referral to a QI once a child is placed due to crisis, or the agency has plans to place the child in a QRTP certified facility. A [QRTP Assessment Referral Form](#) provides critical information the QI needs to start the QRTP assessment process. Agencies must use this form for referrals to a QI whether they are in the county, Tribal programs, an approved agency employee under the federal waiver or in the state pilot program.

- **Standard:** Contact the referring agency within two business days after receiving the referral.

Counties or Initiative Tribal child welfare agencies refer QRTP assessments to a QI. Once referrals are received, the QI engages with the referring agency caseworker within two days to:

- Acknowledge receipt of referral
- Review necessary information
- Discuss best strategies for engaging the family and permanency team. The discussion includes information about the child's and family's culture to support culturally competent practice.

The agency caseworker is aware that the assessment must be completed prior to or within 30 days of placement and is responsible for talking with the family about this process. The standard is to contact the caseworker within two business days of receiving the referral to acknowledge it has been received and for the QI to share their timeline to complete the assessment. This may include sharing the dates the QI is planning to interview the child and parent as well as how to contact the child's Tribe (if applicable) and the family and permanency team.

A QI must ensure to practice appropriate data privacy measures to protect individuals' private information gathered throughout the assessment process. A QI must work with a referring agency to follow all data privacy requirements, including when submitting all completed documents.

- **Standard:** Have access to required information about the child and the child's family and permanency team to complete the QRTP assessment.

To ensure the QI has time to complete a QRTP assessment within the required timeframe, case workers must provide the QI with required information when the case is referred to a QI. The QI needs the following information to complete the QRTP assessment:

- [QRTP assessment referral form](#) provides child/family specific information needed
- List of [family and permanency team](#) members including phone numbers and emails addresses of team members; and
- Level of care determination ([Minnesota Statutes, section 245.4885](#)) as recommended in the child's recent diagnostic assessment.

If a QI requests additional information, a caseworker works with a QI to determine if the information is necessary to support information already collected by a QI during interviews with family and permanency team members. The responsible agency makes the determination if additional information is deemed necessary for a QRTP assessment.

The QI is not required to review other documents to complete a QRTP assessment, including, but not limited to:

- Individual Education Plans (IEPs)
 - Psychiatric evaluations
 - Previous residential program assessments/discharge paperwork
 - Out of home placement plans
 - Juvenile treatment screening team summaries.
- **Standard:** Contact the child and the child's parents within five days of receiving the referral. Acknowledge and demonstrate understanding of the crisis or uncertainty the child and their family are experiencing.

It is the role of the QI to engage with the child, the child's family, the child's Tribe and the family and permanency team in the assessment. The QI must recognize the child and the family are seeking help and may have concerns about the process. To address these concerns, the standard is for the QI to contact the child and the child's parents within five working days after receiving the referral. Upon the initial contact, the QI can introduce themselves to the child and family, explain their role and responsibilities, schedule a time for the interview and determine the length of time needed. It is the responsibility of the QI to explain how they approach the process and what the child and family can expect.

The child and family are in a time of crisis and uncertainty. Providing the family with an initial contact at the time of the referral will support the family to prepare for the interview and help reduce stress regarding the QRTP assessment process.

- **Standard:** Conduct interviews with the child, the child's parents, Tribal representatives and members of the family and permanency team.

QIs complete QRTP assessments in consultation with the family and permanency team to determine which setting provides the most effective and appropriate level of care in the least restrictive environment to meet the child's needs. QIs interview children, parents and member(s) of the family and permanency team. If ICWA applies, a family and permanency team would include a Tribal

representative. QIs consult with the team using culturally competent practices to gather information for the CANS and assist in determining whether it is necessary and appropriate to place children in a QRTP. The QI may determine who they will interview first in the QRTP assessment process.

A QI will:

- Complete assessments in a manner appropriate to family's culture, including practicing cultural humility
- Conduct assessments with knowledge that children in the child welfare system experienced trauma
- Be sensitive to a child's specific trauma-related issues
- Recognize biases and remain non-judgmental when evaluating a child or their family based on background, experiences, choices, or behaviors.

QIs must clearly explain their role in completing QRTP assessments to children, parents and the family and permanency team members. QIs should make reasonable and active efforts to contact all family and permanency team members. QIs will need to be flexible and open to what will work best for team members. Interviews can occur virtually, via phone or in person. To accommodate families, QIs may need to complete assessments during non-traditional hours, including evenings and weekends. If requested by a QI, the caseworker may assist in setting up interviews. QIs should take a child and their family's individual and cultural needs and preferences, as well as the child's age, when deciding if contact can occur virtually. If QIs meet face-to-face with children, this contact must be supervised. QIs should discuss with the agency how supervision will occur. During face-to-face visits by QI, it is in the child's best interest to reduce trauma by having someone they know in the room to ensure their well-being and safety.

Whether interviewing a child, or their parent(s), the goal remains the same: to gather all pertinent information to determine what setting or services would be most appropriate to meet the child's needs. While interviewing is goal oriented, the conversations should not be approached in a checklist manner.

For privacy considerations, the responsible county or Initiative Tribal social service agency caseworker informs the family and permanency team members that their participation will be recorded in a child's case plan and shared with the court. Court records are available to the public through the court system. Team members should be aware that information filed with the court, including their names and contact information, will be accessible to the public. Court filing may be of particular concern for team members who have experienced domestic violence or have other reasons to protect their contact information. A QI can remind the members of this procedure as the QI meets with the team.

If a parent provides a QI with information about an individual who they would like to add to the family and permanency team, the QI is to inform the agency caseworker about their identity. The agency would then determine if the identified individual should be part of the team.

- **Standard:** Work with the child's family and permanency team using a culturally responsive practice approach.

QIs will need to bring knowledge of cultural norms, values, and traditions to the assessment process. They should lean into that knowledge and wisdom as they carry out interviews and become aware of

the child and their family's culture. It is immensely important to connect with children and families, and to understand their unique resources, needs and concerns.

When interviewing a child or family member, QIs must carefully consider whether the child's needs can be met by their family, Tribe, or their community. Ask the child, parents, and family and permanency team members specific questions about the services and supports that have been helpful and access to culturally appropriate or responsive services to complete the QRTP assessment. If the QI isn't sure about what these supports are, they should connect with the social service agency caseworker for additional guidance.

When working with American Indian children and families, a QI needs to work in collaboration with the child's Tribe(s) and ask Tribal representatives about their norms, values and traditions related to child rearing, child development, family, and ways of teaching and supporting children. This information should guide a QI's approach to interviewing the child and family and is especially important if the QI is not a part of the Tribal community.

A QI should bring sensitivity to racial disparities during the interview and assessment process. Research indicates most racial disparities have a grounding in bias. It is especially important for qualified individuals to be mindful of how bias can impact their interviews, and eventually placement outcomes. A QI should ask questions out of curiosity, versus being guided by assumptions.

Child welfare practice guides provide information about working with African American families, American Indian children, and their families and the LGBTQ2S+ community.

- Resources for working within the African American community:
 - [Working with African American Families](#)
- Resources for working within the American Indian community:
 - [Indian Child Welfare: Policies and Procedures](#)
 - [Working With American Indian Children and Families](#)
- Resources for working within the LGBTQIA community:
 - [Resources for Child Welfare Professionals](#)
- **Standard:** QIs are aware of how Indian Child Welfare Act and Minnesota Indian Family Preservation Act requirements apply to QRTP placements.

County and Initiative Tribal social service agencies are required to follow state and federal requirements, such as Tribal notice and inquiry, when seeking residential services in QRTP for an American Indian child. As part of the QRTP assessment process, QIs will need to engage and consult with Tribal representatives to gather any pertinent information that would assist in determining what would be the most appropriate, effective, and least restrictive setting for a child to be placed. County caseworkers are responsible for inviting a child's Tribal representative to be a member of the child's family and permanency team.

County and Initiative Tribal social service agency caseworkers are responsible for ensuring a child's Tribal placement preferences have been followed. Each Tribe determines placement preferences for their children. It is recommended the QI communicate with the referring agency caseworker regarding any ICWA considerations.

- **Standard:** QIs clearly articulate placement recommendation.

While the QRTP assessment determines the least restrictive setting for the child to receive needed services, it does not determine medical necessity. This is not a clinical recommendation; it's a placement recommendation. As part of the assessment process, the QI asks about the placement preference of the child, parents/guardians, family and permanency team and the child's Tribe. Obtaining this information does not mean the identified preference would be the QI's final recommendation.

Members of the family and permanency team can identify where they believe a child's needs would be best served. When team members are thinking about placement preferences for a child, they must understand and consider:

- Placement with siblings: Children are to be placed with their siblings, when the siblings are also in foster care, unless a court finds that placing a child with their siblings is not possible due to the child's specialized placement needs or is otherwise contrary to a child's best interests.
- Placement policies and requirements for American Indian children: The agency caseworker must place an American Indian child according to the requirements of the Indian Child Welfare Act (ICWA) and the Minnesota Indian Family Preservation Act (MIFPA). Refer to these [ICWA/MIFPA resources for more information](#).
- Affirming these additional requirements with family and permanency team: When an agency caseworker is assembling a family and permanency team, they are to share these additional placement requirements with team members. It is appropriate for a QI to remind team members of these requirements, so they consider all factors in their placement preference.

The following is a list of placement preferences a child, parents/custodians and family and permanency team can identify:

- **Remain in family home**
- **Placement in family foster home or with kin**
- **A qualified residential treatment program that is a licensed and certified residential facility.** A qualified residential treatment program means a children's residential treatment program licensed under chapter 245A, or licensed or approved by a Tribe that is approved to receive foster care maintenance payments under section 256.82.
- **A setting for youth who are pregnant or parenting, which are specialized licensed and certified residential facilities that provide care for pregnant and parenting youth and their child or children.** Care includes addressing the needs of youth and providing prenatal and post-partum care. Youth include adolescents ages 20 or younger in traditional or extended foster care.
- **A setting for at-risk youth or survivors of sex trafficking or commercial sexual exploitation.** Care includes offering a safe setting to prevent ongoing and future trafficking while addressing the needs of youth (i.e., access to medical, mental health, legal, advocacy, and other services based on individual needs). Residential programs offer a trafficking prevention education curriculum and support for youth at risk of future exploitation or trafficking.

- **Supervised independent living (ages 18-21) specialized setting.** This is a type of voluntary placement setting where young adults in extended foster care (ages 18 to 21) are in children’s residential facilities (CRFs) and foster residence settings (corporate child foster care) licensed under Minnesota Statutes Chapter 245A and certified as supervised independent living settings for youth. The youth receive case management services to assist them in becoming independent and self-sufficient. Youth in extended foster care can also live independently in settings not licensed as CRFs or foster residence settings. These can include apartments, dorms, shared living settings, host homes and other settings as approved by agency and are not required to be licensed. No certification as a supervised independent living setting for youth 18 years of age or older is required in these settings.
 - **Other residential setting (non-QRTP certified facility).** When selecting a placement setting recommendation on the QRTP Assessment and Recommendation Form, QIs are not able to select care in a facility where admission is determined by a medical professional, such as a hospital or Psychiatric Residential Treatment Facilities (PRTF). QIs are also not able to select secure correctional facilities where admission is determined by juvenile court and the Department of Corrections, such as secure juvenile detention or Hennepin County Home School. Selecting a placement setting at a medical or secure correctional facility is outside of the scope of child welfare and therefore outside the scope of a QRTP assessment.
- **Standard:** Consult with referring agency caseworker regarding community resources.

QIs are to be responsive to a referring agency’s questions and requests for additional information. While QRTP assessments are to be independent of an agency’s determination, it is important that QIs be aware of agency efforts to prevent placement, how a child’s permanency plan is determined and local/community resources. Information could include wrap-around services, family group decision making, and other agency efforts or services provided to prevent placement, or services provided during a previous placement. The QRTP assessment is not a determination of medical necessity, and the referring agency is not required to provide child’s diagnostic assessment or other medical information to the QI.

- **Standard:** Ensure all QRTP assessment requirements are met, including completing both the QRTP Assessment and Recommendation form and the CANS assessment.

The QRTP assessment may take 12-18 hours to complete. The goal of the assessment is to determine whether QRTP placement is necessary and appropriate to meet a child’s needs. The assessment also determines if a QRTP is the **least restrictive and appropriate** setting to meet a child’s needs. A QI must complete the assessment on the [QRTP Assessment and Recommendation form](#) and:

- Assess the child's needs and strengths, by using the Minnesota Brief Child and Adolescent Needs and Strengths (CANS) functional tool.
 - Complete the CANS after a QI has completed all interviews or discussions with the child, parents and family and permanency team.

- Determine whether a child's needs can be met by a child's family members or through placement in a family foster home. If not, determine which residential setting would provide the child with the most effective and appropriate level of care in the least restrictive environment.
- Develop short- and long-term mental and behavioral health goals for a child.
- Work with a child's family and permanency team using culturally competent practices.

The QRTP assessment process must be completed in the Social Service Information System (SSIS) when the process is available in the system. It is anticipated that the QRTP assessment will be available in SSIS in early 2024.

The role of a QI is to complete an objective and independent assessment to determine if placement in a QRTP is the most appropriate and least restrictive setting to meet a child's needs. It is the responsibility of a QI to talk with the agency caseworker, the child and the child's parent(s), as well as contact members of the family and permanency team. Best practice is to talk to every member of the family and permanency team. While the case manager and professional members of the family and permanency team may offer information, diagnosis, or professional opinions, it is the role of the QI to be independent and to seek information about community services and supports, as well as culturally appropriate services, to complete the assessment. The QRTP assessment determines the least restrictive setting for the child to receive the needed services and it is not a medical necessity determination.

It is the role of the QI to conduct an assessment to identify a child's needs in a trauma-informed and culturally appropriate manner, including using cultural humility and culturally sensitive practices. Children may experience or encounter difficulties because of their membership in a cultural group.

The CANS assessment includes a cultural factors domain. Culture includes cultural groups that are racial, ethnic, or religious, or are based on age, sexual orientation, gender identity, socio-economic status and/or geography. Literature exploring issues of health care disparity states race and/or ethnic group membership may be a primary influence on health outcomes. It is important to remember, when using the CANS, to define the family from the child's perspective (i.e., who the child describes as part of their family).

Children are best served by their family. FFPSA supports maintaining children with their parents, or when out-of-home placement is necessary, making the placement in a family foster care setting. Residential facilities are more restrictive and provide more intensive interventions. These facilities should only be used when a child cannot safely access these services in the community while living with their parents, relatives or in a child foster home.

- **Standard:** QIs will demonstrate child welfare competencies.

The following competencies are instrumental during the assessment process and in establishing standards for the selection of individuals who serve as QIs, as well as their interactions with children, their families and agency caseworker. The [Minnesota Child Welfare Framework for Competent Practice](#) informs these competencies.

1. Cultural¹ responsiveness
 - Demonstrate a working knowledge of and sensitivity to the dynamics of diversity. Respect and learn from the unique characteristics and strengths of families and Tribes. Apply these concepts and skills to enhance individual and family functioning.
 2. Engagement
 - Respectfully relate to and engage families from a strength-based, family-centered perspective to establish common goals concerning child safety, permanency, and well-being.
 3. Partnering
 - Apply strength-based perspective in an environmental context. Work in respectful, interdisciplinary, and meaningful collaboration with families, communities, and other professionals to achieve shared goals.
 4. Assessment
 - Gather information about reported concerns and family needs. Practice basic principles and techniques of interviewing children and families and evaluating information. Identify family, community, and Tribal strengths.
- **Standard:** Be responsive and communicate with referring agency throughout the QRTP assessment process.

QIs are to keep agency caseworkers aware of progress on an assessment and ask for assistance in contacting members of the family and permanency team as needed. When a QI accepts a QRTP assessment, it is the responsibility of the QI to complete it by the due date. As part of that responsibility, the QI informs the referring agency about any delays or changes in the process.

QIs may discuss their final recommendation(s) with the agency caseworker prior to submitting the written document (DHS- 8097). This communication is to offer clarification regarding submitted documents and to answer any questions regarding final recommendations.

3. Standards for submitting QRTP assessments to referring agencies

- **Standard:** QRTP assessment documents are submitted to the referring agency by the required due date.

Minnesota Statutes, section 260C.704 requires a QRTP assessment be completed prior to placement and within 30 days of receiving a referral from a county or Tribal agency. If a child was placed in a QRTP without an assessment, the QI must complete the child's assessment within 30 days of the child's placement date. Each [QRTP Assessment Referral Form](#) that the QI receives should clearly outline the required due date.

¹ Dimensions of culture include beliefs, values, race, ethnicity, history, Tribe, Tribal political status, culture, religion, world view, language, age, class, color, disability, gender, gender identity and expression, sex and sexual orientation, immigration status and political ideology.

The QI is to be responsive and communicate with referring agency throughout the QRTP assessment process, which includes communicating with agency when they will receive the completed assessment. An assessment is completed when the following is provided to the referring agency:

- CANS, and
- QRTP Assessment and Recommendation form.
- **Standard:** Documents are submitted to the referring agency caseworker only. QIs will adhere to data privacy practices.

QIs should discuss their final recommendation(s) with referring agency caseworker prior to submitting the written documents. This communication is intended to be informational only regarding the QIs final recommendation.

After a QI completes interviews with a child, parent(s)/custodian(s) and the family and permanency team, a QI will document their findings on the CANS and the [QRTP Assessment and Recommendation form](#). Documentation must be concise, professional, typed, and legible, and provided to a referring agency caseworker only. Completed documents should not be provided to the family and permanency team or child by a QI. A QI must practice appropriate data privacy measures to protect individuals' private information gathered throughout the assessment process. A QI must work with a referring agency to follow all data privacy requirements, including when submitting all completed documents.

Once the QRTP assessment is submitted by a QI to the referring agency, it is considered complete. Follow-up conversations with the parent(s), child or family and permanency team is not the responsibility of the QI after the assessment is complete. The QI should be clear about their role as well as the duration and scope of the assessment when speaking with the family, child, or family and permanency team. If the court requests additional information from the QI to assist their administrative review process, the referring agency will notify the QI.

Qualified Individuals will follow appropriate data privacy measures throughout the assessment process.

Qualified Individuals will not store the completed MN Brief CANS, the QRTP Assessment recommendation forms or any other private information collected as part of the assessment process on electronic devices beyond sixty (60) days from assessment submission. QRTP assessment documents and related assessment information should be discarded after 60 days and are not required to be kept in client case files or records for future use by a Qualified Individual.

- **Standard:** Include the completed MN Brief Child and Adolescent Needs and Strengths (CANS).

The CANS is a functional assessment tool developed by the [Praed Foundation](#). QIs will interview children, parents, and consult with the family and permanency team and Tribal representative to gather all pertinent information needed to complete the CANS and make a recommendation. The CANS is used at the end of the assessment process to organize information collected. It will help the QI understand and determine a child's strengths and areas where they need support. The CANS reflects consensus

from the entire group. QIs will also have access to the CANS Reference Guide when completing the CANS. **The CANS is not a diagnostic tool and does not make the final decision for a recommendation.** The tool captures:

- Narrative of the child's story
- Perspectives of the child and the family and permanency team
- Explanation on how needs warrant action
- Actionable intervention strategies
- Language that is reflective of the child's and family's strengths.

The outcome of the CANS/decision support model is a recommendation and is part of the decision-making process for the QI. The QI, not the decision support model, ultimately has the role of making a recommendation regarding whether QRTP is appropriate for a child. When a QI deviates from the CANS recommendation, documentation needs to explain why this child requires residential treatment rather than a community alternative. Deviations from the recommendations are based on information obtained during the assessment. The rationale should articulate the reason for the deviation.

- **Standard:** Complete [QRTP Assessment and Recommendation Form](#).

The QRTP Assessment and Recommendation form allows a QI to formally recommend a placement setting for a child. The QRTP Assessment and Recommendation form is where all previous information gathering comes to fruition, including the results of the CANS. Completing this form and submitting it to the referring agency represents the final stages of the QRTP assessment process. The completed form becomes part of the agency's court report that will be submitted to the courts for approval or disapproval. A QI completes the form after:

- Conducting interviews with the child, parent(s), family, and permanency team members
- Completing the CANS rating sheet and QRTP decision support model
- Reviewing all pertinent documents.
 - Reviewing documents such as diagnostic assessments, individual education plans (IEP) etc. is not required, but there may be instances where it could be helpful to the assessment process.

A QI's documentation must specify the following:

- Reasons the child's needs cannot be met by the child's family or in a family foster home. A shortage of family foster homes is not an acceptable reason for determining a family foster home cannot meet the child's needs.
- Why the recommended placement in a QRTP will provide the child with the most effective and appropriate level of care to meet the child's needs in the least restrictive environment possible and how placing the child at the treatment program is consistent with the short- and long-term goals of the child's permanency plan.
- If a QI's placement recommendation is not consistent with the placement setting that a child, parent, family and permanency team, or Tribe prefer, the QI must identify the reasons. The out-of-

home placement plan² must also include reasons why a QI did not recommend the preferences of a child, parent, family and permanency team, or Tribe.

QIs will provide justification and context as to why the recommended placement will provide the child with the most appropriate and least restrictive setting to meet their needs. A QI can only provide *one* placement recommendation on the form. If a QI's placement recommendation is not the placement setting, the child, parent(s), family and permanency team, or child's Tribe prefer, a QI must identify reasons why the QI's recommendation does not align.

- **Standard:** QRTP assessments submitted to the referring agency will be professional, completed electronically, grammatically correct, articulate a clear recommendation and submitted in SSIS when available.

The QRTP Assessment and Recommendation form must be completed after the interviews and CANS assessment tool are completed. Best practice is to fill it out as soon as possible while the information is still fresh.

- All sections of the form must be completed in full.
- All documents should be professional, typed, grammatically correct and easy to understand.
- Responses should be as thorough as needed to answer each question.
- The form will be available electronically on the department's website and also on the [Qualified Individuals portal \(state.mn.us\)](https://www.state.mn.us/qualifiedindividualsportal) webpage. The department will assist the QI in locating this form if needed.
 - Submit both the CANS assessment and QRTP Assessment and Recommendation Form to the agency upon completion.
 - Submit forms through SSIS once it becomes available.
- When completing the form's placement recommendation options, a QI must:
 - Provide justification and context as to why the recommended placement will provide the most appropriate and least restrictive setting to meet a child's needs; or
 - If the QI's interviews and CANS assessment tool lead them to determine that a child's needs cannot be met by the placement, the QI must provide the context as to why.

Resources

The qualified individual will need to have an awareness and a good understanding of supports and services available for children who may at be at risk of placement in a residential treatment program. The resources below provide detailed information that QIs can use as they engage in the QRTP assessment process.

- [Children's mental health programs and services](#)
- [Disability Hub MN](#)
- [Infographic on QRTP assessment stages](#)
- [Mandated reporter training](#)

² Minnesota Statute section, [260C.708](#)

- [Minnesota Child Welfare Framework for Competent Practice](#)
- [Administration for Children & Families, Information Memorandum ACYF-CB-IM-18-02](#)
- [Children’s Defense Fund FFPSA Guide](#)
- [Minnesota Department of Human Services FFPSA Website](#)