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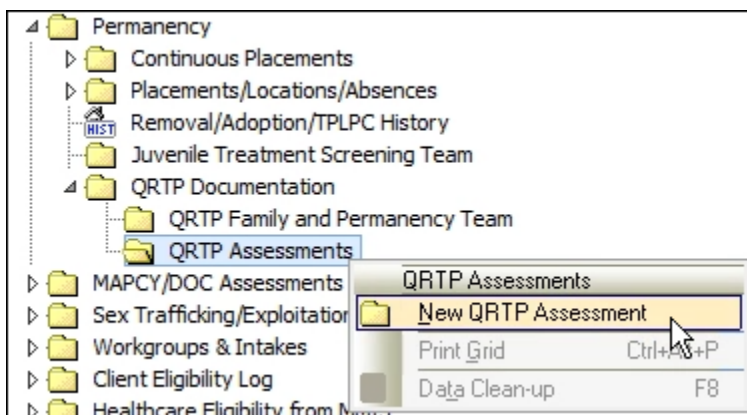
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Qualified Residential Treatment Program (QRTP) Assessment and Qualified Individual

An assessment either before, or within 30 days of being placed in a Qualified Residential Treatment Program (QRTP), referred to as the QRTP Assessment by a qualified individual, is one of the requirements of the Family First Prevention Services Act (FFPSA) related to the QRTP placement process. This document covers how a local agency worker will record information related to the referral for the QRTP Assessment by a qualified individual, and some information about the assessment itself, as well as the ability to link to a scanned copy of the assessment. The QRTP assessment is one of the Title IV-E requirements related to QRTP placements.

New QRTP Assessment and Qualified Individual



The screen for **QRTP Assessment and Qualified Individual** subfolder is found under the **Participant** (client) node and **Permanency** folder and QRTP Documentation subfolder, which contains nodes for QRTP Family and Permanency Team and QRTP Assessments. A new **QRTP Assessment** action menu can be created from the **QRTP Assessment** subfolder. This document will break this screen into three sections and provide field use and descriptions for each section as follows:

- Initial QRTP Assessment and Qualified Individual entry.
- Cultural competency and qualified individual entry.
- Placement Preferences and Recommendation entry.

Initial QRTP Assessment and Qualified Individual Entry

[QRTP Assessment and Qualified Individual](#)

Was the Juvenile Treatment Screening Team bypassed due to an emotional crisis or other mental health emergency placement? Yes No [Ⓢ]

Date recommended for placement in QRTP by screening team: [Ⓢ]

Date referred to qualified individual: [Ⓢ]

Qualified individual completing assessment: [Ⓢ]

Worker: [Ⓢ]

Fields/Buttons	Field/Button Use/Description
QRTP Assessment and Qualified Individual Help Text	Help text to provide information to users regarding use of this screen.
Was the juvenile treatment screening team bypassed due to an emotional crisis or other mental health emergency placement?	Select from the Yes or No radio buttons to answer this question. This information is required to Save .
Date recommended for placement in QRTP by screening team?	When the answer to the question above is answered No , this field is enabled and requires the date and recommended for placement by the screening team. A multicolumn list is found by selecting the dropdown arrow in this field. Screening team recommendations and dates will appear in this dropdown list with the most recent at the top. This information is required when enabled to Save .
Date referred to a qualified individual:	Manually enter or select the correct date from the date picker for when referred to a qualified individual. This information is required to Save .
Qualified individual completing assessment	Select from dropdown list of collaterals or professional collaterals used on previous assessments for the same child/youth, or who are linked in other

Fields/Buttons	Field/Button Use/Description
	<p>ways to the child/youth’s workgroups. Or select the action menu options to either “Add New Collateral” or “Add Existing Collateral”. (Professional collaterals are created by first creating a collateral, and then adding an Employment record and answering “Yes” to the question “Use for Professional Search?”)</p> <p>Be sure to consult your Supervisor for your agency’s protocol on entry of Professional Collaterals.</p> <p>This information is required to Save.</p>
Worker	<p>This field will default to the worker that creates the screen. Select a different worker from the dropdown list of workers when necessary.</p> <p>This information is required to Save.</p>

Cultural Competency/Qualified Individual Entry

Did parent request a specific culturally competent qualified individual? Yes No

If yes, explain the agency's efforts to refer the child to this identified qualified individual:

Was the assessment completed by a specific culturally competent qualified individual? Yes No

Date qualified individual provided assessment to agency:

QRTP Placement:

Was the QRTP Family and Permanency Team membership provided to the qualified individual? Yes No

Fields/Buttons	Field/Button Use/Description
Did parent request a specific culturally competent qualified individual?	Select from Yes or No radio buttons to answer this question.
If Yes, explain the agency's efforts to refer the child to this identified qualified individual?	Enter up to 4000 characters of free text, if the answer to the previous question on this screen is Yes workers to provide explanation of the agency's efforts to refer the child to this identified qualified individual. This field is required when enabled.
Was the assessment completed by a specific culturally competent qualified individual?	Select from Yes or No radio buttons to answer this question.
Date qualified individual provided assessment to agency:	Manually enter or select the date from a date picker that the qualified individual provided the assessment to the agency.
QRTP Placement	Choose the applicable placement from this multicolumn dropdown. Only placements that

Fields/Buttons	Field/Button Use/Description
	<p>qualify as QRTP Placements. <i>**See the applicable settings and reasons in the appendix. **</i></p> <p>Column 1 in the dropdown shows the start date of placement. Column 2 shows the Setting. Column 3 exhibits the reason. Column 4 shows the Bus Org/Provider.</p>
<p>Was the QRTP Family and Permanency Team membership provided to the qualified individual?</p>	<p>Select from Yes or No radio buttons to answer this question.</p>

Placement Preferences and Recommendation Entry

[Placement Preference and Recommendation:](#)

Placement Preference of Child/Youth:

Placement Preference of Child/Youth's Tribe:

Placement Preference of QRTP Family and Permanency Team:

Placement Recommendation of Qualified Individual:

[Qualified Individual's Assessment and Recommendation Report:](#)

QI Assessment and Recommendation

Fields/Buttons	Field/Button Use/Description
<p>Placement Preference and Recommendation Help Text</p>	<p>Provides description and guidance to users of this section of the screen.</p>
<ul style="list-style-type: none"> • Placement preference of Child/Youth • Placement preference of Child/Youth's Tribe • Placement preference of QRTP Family and Permanency Team • Placement recommendation of Qualified Individual 	<p>From the QI assessment report, complete the following fields to document the identified placement preferences and recommendation. The following are the placement preference options in the drop down list's that appear under each field. The user needs to check one option:</p> <ul style="list-style-type: none"> • Remain in family home. For the purposes of documenting Indian Child Welfare Act placement preferences, select this option to also document the placement preference in an Indian non-custodial parent's home • Placement in family foster home or with kin. For the purposes of documenting Indian Child Welfare Act placement preferences, select this option to document any of the following preferences: <ol style="list-style-type: none"> 1. a member of the Indian child's blood or biological relative 2. a foster home licensed, approved, or specified by the Indian child's tribe

Fields/Buttons	Field/Button Use/Description
	<p>3. an Indian foster home licensed or approved by an authorized non-Indian licensing authority</p> <ul style="list-style-type: none"> • Qualified residential treatment program. 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. • Setting for youth who are pregnant or parenting. Residential facility settings for youth who are pregnant or parenting are facilities that have a specialized license and certification to provide care for pregnant and parenting youth and the youth's child(ren). Care includes addressing the needs of the youth and providing prenatal and postpartum care. Youth includes adolescents who are 20 years old or younger in traditional or extended foster care. • Setting for youth who are at risk or who were sex trafficked. Residential facility setting for youth who have been, or are at risk of becoming, a sex trafficking victim that have a specialized certification to provide care for identified youth. Care includes offering a safe setting aimed to prevent ongoing and future trafficking while addressing the needs of the youth (i.e. access to medical, mental health, legal, advocacy and other services based on individual needs). Residential programs will offer a trafficking prevention education curriculum and support for youth at risk of future exploitation or trafficking. • Supervised independent living (18-21 years old) setting. This is a type of voluntary placement setting where young adults in extended foster care (ages 18 up to 21) can live on their own. The young adults in these settings will continue to receive case management services in order to assist them in becoming independent and self-sufficient. These settings can include apartments, dorms, shared living settings, host homes and other settings as approved by the agency, and are not required to be licensed. • Other residential facility (not Title IV-E). These are residential facilities that are not certified as QRTP. For the purposes of documenting Indian Child Welfare Act placement preferences, check this option for an institution approved by an Indian tribe or operated by an Indian organization which

Fields/Buttons	Field/Button Use/Description
	<p>has a program suitable to meet the Indian child’s needs and is not certified as a QRTP.</p> <ul style="list-style-type: none"> • Not applicable. This option will only show up in the “placement preference of the Child/Youth’s Tribe”. It should only be selected if ICWA does not apply.
<p>Qualified Individual’s Assessment and Recommendation Report</p>	<p>The user will need to upload the assessment and recommendation report in the child’s Attached Files folder under Person, being sure to select the correct document type (Qualified Individual’s Assessment and Recommendation Report). This makes the document available for selection in the drop-down. A specific “Qualified Individual’s Assessment and Recommendation Report” may be selected on only one QRTP Assessment and Qualified Individual screen for the child/youth.</p> <p>Choose from the multi-column dropdown list of attached files with the specific document type that are specifically identified as “Qualified Individual’s Assessment and Recommendation Report.” This assessment cannot be linked to any other records for the same child.</p>

Appendix

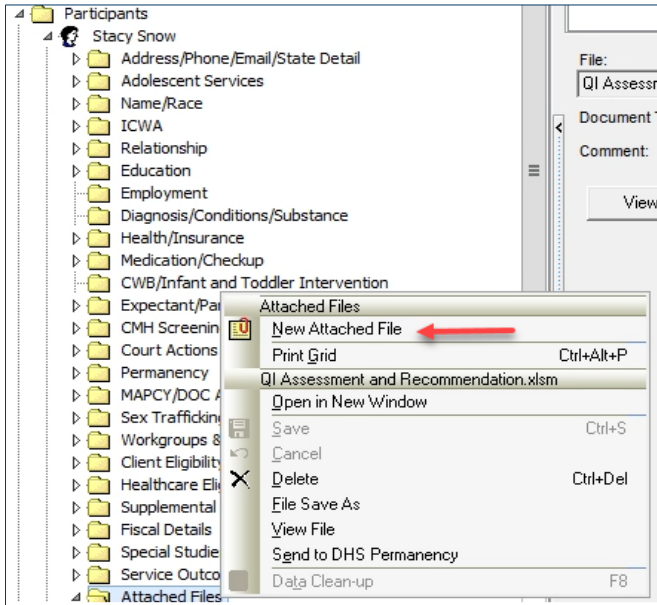
Available settings and reasons for QRTP Placements that will show in the **QRTP Placement** field.

Note: Potential Specialized Setting certifications apply to placements with start dates on or after 09/30/2021 only.

QRTP Placements

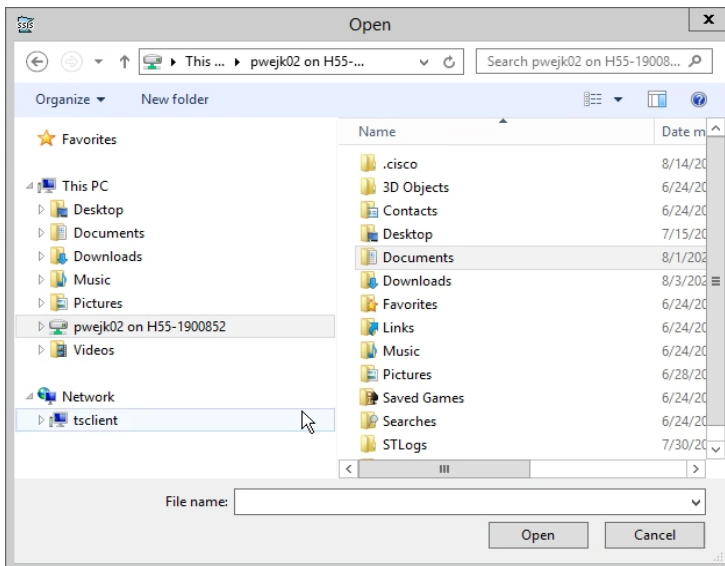
Setting	Reason	Potential Specialized Setting Certification
Group home-staff operated	Treatment for severe emotional disturbance	QRTP
Group home-staff operated	Treatment for developmental disabilities or related conditions	QRTP
Residential program	Treatment for severe emotional disturbance	QRTP
Residential program	Treatment for developmental disabilities or related conditions	QRTP
Juvenile correctional facility (non-secure, 12 or fewer children)	Treatment for severe emotional disturbance	QRTP
Juvenile correctional facility (non-secure, 13 or more children)	Treatment for severe emotional disturbance	QRTP

Attached Files

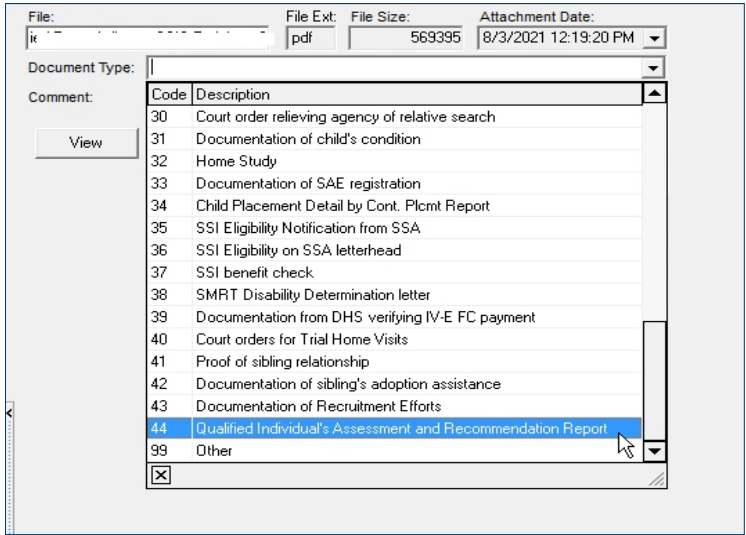


To attach a file to a participant's attached files folder:

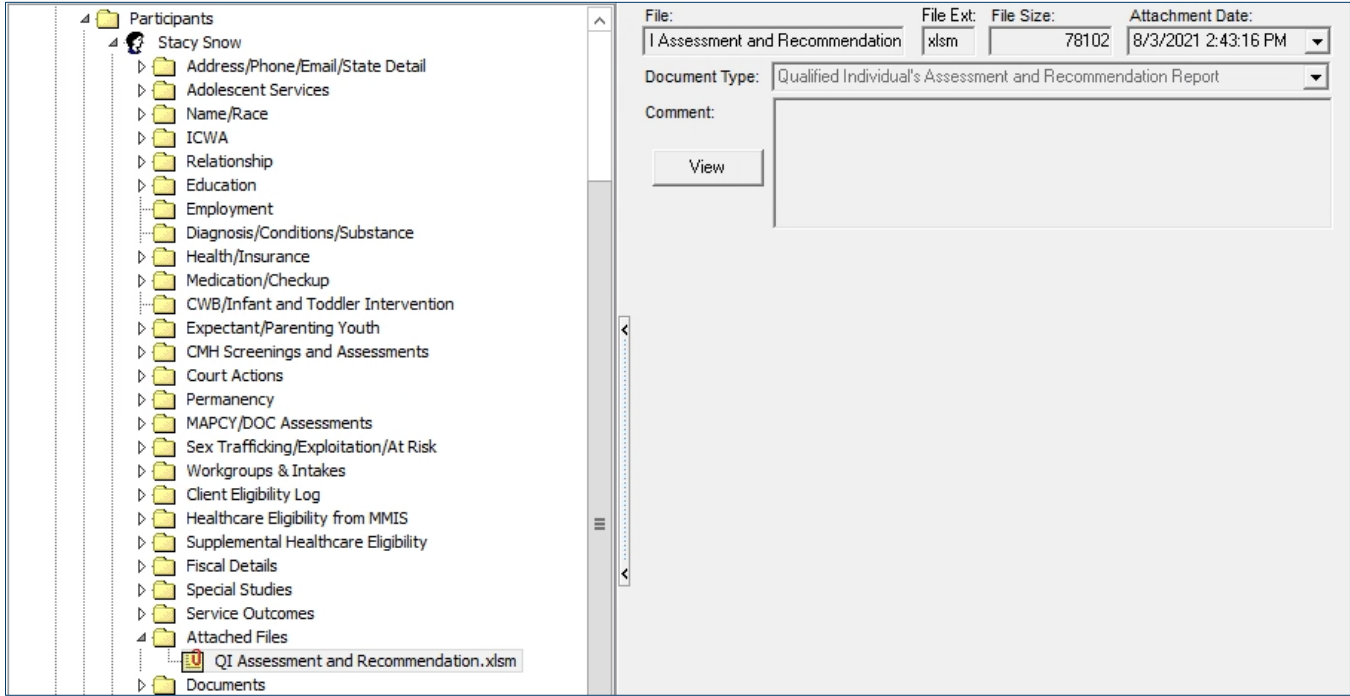
- Select **New Attached File** under the applicable **Participant**.
- To upload a document to **Attached Files** ensure that your drives are mapped properly for Horizon. *Please see your SSIS Mentor if you cannot find needed drives to access important files to upload information into SSIS.*



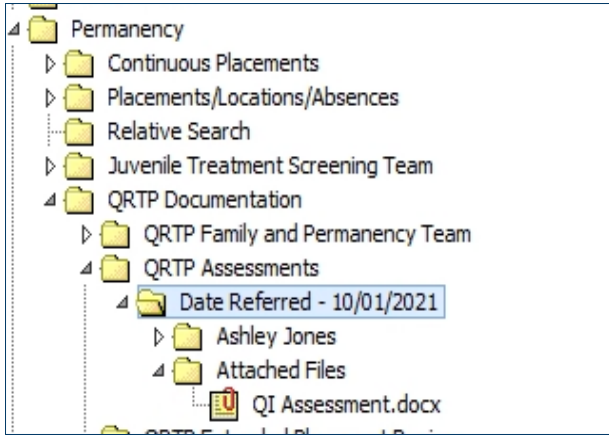
- Locate the drive that contains the file for uploading and select **Open**.



- The file name will appear in the **File** field. Additional information appears in the **File Ext**, **File Size**, and **Attachment Date** fields.
- Under **Document Type** choose **Qualified Individual's Assessment and Recommendation Report** from the dropdown list.



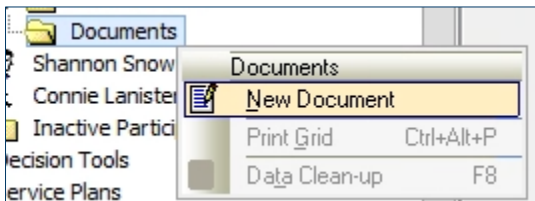
- Add additional comments in the **Comment** field to provide additional description of the attached file.
- The **View** button allows the worker to see the attached document. The document will appear in a new window.



Qualified Individual's Assessment and Recommendation Report:

- The **Qualified Individual's Assessment and Recommendation Report** can then be linked to the applicable Q RTP Assessment.
- Select the dropdown arrow and select the applicable Assessment from the list.

Q RTP Assessment Referral




From the Action Menu

- Select New Document from the Document folder under the Participant.

Setup Document Properties Redaction

No required fields needed to complete.

Document template: 

Description:

Status: Finalized date:

- Select the **Magnifying Glass** icon to search for person documents

Template Name	Format Type	Group	Category	Format	Document Template #	Document Identification
Northstar Kinship Assistance Eligibility Status	RTF	State	Kinship Assistance	Forms	282070	10/9/2014
Northstar Kinship RCA CT Benefit Agreement	RTF	State	Kinship Assistance	Forms	289885	1/22/2015
Notice to Adoptive Parents At-Risk Adoption Assistance	RTF	State	Adoption Assistance	Forms	289950	8/11/2015
QRTP Assessment Referral Form	RTF	State	Placement	Forms	342026	07/23/2021
Social and Medical History for a Child in Foster Care DHS-6754A	RTF	State	Foster Care/Adoption Social & Medical History	Forms	317429	04/16/2018

- Choose the **QRTP Assessment Referral Form** from the grid or tree view then choose the **Select** button.

Setup | Document | Properties | Redaction

8 required fields needed to complete.

Document template: QRTP Assessment Referral Form

Description: QRTP Assessment Referral Form

Status: Draft Finalized date:

The **Setup** tab indicates that there are 8 required fields to complete. The initial fields under the **Setup** tab include:

- **Document template:** This shows the document template that the worker chose.
- **Description:** Defaults to the name of the template. This field can be manually edited, but not necessary.
- **Status:** This field will default to draft until the worker chooses to finalize.
- **Finalized date:** the date displays when the document is changed from draft to finalized.

Document: QRTP Assessment Referral Form

Elements

Letter Date:

Agency

Agency: Test Policy County Family Services

Agency name: Test Policy County Family Services

Is agency county or region: Yes

- The **Document** field is grayed out and defaults to the information entered under the **Description** field, noted above.
- Under **Elements** manually enter or choose the **Letter Date**.
- Under **Agency** the Agency, Agency name, and county or region fields autofill with information based on the agency database where the OHPP is created.

Participant

Participant: Stacy Snow

First name Last name: Stacy Snow

Date of birth: 01/01/2006

- The **Participant** section of the **Setup** tab will autofill with the **Participant**, **First Name Last Name**, and **Date of Birth**.

Placements or locations or absences

Placements or locations or absences: Placement

Setting: Group home - staff operated

Start date: 06/08/2021

Is the current placement setting a qualified residential treatment program placement?

- Under the **Placements or locations or absences** section the most recent placement/location/absence will appear in the designated field, if the placement is entered in SSIS. The fields relating to **Setting** and **Start date** will autofill based on what is entered for that placement/location/absence. This is not a required field as sometimes placements have not been made.
- **Is the current placement setting a qualified residential treatment program placement?** Choose **Yes** or **No** from the dropdown list.

Indian custodian 1

Indian custodian 2

Legal guardian 1

Legal guardian 2

Parent 1

Parent 2

Display the language block?

Caseworker email:

Caseworker full name:

Caseworker phone:

Qualified individual email:

Qualified individual full name:

Qualified individual phone:

Parent 1

Relationships: Snow, Shannon

First name Last name: Shannon Snow

- Ensure that relationships are entered with key participants and collaterals (e.g. Indian Custodians, Legal Guardians, and Parents). Select the individual(s) in the corresponding dropdown lists.
- Choose whether or not to send the document with **Display Language Block**.

- Manually enter **Caseworker Email, Caseworker Full name, Caseworker phone, Qualified individual email, Qualified individual full name, and Qualified individual phone** in the remaining fields.

Qualified Residential Treatment Program (QRTP) Assessment Referral

11/12/2021

Qualified Residential Treatment Program Referral

Qualified Individual: Suzy Raindrop Credentials: CREDENTIALS Phone: 555-555-5555 Email: suzy.raindrop@agency.com	Referral Date: <u>MM/DD/YYYY</u>
Child's/Youth's name: Stacy Snow DOB: 01/01/2006	Parent(s): Shannon Snow Legal guardian(s): Indian custodian(s):

- Select the **Blue Editor Button**
- Double check that **Qualified Individual** information correctly merged and edit **Credentials**.
- Select the **MM/DD/YYYY** next to **Referral Date** and select the date of referral.
- Double check Child and Parent/Guardian/Custodian information.

Are the Indian Child Welfare Act and Minnesota Indian Family Preservation Act applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the child/youth been, or is at risk of becoming, a victim of sex trafficking or commercial sexual exploitation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was a level of care determination conducted for the child/youth? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, share this information with the qualified individual.	
Child's/Youth's current location: Residential program If in placement, date placed: 08/16/2021 The placement is a qualified residential treatment program. When is the assessment due? Date: [MM/DD/YYYY].	Permanency plan: (260C.007 Subd. 25a) <input type="checkbox"/> Reunification with parent or legal custodian <input type="checkbox"/> Placement with other relatives <input type="checkbox"/> Adoption <input type="checkbox"/> Establishment of a new legal guardianship

- Select the box next to 'Art the Indian Child Welfare Act and Minnesota Family Preservation Act applicable', when ICWA and MIFPA apply.
- Check the box next to **Yes** or **No** as to whether or not the child has been or is at risk of becoming a victim of sex trafficking or commercial sexual exploitation.
- Check the box next to **Yes** or **No** as to whether or not a level of care determination was conducted for the child. If yes, share the information with the qualified individual.
- Double check the merge information under the child's placement detail. Select the **MM/DD/YYYY** next to 'When is the assessment due' and choose the applicable date.
- Choose the applicable **Permanency plan** if in existence when referral is generated.

Placing Agency:

Agency making the referral: Test Policy County Family Services List of family and permanency team members is attached to this referral: <input type="checkbox"/> Yes <input type="checkbox"/> No County/tribal agency caseworker name: Jane Doe County/tribal agency caseworker phone: 763-888-8888 County/tribal agency caseworker email: jane.doe@email.com

- Double check information under **Placing Agency**.
- Check the box next to **Yes** or **No** as to whether or not a list of family and permanency team members is attached to this referral.
- Workers can **Save** the document by clicking **Save as** in the editor. This will save the document to the workers personal drive. Remember to also select **Save** to save the document in SSIS.