

Qualified Residential Treatment Program (QRTP) Policy Stakeholder Engagement

August 31, 2021, 9:00 AM-12:00 PM

Jami Gazerro, Operations Section Manager

Christina Winship, Child Health State Plan Policy Specialist

John Laukkanen, ACC Pediatric Behavioral Health Liaison

Purpose

Solicit stakeholder feedback to help refine proposed QRTP benefit policy, answer stakeholder questions, and provide information on past, current, and future work.

Agenda

- Meeting Overview (9:00 a.m.)
- QRTP Information (9:10 a.m.)
- Stakeholder Feedback (9:25 a.m.)
- Break (10:45 a.m.)
- Questions (11:05 a.m.)
- Next Steps (11:55 a.m.)

Department's Role

- Keep the meeting on track with time and scope
- Provide policy and program information related to the proposed policy
- Answer questions
- Create an inclusive and receptive space to receive feedback from stakeholders

Meeting Etiquette

- Honor the agenda
- Stay solution and scope focused
- Direct policy questions to the Department policy experts
- Identify yourself before speaking
- Honor and respect everyone

We Commit to Stakeholders

The Department will:

- Thoroughly and thoughtfully evaluate all questions and feedback.
- Identify what feedback can be incorporated now or potentially in the future.
- Transparently communicate the outcomes of feedback and questions.
- Refer individuals to appropriate Department resources for out-of-scope topics.

Federal Requirements

- Federal legislation Family First Prevention Services Act (FFPSA) defined the QRTP (Feb 9, 2018)
- Requires states to adopt rules for QRTPs by October 1, 2021.
- FFPSA defines the QRTP setting 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 available 24 hours/day, 7 days/week.
 - Facilitates and documents participation of family members in the child's treatment program.
 - Provides discharge planning and family-based aftercare support for at least 6 months post-discharge.
 - Is state-licensed and is accredited

Federal Requirements

- Require alignment with QRTP and IMD federal requirements
- IMD guidelines were created in the Social Security Act of 1965 to limit the federal government from paying for institutional care
- Medicaid cannot pay for any services for any member in an IMD (including physical, behavioral, dental, pharmacy, care coordination, etc.)
- Medicaid is expected to be the payer of first resort for child welfare

Past Department Work

- Collaboration with:
 - CDHS, which will license QRTPs
 - Centers for Medicare and Medicaid Services (CMS)
 - County directors
 - Residential providers
- Consider:
 - Provider network
 - Federal funding (both IV-E, Medicaid match)

Current Work

- Compliance with federal regulations
- Operationalizing
 - Rulemaking
 - Billing manual updates
 - Build out systems, rates, enrollment, and licensing

Proposed Policy

- Definitions – QRTP federally defined
- Inclusions - Exclusions
- Member Eligibility
- Provider Eligibility
 - Licensure & Certification
- Provider responsibilities
 - Minimum clinical requirements
 - Reporting requirements
- Reimbursements

Policy Considerations

Element of Rule	Constrained by
Inclusions / Exclusions	Federal requirements
16-bed limit	Federal IMD rules
Payment of Room & Board	Federal limitations
Payment of Educational Expenses	Federal limitations
Campus definition	Balance of Federal requirements and provider needs
QRTP definition	Federal definition
Accreditation	Federal definition
Licensure	CDHS

In-state attestation

- Attestation form functions as a decision tree for providers.
- Purpose is to operationalize the policy to ensure compliance with restrictions

Campus definition

- The State Medicaid Manual contains 6 criteria that explain how to identify components of an institution (which facilities, locations, programs) need to be included in the IMD determination.
- Colorado reflected all 6 criteria in our policy
 - Common ownership/governance within 1 mile (#1)
 - Dedicated staff that ensures a stable milieu (#2, #3)
 - Separately licensed (#4)
 - Members do not float between programs owned by the same entity (#5)
 - Mileage distance (safe harbor approach) to indicate geographic separateness (#5)
 - Mileage distance + Home and Community Standards (#6)
- Once "independence" or separateness is determined, then the actual IMD criteria are applied.
- Any entity that is less than 17 beds is not considered an IMD by definition

IMD

- 16 bed limit
- Federal legislation
- Access tracking project planned

Independent assessments

- FFPSA requires an Independent Assessment
 - Not completed by the referral agency or the QRTP
 - Completed by a "Qualified Individual" (licensed clinician, certified)
 - Using a statewide tool (CANS)
 - Includes family participation
- HCPF will require the RAEs to use this Assessment process to inform their Medical Necessity determinations
- Independent Assessment is required for youth in county custody per FFPSA

Clinical and Reporting Requirements

- Set minimum clinical treatment requirements
- Expand reporting beyond abuse, neglect, and death to include serious injury



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Policy & Financing

Per Diem Reimbursement

- Current per diem rate
- Cost reporting to arrive at long term rate structure
- Assess actual cost to perform service

Transitions to QRTP

- Facilities will enroll as QRTPs on or before October 1, 2021
- As soon as a facility is enrolled as a QRTP, the provider will be able to bill QRTP per diem for qualified residents

Future Work

- Finalize policy
- Cost-based rates
- Address IMD implications across the broader continuum of care
- Continue to work with CDHS to strengthen and expand the provider network
- Two-year access analysis

Stakeholder Feedback

Break

Resources

- [QRTP Stakeholder Page](#)
 - [Title IV-E Prevention Program](#)
 - [Family First Prevention Services Act Implementation Team](#)
 - [H.R. 1892 - Bipartisan Budget Act of 2018](#)
 - [National Conference of State Legislatures Family First Prevention Services Act](#)
 - [State Medicaid Manual Section 43-90 Institutions for Mental Diseases](#)
 - [Child/Youth Residential Provider Attestation Form](#)
 - [Provider Enrollment Information](#)



Questions?



Resources

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Next Steps

- Thoroughly and thoughtfully evaluate feedback to identify opportunities to refine the QRTP policy
- Publish a Q&A document with the Department's responses
- Provide enrollment information on the Department's website
- Evaluate access to care every six months over the next two years, as well as provide ongoing oversight of the QRTP benefit as part of the continuum of care
- Implement cost reporting 7/1/22 to inform cost-based rates starting 7/1/23
- Post-engagement survey

Contact

Hcpf_access@state.co.us

Thank you!