



TITLE	POLICY NUMBER	
Qualified Residential Treatment Program Certification	DCS 15-13	
RESPONSIBLE AREA	EFFECTIVE DATE	REVISION
Office of Licensing and Regulation (OLR)	05/05/20	5

I. POLICY STATEMENT

The Arizona Department of Child Safety (DCS) recognizes that children whose needs cannot be met in a family setting require high quality, trauma-informed environments that support their treatment services and allow them to successfully transition back to family care. This policy establishes the policies and procedures used by DCS to certify congregate care facilities that contract with the Department meet the requirements of a Qualified Residential Treatment Program (QRTP) in compliance with the Family First Prevention Services Act.

II. APPLICABILITY

This policy applies to DCS providers who seek to be certified as QRTP providers, as well as Office of Licensing and Regulation (OLR) staff who manage the certification process. Successfully certified programs shall comply with the standards outlined in this policy as well as their contractual and regular licensing requirements with DCS.

III. AUTHORITY

[A.A.C. Title 21, Chapter 7](#)

Child Welfare Agency Licensing

[Public Law 115-123](#)

Family First Prevention Services Act within Division E, Title VII, of the Bipartisan Budget Act of 2018

[Social Security Act section 471](#)

State Plan for Foster Care and Adoption Assistance

[Social Security Act section 472](#) Foster Care Maintenance Payments Program

[Social Security Act section 475](#) Definitions

IV. DEFINITIONS

Caregiver Assessment Tool: A decision-making tool utilized by DCS Placement Administration to determine the most appropriate, least restrictive caregiver setting for all children entering out-of-home care.

Clinical staff: Professional employees with training and credentials authorized by the provider to perform, or assist in the performance of, trauma-informed and/or trauma-specific service models. Competencies should include understanding difficult client behaviors through a trauma-informed lens; strength-based and resilience-oriented therapeutic interventions; collaborative development of treatment plans; culturally competent care; and avoiding client re-traumatization.

Department or DCS: The Arizona Department of Child Safety.

Facility: A living environment operated by a Child Welfare Agency, where a child in care is in the care of an adult unrelated to the child.

- “Facility” includes a shelter care facility for a group of children that is intended to be short term in nature, and a residential group care facility for children who are intended to be placed for longer periods of time.
- “Facility” when referring to a Child Placing Agency facility means any physical setting in which the Child Placing Agency conducts business, including areas where a child in care may be present for less than 24 hours during transport to a foster home or other placement.
- “Facility” does not include a program licensed as a behavioral health service agency by Arizona Department of Health Services under A.R.S. § 36-418.

Family-based Aftercare Support: Services offered to families while children transition to permanency that address the effects of trauma, promote psychological healing, and strengthen protective capacities to reduce the risk of future maltreatment.

Qualified Residential Treatment Program: An accredited, non-foster family setting for which DCS can seek federal reimbursement under Title IV-E. It must be licensed as a child care institution in accordance with section 471(a) (10) of the Social Security Act. According to the US Department of Health and Human Services (HHS), Administration

for Children and Families (ACF), a QRTP must be a program that:

- has a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and, with respect to a child, is able to implement the treatment identified for the child by the required 30-day assessment (described below) of the appropriateness of the QRTP placement;
- to extent appropriate, and in accordance with the child's best interests, facilitates participation of family members in the child's treatment program by:
 - reaching out to the family members of the child, including siblings, documenting how the outreach is made (including contact information), and maintaining contact information for any known biological family and fictive kin of the child;
 - documenting how family members are integrated into the treatment process for the child, including post-discharge, and how sibling connections are maintained.
- provides discharge planning and coordinates with a behavioral health entity that will assume responsibility for providing post-discharge aftercare support services;
- is accredited by any of the following independent, not-for-profit organizations: The Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation or any other independent, not-for-profit accrediting organization approved by HHS;
- has registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice as defined by state/tribal law, are accessible or on-site according to the treatment model, and are available 24 hours a day and 7 days a week. A rule of construction in section 472(k)(6) of the Act indicates that this requirement shall not be construed as requiring a QRTP to acquire nursing and behavioral health staff solely through means of a direct employer to employee relationship (sections 472(k)(4) of the Act).
- has specific programming and assessment criteria to support one or more of the following specialized populations:
 - youth who require a structured placement as a result of conduct disorders or aggressive behaviors and cannot be served in a less restrictive environment;
 - youth who have experienced significant trauma as a result of physical abuse, sexual abuse, or sex trafficking and require intensive trauma-informed care and reduced staffing ratios to address the trauma;
 - youth who exhibit sexually maladaptive behaviors that cannot be addressed in a less restrictive setting;
 - youth who identify as LGBTQ+ and will benefit by participation in a

program specifically designed to serve their needs.

- is licensed in accordance with the title IV-E requirements (section 471(a)(10) of the Act) and has attained certification from the DCS Office of License and Regulation (OLR), a designation granted to facilities licensed as a Child Welfare Agency (CWA) by OLR *or* as a Behavioral Health Residential Facility (BHRF) through the Arizona Department of Health Services that complies with the additional requirements as defined herein; QRTP is not a licensing type.
 - Licensed BHRF facilities are not required to meet the CWA licensing rules but must comply with all other QRTP requirements.
- has a contract issued exclusively by DCS that includes the provisions established in this policy or, upon approval of DCS Placement Administration, has a contract to support youth involved with the juvenile justice system.

Qualified Residential Treatment Program Assessment: An evaluation by a qualified individual that assesses the strengths and needs of the child that includes using an age-appropriate, evidence-based, validated, functional assessment tool as described in [42 U.S.C. § 675a\(c\)\(1\)](#). The Department utilizes the Child and Adolescent Level of Care Utilization System (CALOCUS) and the Caregiver Assessment Tool in order to complete a QRTP assessment.

Trauma-Informed Care: A universal framework that requires changes to the practices, policies, and culture of an entire organization so that all staff have the awareness, knowledge, and skills needed to support trauma survivors. It represents a move away from a strictly medical model of individual illness toward a broader understanding of how social context and environmental factors affect functioning and resilience.

Trauma-Informed Services: Evidence-based, clinical interventions designed to address and alleviate traumatic stress. Many of these treatments are tailored to target specific sub-populations based on the receiving individual's needs and characteristics such as age, cognitive capacity, internalizing/externalizing problem behaviors, type of trauma, and co-occurring conditions (such as substance use and mental disorders).

V. POLICY

The Office of Licensing and Regulation (OLR) shall approve the initial certification and all subsequent re-certification of Qualified Residential Treatment Program (QRTP) providers.

- A. QRTP providers shall complete and submit the following:
1. QRTP Application;
 2. a copy of the initial accreditation and all subsequent re-accreditations as a Qualified Residential Treatment Program (QRTP) provider by any of the following organizations;
 - a. the Commission on Accreditation of Rehabilitation Facilities;
 - b. the Joint Commission on Accreditation of Healthcare Organizations;
 - c. the Council on Accreditation;
 - d. or any other independent, not-for-profit accrediting organization approved by the Children's Bureau;
 3. a copy of their license as a Behavioral Health Residential Facility (BHRF) by Arizona Department of Health Services, if applicable;
 4. a copy of any attestations provided to their accrediting organization which indicate their ongoing conformance to required standards;
 - a. any required self-reports that are submitted to their accrediting organization;
 - b. within 24 hours, any recommendations for improvement or areas of deficiency identified by the accrediting organization, as well as any quality improvement plans to address the issue(s).
 5. a written summary of the work plan to provide registered or licensed nursing staff (and other clinical staff if the treatment model requires it) either on-site or available 24 hours per day, 7 days per week;
 6. a written summary, or copy of the policy, describing how discharged cases are transferred to a behavioral health entity in order to receive aftercare support services;
 7. a written summary and copy of the policy, mandating;
 - a. outreach attempts to family members to encourage their participation in the child's treatment program (to the extent possible, and in accordance with the child's best interest);

- b. maintaining contact information for any known biological family and fictive kin, and documenting outreach efforts to invite them to participate in the child's treatment plan.
- 8. a policy or training manual describing their trauma-informed treatment model, including a description of empirical research supporting its efficacy in addressing the needs of youth with serious emotional or behavioral disorders or disturbances.
- 9. evidence demonstrating compliance with each of the certification elements referenced above in section V.A which may be augmented by the provision of supplemental materials/artifacts that substantiate program performance.
- B. Following initial approval, QRTP providers shall submit changes that occur to the trauma-informed treatment model to OLR. The materials/artifacts of the current language and the proposed change to the affected trauma-informed treatment model.
- C. The certification elements outlined in V.A. shall be collected at the time of initial QRTP certification, the annual license renewal, or QRTP certification renewal.
- D. QRTP facilities shall not intermingle QRTP youth with non-QRTP youth in the same facility/cottage.

VI. PROCEDURES

- A. OLR shall evaluate the QRTP's performance initially and annually across several domains. The [Qualified Residential Treatment Program Certification Domains](#) form shall include:
 - 1. Training
 - a. Training shall focus on:
 - i. assessing the needs of youth and families;
 - ii. establishing connections to the families served;
 - iii. delivering the needed trauma-informed services;
 - iv. overseeing and evaluating the continuing appropriateness

of the services.

- b. OLR shall review the QRTP's training curriculum; QRTP staff may only train other staff members if they have participated in a "Train the Trainer"-model training that prepares instructors to relay the subject matter effectively, respond to participant questions, and lead activities that reinforce learning.

2. Workforce Development

- a. QRTPs shall maintain a workforce that:
 - i. is offered training, supervision, and support to enhance their clinical skills;
 - ii. is qualified to provide trauma informed services;
 - iii. develops appropriate treatment plans; and
 - iv. monitors and oversees the safety and progress of youth who receive services and reexamines and adjusts the treatment plan as necessary.

3. Trauma-Informed Treatment Model

- a. Policy and program reviews shall be conducted to assess the efficacy of the trauma-informed treatment model.
- b. Topics in the [*Qualified Residential Treatment Program Certification Domains*](#) form do not constitute a pass/fail criterion but represent a preponderance of issues to determine if a QRTP is truly providing a trauma-informed treatment model under an organizational structure and treatment framework that:
 - i. understands, recognizes, and responds to the effects of all types of trauma;
 - ii. is in accordance with recognized principles of a trauma-informed approach;
 - iii. features trauma-specific interventions to address the consequences of trauma and facilitate healing;
 - iv. sustains trauma awareness, knowledge, and skills into

organizational cultures, practices, and policies;

- v. collaborates with all those who are involved with the youth, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive;
- vi. emphasizes continuity of care and collaboration across child-service systems;
- vii. maintains an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress.

4. Family Engagement

QRTPs shall:

- a. facilitate family member participation (as allowed or restricted by DCS) in the child's treatment program to ensure safety and maintain family connections in accordance with the child's best interest;
- b. reach out to the child/client's family members (including siblings) to invite participation in the child/client's treatment program;
- c. confirm that contact information for any known biological and fictive kin of the child/client is documented and maintained;
- d. maintain copies of the provider's family member participation policies and procedures as well as the documentation format for tracking outreach attempts and collecting family contact information, including addresses, phone number(s), email addresses, etc.

5. Discharge and Aftercare Planning

- a. QRTPs shall coordinate with a behavioral health entity that will provide post-discharge aftercare support services;
- b. QRTPs shall maintain client discharge planning policies and procedures.

6. Safety and Unusual Incidents

- a. QRTPs shall abide by the reporting requirements enumerated in [R-21-7-207](#) and in their contracts. They may also report other incidents they deem significant.

B. Review of Certification

1. OLR shall confirm annually, or as often as deemed necessary, that the QRTP continues to meet the certification requirements established by OLR in section VI.A.
2. OLR shall evaluate the QRTP's compliance with general licensing standards and performance expectations during annual review. Evaluation will include consideration of the following:
 - a. findings from the QRTP's licensing renewal and monitoring visits;
 - b. licensing investigation and findings;
 - c. any action plans or corrective action plans;
 - d. grievances submitted in accordance with the DCS grievance policy;
 - e. incident reports;
 - f. disruption rates;
 - g. average length of stay;
 - h. discharge settings (whether the program is successful at stepping down to reunification vs. group homes);
 - i. any other relevant information, including reports and exhibits that are submitted to DCS Placement Administration.

Lack of compliance/satisfactory performance in the aforementioned areas may result in denial/revocation of QRTP certification.

3. If a provider is unable to meet the QRTP requirements outlined in this policy, a written notice of reclassification as a non-QRTP shall be provided to the licensee. The issuance, denial, or revocation of a QRTP certification does not affect a provider's license.
4. QRTPs shall work proactively to identify areas that need to be

strengthened in order to obtain and/or maintain certification, and OLR shall offer support and guidance to effectuate these improvements.

VII. FORMS INDEX

[*Qualified Residential Treatment Program Certification Domains \(DCS-3740\)*](#)