



MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION

APPLICATION FOR QUALIFIED RESIDENTIAL TREATMENT PROGRAM DESIGNATION

<input type="checkbox"/> Initial		<input type="checkbox"/> Renewal	
NAME OF PROGRAM AND DVN		PHONE NUMBER	
ADDRESS (CITY, COUNTY, STATE, ZIP)			
EMAIL ADDRESS		WEBSITE	
EXECUTIVE DIRECTOR/ADMINISTRATOR			
ED/ADMIN PHONE NUMBER AND EMAIL ADDRESS			
PROGRAM DIRECTOR			
PD PHONE NUMBER AND EMAIL ADDRESS			
LICENSING INFORMATION, AS APPLICABLE (LICENSE TYPE)			
Attachments: Attachments A-F must be included with the Qualified Residential Treatment Program (QRTP) application. Please see the application instructions for the attachment section. Please provide a description of the materials attached within sections A-F.			
<input type="checkbox"/> A: Verification of Licensure			
<input type="checkbox"/> B: Verification of Accreditation			
<input type="checkbox"/> C: Verification of Trauma Informed Programming			
<input type="checkbox"/> D: Clinical Staffing and Lead Trauma-Informed Care Staff			
<input type="checkbox"/> E: 24/7 Access to Nursing			
<input type="checkbox"/> F: Family Engagement/Discharge Planning/Aftercare Planning			

QRTP REQUIREMENTS AND INSTRUCTIONS

The Missouri Qualified Residential Treatment Program (QRTP) designation is based on Public Law 115-123, the Family First Prevention Services Act within Division E, Title VII of the Bipartisan Budget Act of 2018. As an applicant for QRTP designation, the agency is responsible for complying with these requirements.

Application Process: The agency shall submit an application for the QRTP designation on the application form and provide the attachments as instructed. Upon receipt of the completed application, the Division will review and make a determination if the agency meets the requirements for a QRTP designation. The Division may request further documentation if needed. The Division shall issue an approval or denial within forty-five (45) days of receipt of the completed application. Upon initial approval, the agency will receive a written determination of QRTP designation status.

QRTP Requirement: Please refer to the Children's Division, Child Welfare Manual- Section 4, Chapter 2 (Placements), Subsection 6 – Qualified Residential Treatment Program (QRTP) Designation.

Attachment A: The agency must submit verification of licensure for residential treatment. Please provide verification of licensure, which will be the agency's current license certificate for residential treatment, or intensive residential treatment.

Attachment B: The agency must submit verification of accreditation. Please submit the most current accreditation certificate and full accreditation report.

Attachment C: The Children's Division has adopted The Missouri Model: A Developmental Framework for Trauma-Informed Care. This is not a specific program that can be implemented and monitored with a checklist. The Missouri Model is a set of guiding principles of a trauma-informed practice. The Missouri Model can be obtained at <https://dmh.mo.gov/trauma/>. The agency must submit documentation to demonstrate how the agency is able to meet the principles of The Missouri Model. The applicant should include any trauma-informed treatment model certificates from recognized trauma-informed programs, trauma-informed assessments, policies, training/development and the lead personnel designated to implement trauma-informed practice at the agency. See **Attachment D** for further instructions on the lead personnel for trauma-informed practice.

Attachment D: The agency must provide verification of the clinical needs provided per the agency's current level of care and trauma-informed model. The agency must submit verification of 24/7 licensed clinical staff in accordance with the agency's treatment model and level of service provided to the children. The agency must submit the name and position description of the designated lead personnel involved in the implementation of the trauma-informed practice. Please include a detailed job description for this position to include job duties, supervisory duties, if applicable, and training responsibilities.

Attachment E: The agency must provide verification of 24/7 access to a licensed or registered nurse. This verification of nursing staff must include: a professional license, job description, employment or contract agreement and work schedule. This can be a contract with a nurse(s) if not directly employed by the agency. The contract for a nurse must include verification that the nurse is licensed or registered and available on a 24/7 basis. An MOU or letter of employment/contract agreement will be sufficient as verification. Verification needs to verify that the agency has 24/7 access to nursing.

Attachment F: The agency must submit a detailed description of the agency's Family Engagement/Discharge Planning/Aftercare Planning programs and policies. Aftercare programming must be, at minimum, a six (6) month program. Family Engagement must include how the agency will include siblings and facilitate outreach to the family members of the children. The documentation must demonstrate how the outreach is made and how the contact information for any known biological family and fictive kin of the children will be documented. The documentation must detail which agency staff will be responsible for this programming.

Documentation Submission Process

The agency must submit policies and procedures with sections marked/flagged with identification of the section that meets a QRTP requirement. Some forms of documentation may need to be in a narrative form, pictures, diagrams, letters, certificates, etc. Documentation must be submitted and marked for each attachment above. Documentation must be thorough and describe how the agency is meeting the QRTP requirement.

Appeal Process

The applicant has the right to an appeal process if the agency is denied a QRTP designation. To request an administrative review please follow the steps below as outlined in the Children's Division, Child Welfare Manual- Section 4, Chapter 2 (Placements), Subsection 6 – Qualified Residential Treatment Program (QRTP) Designation.

- (A) To request an administrative review the agency shall submit a written request for administrative review within ten (10) calendar days of notice of the decision of the Division. The request for administrative review shall set forth the basis of the agency's objection to the Division's decision.
- (B) If the agency requests a hearing, the Division shall hold an administrative hearing. The hearing shall be held by the Children's Division Director or the Director's designee.
- (C) The determination of the Director or the Director's designee shall be the final agency decision.