

WHAT IS A QRTP?

Under the Family First Prevention Services Act, a Qualified Residential Treatment Program is one of four types of child care institutions that may qualify for federal IV-E matching payments after a child's first two weeks in that congregate care setting. The other three allowable child care institutions are:

- a setting specializing in providing prenatal, post-partum, or parenting supports for youth,
- a supervised independent living setting, and
- a setting providing high-quality residential care and support services to children who have been or are at risk of becoming sex trafficking victims.

States may also claim IV-E foster care payments for a child living in a foster family home licensed or approved by the state, or with their parent(s) in a licensed, family-based residential substance abuse treatment facility.

Among these settings, QRTPs are the most likely to draw the scrutiny of federal officials for potential violation of the Medicaid [IMD exclusion](#). In addition to requiring certain assessments and oversight for continued stay, the Family First Prevention Services Act defines a QRTP 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 who
 - provide care within their state-defined scope of practice
 - are on-site consistent with the QRTP's treatment model, and
 - are available 24 hours/day, 7 days/week.
- As appropriate, facilitates participation of family members in the child's treatment program.
- Facilitates and documents outreach to family members, including siblings, and maintains contact information for any known biological family and fictive kin of the child.
- Documents how family members are integrated into the treatment process, including post-discharge, and how sibling connections are maintained.
- Provides discharge planning and family-based aftercare support for at least 6 months post-discharge.
- Is state-licensed and is accredited by CARF, COA, the Joint Commission, or another independent, nonprofit accrediting organization identified by the HHS Secretary.
- If identified as an [excluded IMD](#) under Medicaid, may have to meet additional requirements to participate in a Medicaid Section 1115 waiver.

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