



Ohio Administrative Code

Rule 5101:2-9-42 Qualified residential treatment program (QRTP).

Effective: January 1, 2024

(A) A residential facility that is certified by the Ohio department of job and family services (ODJFS) and accepts children for placement is to comply with the requirements in this rule. Agencies whose initial certification date is on or after October 1, 2020 are to be compliant with this rule in order to become certified. Agencies certified prior to October 1, 2020 have until October 1, 2024 to become compliant with the requirements related to meeting QRTP standards. In order to maintain title IV-E reimbursability, residential agencies are to meet the standards in this rule by October 1, 2021.

(B) A QRTP is defined as a facility that:

(1) Is not a private, nonprofit therapeutic wilderness camp.

(2) Is not a scholars residential facility.

(3) Has a residential program that is accredited by at least one of the following national accrediting bodies and provides ongoing proof of such accreditation status to ODJFS:

(a) Commission on accreditation of rehabilitation facilities.

(b) Joint commission on accreditation of healthcare organizations.

(c) Council on accreditation.

(4) Implements a trauma-informed approach in which all employees, volunteers, interns and independent contractors within the facility are trained in that trauma-informed approach. Trauma-informed training is to occur within the first thirty days of hire and annually thereafter in accordance with rule 5101:2-9-03 of the Administrative Code. The required trauma training competencies are located at <https://jfs.ohio.gov/ocf/Family-First.stm>.



(5) Utilizes a trauma-informed treatment model that is approved by ODJFS for the population the facility serves. A trauma-informed treatment model is a program, organization or system that:

(a) Ensures all clinical staff are trained on the trauma model approved by ODJFS. If the program adds that staff other than those with clinical responsibilities are to be trained on the trauma model, the program is to document this through policy and training records.

(b) Realizes the widespread impact of trauma and understands potential paths for recovery;

(c) Recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system;

(d) Responds by fully integrating information about trauma into policies, procedures and practices;

(e) Seeks to actively resist re-traumatization.

(f) Includes service of clinical needs and that:

(i) Is an approved trauma informed treatment model applicable to the population of youth served, located at <https://jfs.ohio.gov/ocf/Family-First.stm> or,

(ii) Meets the substance abuse and mental health services administration (SAMHSA) implementation domains and follows the six key principles of the SAMHSA trauma informed approach which are located at <https://jfs.ohio.gov/ocf/Family-First.stm>; and

(iii) Receives approval by the department or designee.

(6) Has registered or licensed nursing and clinical staff who operate in accordance with the following:

(a) Provide care within the scope of their practice as defined by state law.

(b) Are accessible on-site or face-to-face via interactive videoconferencing based on the youth's



clinical and/or medical needs. Interactive videoconferencing may not be appropriate for a youth in crisis at the facility.

(c) Are available twenty-four hours a day and seven days a week.

(7) Cooperates with the qualified individual and the family and permanency team to complete the assessment within thirty days of placement of a child in a QRTP in accordance with rule 5101:2-42-12 of the Administrative Code.

(8) Provides consideration for the youth's safety and developmental needs, the treatment should be family-driven with both the youth and the family included in all aspects of care, if in the best interest of the youth. The key components of family-centered residential treatment are to be documented in the child's record and include the following:

(a) Facilitation of regular contact between the youth and other members of the family including siblings,

(b) Actively involving and supporting families who have a youth placed in the residential facility,

(c) Providing outreach, ongoing support and aftercare for the youth and the family.

(9) Completes discharge planning that is to:

(a) Include planning for all youth discharged from the QRTP.

(b) Begin in partnership with the legal custodian and/or custodial agency no later than the next business day after a youth is admitted to the QRTP.

(c) Be reviewed by the QRTP no less than every thirty days and during every service plan review.

(10) Provides aftercare support for all youth placed more than fourteen days who are exiting the QRTP to family-based settings including:



(a) Reunification with family.

(b) Pre-finalized adoptive family.

(c) Kinship care.

(d) Foster care.

(e) Independent living.

(11) Includes at least a six-month period of family-based aftercare support for all youth after discharge, even if the youth reaches the age of majority. The aftercare support is to:

(a) Be provided within the youth or family's community as appropriate to promote the continuity of care for children.

(b) Be individualized and driven by the youth, the caregivers and the family as appropriate, and include the following:

(i) Monthly contact with the youth and caregivers to promote and maintain engagement, and to regularly evaluate the family's needs. Monthly contact may be in-person, through interactive videoconferencing, or via phone or other electronic means.

(ii) Referring and coordinating engagement with any applicable community providers serving the youth or family. The QRTP will ensure they make themselves available to the community providers for ongoing consultation and document the consultation in writing. Documentation should include all resources and services needed and detail how the resources and services will be provided.

(iii) Written documentation provided to all participants of the discharge plan prior to discharge with information on how to access additional supports from the QRTP and community providers including contact information and steps required to access each provider.

(12) May provide six months of aftercare services as defined in rule 5101:2-1-01 and pursuant to rule



5101:2-47-23.1 of the Administrative Code, if the child was placed by a Title IV-E agency.

(13) Ensures all QRTP requirements able to be recorded in the residential treatment information system (RTIS) are documented within RTIS.