



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)			
<p>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.</p>			
<input type="checkbox"/> A: Verification of Licensure			
<input type="checkbox"/> B: Verification of Accreditation			
<input type="checkbox"/> C: Verification of Trauma Informed Programming - Attestation is required when utilizing the SAMHSA Domains			
<p>Attestation for SAMHSA Domains:</p> <p><input type="checkbox"/> As part of the process to receive QRTP designation in Missouri, the Applicant hereby acknowledges and represents to the Missouri Department of Social Services that appropriate program staff has reviewed, understood, and pursuant to the attached documents, implemented in whole or in part the 10 Implementation Domains for a Trauma Informed Approach <a href="https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf">https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf</a>, as represented by the Applicant's authorized signature below. The Applicant further recognizes that trauma informed implementation is a continuing responsibility, and also acknowledges that the program shall be subjected to periodic reviews conducted by the Missouri Department of Social Services or designee, for purposes of monitoring QRTP designation compliance.</p> <p>Signature _____ Date _____</p>			
<input type="checkbox"/> D: Clinical Staffing and Lead Trauma-Informed Care Staff			

E: 24/7 Access to Nursing

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 agency must submit documentation to demonstrate how the agency is able to meet the principles of trauma informed care. The agency must submit documentation to support the agency's use of a trauma informed treatment model which may include, 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. The Division may also accept an attestation in conjunction with other supporting documentation when no formal assessment or certification is present. NOTE: Agencies utilizing an attestation shall be prioritized for an on site review within 6 months of receiving a QRTP designation

**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**

Please submit your completed application to [CD.FFPSA@dss.mo.gov](mailto:CD.FFPSA@dss.mo.gov) 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.

Submitted by:

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_