DRAFT - NOT FOR FILING

5122-30-32 Qualified residential treatment program (QRTP).

(A) A class one residential facility that is licensed by the Ohio department of mental health and addiction services (OhioMHAS) and accepts children (youth) for placement is to comply with the standards in this rule. Residential facilities whose initial licensure date is on or after October 1, 2020 are to be compliant with this rule in order to become licensed. Facilities licensed 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, providers are to meet the standards in this rule by October 1, 2021.

(B) Residential facilities are to comply with the following standards:

(1) 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 OhioMHAS:

(a) Commission on accreditation of rehabilitation facilities.

(b) Joint commission on accreditation of healthcare organizations.

(c) Council on accreditation.

(2) 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 after the date of hire, and annually thereafter. The required trauma competencies are located at http://jfs.ohio.gov/ofc/Family-First.stm.

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

(a) Ensures all clinical staff have a current "Level 2 Trauma Informed" or "Level 3 Trauma Competent" certificate or are trained on the trauma model approved by OhioMHAS. The facility (or agency) agency shall describe in writing in its trauma training policies and procedures or elsewhere whether non-clinical staff will be trained on the trauma model or will be trained only on the trauma competencies described in paragraph (B)(2) of this rule.

(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 http://jfs.ohio.gov/ocf/Family-First.stm or,

(ii) Meets the ten 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 http://jfs.ohio.gov/ocf/Family-First.stm; and

(iii) Receives approval by the department or designee.

(4) 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 via interactive videoconferencing based on the youth's clinical and/or medical needs. Interactive videoconferencing might not be appropriate for a youth in crisis at the facility.

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

(5) With consideration to 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 youth'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.

(6) Completes discharge planning that is to include family-based aftercare support. Family-based aftercare support is defined as individualized, community-based, trauma-informed supports that build on treatment gains to promote the safety and well-being of youth and families, with the goal of preserving the youth in a supportive family environment. The discharge plan is to:

(a) Include planning for aftercare services for all youth discharged from the facility to family-based settings including:

(i) Reunification with family,

(ii) Pre-finalized adoptive family,

(iii) Kinship care,

(iv) Foster care,

(v) Independent living.

(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 calendar days and during every individualized treatment plan (ITP) review as described by rule 5122-27-03 of the Administrative Code. An ITP review is to be conducted at least every ninety calendar days.

(d) Include at least a six-month period of support after discharge, even if the youth reaches the age of majority. The QRTP is exempt from providing aftercare support if the youth's placement is less than fourteen days.

(e) Be provided within the youth or family's community as appropriate to promote the continuity of care

for youth.

(f) 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 telehealth, or via phone or other electronic means.

(ii) Coordinate 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 supports needed and detail how the resources and supports 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.

(C) As used in this rule, “telehealth” means the provisions of services pursuant to rule 5122-29-31 of the Administrative Code.