FFPSA and Florida's Child Welfare Group Home Providers | Webinar Q&A Responses

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Item #	Question Asked	Answer Given
1	CBCs are not supporting additional CPAs to be licensed for this purpose.	If the provider requests an application to become licensed as a CPA, the DCF regional licensing team must follow the standard licensing process. It is at the discretion of the CBC if they would like to partner with a CPA for licensing of foster homes. We (DCF Office of Child Welfare) encourage the regions and CBC to continue their current practice for the licensing of a CPA for the purpose of foster home management for the dependency population.
2	If the employee let go for any reason, since our home is their primary residence, are there legal complications when it comes to "evicting them"?	There is a process and most agencies have it outlined in their agreement with the employee.
3	Also, if Foster Parents decide to move states/location, the license goes with them. What would happen to the kids in the home until we are able to obtain/train new Foster Parents for that home?	Some agencies have kept their requirements to be licensed group homes up to date, so the region can easily convert them in emergency circumstances This will also be discussed during the workgroup.
4	So with the information just shared, is it my understanding that a campus setting can only have a capacity of 12 even if they have 2 seperate licenses? Providers with more than one home or facility licensed as a QRTP shall not exceed a combined capacity of 12, when each home/facility has the same treatment program, shared staff and medical professionals, and are under the same management	Yes, that is correct. A provider can only have a total capacity of 12 if they have multiple licenses of a QRTP.
5	Why is the capacity for QRTP limited to 12 per campus when the IMD rule alows to limit at 16 youth, I don't understand why we would want to limit capacity especially of quality campus providers	12 was the selected number to align with STGH as recommended by AHCA as we detemine the funding ability for QRTP related treatment services billable to Medicaid.
6	Why do you need to add the limitation 12 language into 65c-14, it is already federal IMD langue therfore not requeired to be in adm. code or licensing language. It seems to be unnecessary.	the restriction is added to maintain consistency in policy development and to ensure licensing standards are adhered to by the regional licensing teams and providers.
7	where can we find what ebps are currently in the clearing house?	https://preventionservices.abtsites.com/
8	Hello regarding the AT Risk you mentioned DCF classes for Direct staff for human trafficking. Is that available yet for review?	Human trafficking (HT) classes are available and provided by existing Safe House providers. All at-risk homes are encouraged to develop their own human trafficking curriculum which would be approved by OCW's human trafficking team to allow for ongoing training of staff within your own organization. We will be sharing a listing of the HT training topics and contacts to assist and guide prospective providers.
9	Not a Medicare provider but Medicaid provider as stated earlier?	Medicaid provider is required for QRTP only
10	What is the programs are SIPP and TGH which have a waiver for IMD?	AHCA uses the "psych under 21" exclusion for SIPP. The IMD issue is still being discussed amongst states and the Children's Bureau.
11	Are you going to address the Assessor requirements/access to an assessor?	The assessor must be a licensed clinician or a master's level practitioner under supervision of a licensed clinician; have at least 3 years' experience working with children or adolescents involved in the child welfare system of care; Has no actual or perceived conflict of interest with any QRTP; and Has completed training pertaining to the population of children in the child welfare system. Training topics shall include, but are not limited to, trauma-informed care and human trafficking.
12	Can you explain the age waiver?	Children under the age of 10 (age 12 for at-risk group home) will need an age differential waiver for placement in a group home. The age differential waiver is to be completed by the CBC and approved by DCF.
13	has there been any further discussion regarding exemptions for sibling sets in any of the group home types in order to support statute to keep siblings together?	FFPSA settings are specific to the individual child meeting the criteria for placement in these specified settings. Florida is proposing policy (pending federal approval) to allow siblings to be placed together if at least one child meets criteria to be placed in a maternity home
14	will IMD apply to the other group types?	The department is engaging AHCA to seek further clarification regarding the IMD issue.
15	So do APD licensed group homes need to become QRTP to contine to recieve foster placements?	APD homes do not have to be licensed as a QRTP to continue serving APD clients who are in DCF care (dependency children). APD homes may consider transitioning to a QRTP or other FFPSA settings to serve dependency children who are not APD clients.
16	To follow up on the question of "Are you going to address the Assessor requirements/access to an assessor?" is the answer referring to the required assessment need for placement in a QRTP? so it sounds like from the answer is that the assessor is not an employee of the QRTP?.	The assessor who completes the required assessment for placement in a QRTP will be conducted by a DCF approved assessor. The assesser will not be employed/contracted with the QRTP.
17	Where is the link for the medicaid application?	https://ahca.myflorida.com/medicaid/Operations/Fiscal/providers/index.shtml
18	So all the referrals for placement to APD homes will greatly diminsh?	It has been proposed that QRTPs be considered as a possible placement for dependency children who meet the APD criteria. We are waiting on approval from the Children's Bureau on this proposal.
19	So the assessor must be a licensed clinician or a master's level practitioner: Registered Nurse is qualified to perform the QRTP assessment?	A registered nurse would need to meet all of the requirements outlined for an QRTP assessor including not employed/contracted with QRTP and DCF approved.
20	at risk group home is the billing will be coming from eckerd when you submit your billing	the billing and payment of placement for dependent youth in a group home will remain the same. It is the funding source that will change that the CBC are permitted to use that will change.
21	For those facilites that are community respite providers/runaway shelters that are also licensed through Family Safety as a traditional group home, these facilites can remain correct with the restrictions on utilization outlined in FFPSA?	Emergency shelters and runaway shelters will continue to be licensed the same way and will not move to an FFPSA setting unless they select to do so.
22	Will QRTP become part of the Child Welfare Plan funded by Sunshine similiar to SIPP?	We are currently working with AHCA to determine the most suitable funding options. At this time, AHCA has indicated that STGH is the setting that is likely to be a suitable comparison.
23	Who will complete the comprehensive placement assesssment-the CBC, DCF, subcontractor, Qualified Evaluator?	The comprehensive placement assessment is a current required practice that was implemented in 2017 that is completed by the CPI at removal and the case manager throughout the life of the case. The comprehensive assessment is not the same as the required assessment needed for placement in a QRTP.
24	when discussing homes licensed businesses "other state agencies" are you referring to APD homes?	Yes, other state agencies who also license residential settings for children include APD and AHCA.
25	So is being a Medicare Provider a requirement at this time for becoming an QRTP?	The requirement is for group homes interested in transitioning to a QRTP to become a Medicaid provider.
26	Will the other reasons for a waiver be utilized in the state of Florida. I.e More than 2 childrne under the age of 24 mnths, Age, foster home capacity?	The foster home workgroup will discuss this concern.
27	There is no license required right now for IL services nor do CBCs have authority over our program for 18-21. They also do not fund any of the program. How will this be different if licensed?	Some differences consist of the provider having a license with oversight from DCF, it allows for DCF to account for available placement options for our EFC youth, and allows for EFC population to relocate to another city or county.
28	Licensed by DCF CW only? What about DCF SAMH license?	SAMH facilities will continue to be licensed by SAMH.
29	IL Facilities for youth 18-21 are not a placement	EFC population do not fall under the "placement" definition but under a supervised living arrangement. An IL group home will allow for the young adult to select a licensed group home as an option of residence.
30	Are there different levels of QRTP? It says that the child-caring agency shall indicte if they will serve as Tier 1 or Tier II. How will this work?	Yes, there will be 2 levels of QRTP. QRTP level II will have a higher degree of structure, support, supervision, and clinical intervention.
31	My question related to DCF licensed programs really relates to all of this material speacks to only child welfare DCF Licenses. MAny of us have DCF SAMH licenses that serve CW youth, but we do not fit into this mold. We keep asking the question on how we get counted and how it will be different for us. We are a treatment facility, not a placement, but Lead Agencies to pay for room and board and some services not covered by Medicaid.	The CBC may opt to continue their current practice of placing children in facilities that have programs for treatment, such as for substance abuse. If Medicaid doesn't not cover youth's room and board and/or the services, the CBC would still have the option to pay through state funding.
32	How do the quality standards established apply to this format?	the group home quality standards will continue to apply to all group homes.

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33	Why is the staffing ratio 1:8 for independent living? If they live in a dorm at a college the numbers would be greater with less oversight.	We increased the ratio of 1:6 to 1:8 for the traditional/residential homes serving EFC population based on the population. A ratio accompanies DCF issued licenses.
34	The definition of Traditional Residential Group home limits home or community capacity to 14. Our communities that are traditional and not drawing down federal funds have more than 14 community children on a campus. Is this definition going to be fixed?	Traditional group homes located in a single family or multi family community fall under the capacity of having no greater than a capacity of 14. Residential group homes do not have a capacity restriction, regardless of their location.
35	Is there any provision in your current draft that includes children with dual diagnoses (ID/DD and mental health issues)/	We have proposed the requirements for admission into a QRTP to include this population and are currently waiting on final approval from the Children's Bureau.
36	How do you became a medicaid provider whats the steps	Please visit AHCA's site to learn more on how to become a Medicaid provider https://ahca.myflorida.com
37	So, a QRTP home, cant' go over 12 people?	Correct, there can be no more than a bed capacity of 12 for a QRTP.
38	Is there a staff ratio for the At risk program? is there a staff ratio?	yes it will be 1:6
39	Meant is there a limit on capacity for At risk?	no limit on the number of beds for licensure
40	Question for Dr. McGrath - what is your payment structure for the QRTP? thx	We (Citrus Health Network) will be braiding Medicaid funding for the services that we provide with the QRTP board rate that we bill the CBC Lead Agency. The exact rates are pending a final determination by Sunshine regarding a Day of Care rate for the QRTP.
41	Do you anticipate that any given at-risk home will have both community and child welfare kids at the same time?	We are unable to make that determination at this time. Currently that is the case with our Safe Houses as they are able to accept children from the community, statewide, and nationally.
42	How are you going to decide which specified setting home a teen should go to when they qualify for more than one setting	The comprehensive placement assessment is required to be completed for all children in out-of-home care when determing the most appropriate placement setting.
43	Are you loosing licensing to manage capacity? Who will decide if an area needs a specified setting?	DCF regional licensing teams and the CBC will collaborate to determine which area needs specific group home settings.
44	How will IL licesed homes with high level supervision receive extra funding.	increased funding is determine by the CBC
45	1 boy group home and 1 girl group home , both QRTP could not exceed 12 combined?	That is correct.
46	Can you repeat the QRP bed capacitry for campus setting?	a QRTP can have no more than a capacity of 12. This applies to providers seeking to license more than one facility. The combined bed capacity must be 12.
47	How do we create Large Family Model Home's?	The foster home workgroup will discuss this item and additional guidance will be provided as policies are finalized
48	Who do we email for the Workgroup?	Samantha.Wassdeczege@myflfamilies.com
49	We are a large group care setting (many more than 12 beds). I'm looking at the large number of beds that look to be needed for QRTP level of care. How will we serve that many children if the QRTPs are capped at 12 beds?	IMD is a barrier to Florida's placement alignment and ability to provide treatment to children. We are currently in discussion with several partners on this issue
50	when will we know wht the assessment for QRTP looks like	The assessment for QRTP will be either the CANS or CFAR. We are currently waiting on the final approval from the Children's Bureau
51	How were the billing issues solved in terms of the daily rate breakdown?	Billing issues related to providing QRPT services are still pending results of discussion with AHCA and Sunshine
52	what is the current need of Independent Living facilities??	We will share the current for IL homes
53	Can at Risk Group be non dependent children. How does that process differ?	Yes they can serve community (non-dependent) children. The licensing standards will be the same.
54	Where do the funds come from or the providers that want to stay the same?	Title IV-E funding is the primary funding sources for the payment of foster care room and board on behalf of an eligible child in DCF care Other potential funding streams may include local community entities, county programs, state/ federal grants, state general revenue, etc.
55	If a home chooses to stay just as they are, who coveres the cost of that care since they are not elibigle for Title IV-E funds?	At time of full FFPSA implementation, the state may continue to claim IV-E so long as the child remains in their current licensed group home that did not transition to a FFPSA setting.
56	If a group home chooses to stay as they are and not transition to FFPSA, how will that be paid since they will lose eligibility for Title IV-E. Will they still be licensed as just residential care?	Title IV-E funding is the primary funding sources for the payment of foster care room and board on behalf of an eligible child in DCF care Other potential funding streams may include local community entities, county programs, state/ federal grants, state general revenue, etc. Group homes who do not transition to a FFPSA setting will remain licensed under their current setting type.
57	Will the foster parents be expected to work the entire month or can a schedule be developed.	While respite will be an option, no shift worked will be permanented. This will be discussed during the workgroup.
58	Does the AtRisk Setting Require Accreditation?	The at-risk homes do not require an accreditation.
59	can we have both settings? AtRisk and IL 2 separate homes/ locations	Providers are allowed to have two different setting types. The two different setting types require two separate facilities/buildings