FFPSA and Florida's Child Welfare Group Home Providers | Webinar Q&A Responses
IMPORTANT NOTEThe below responses are based on current or draft policies as of 8/28/2020. FFPSA related policies are pending finalization by the Department including federal approval.

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Item #	Question Asked CBCs are not supporting additional CPAs to be licensed for this purpose.	Answer Given If the provider requests an application to become licensed as a CPA, the DCF regional licensing team must follow the standard
	CBCs are not supporting additional CFAs to be licensed for this purpose.	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	Some agencies have kept their requirements to be licensed group homes up to date, so the region can easily convert them in
	to the kids in the home until we are able to obtain/train new Foster Parents for that home?	emergency circumstances This will also be discussed during the workgroup.
1	So with the information just shared, is it my understanding that a campus setting can only have a	Yes, that is correct. A provider can only have a total capacity of 12 if they have multiple licenses of a QRTP.
	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	
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5	Why is the capacity for QRTP limited to 12 per campus when the IMD rule allows to limit at 16 youth, I	12 was the selected number to align with STGH as recommended by AHCA as we determine the funding ability for QRTP related
	don't understand why we would want to limit capacity especially of quality campus providers	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	the restriction is added to maintain consistency in policy development and to ensure licensing standards are adhered to by the
	not requeired to be in adm. code or licensing language. It seems to be unnecessary.	regional licensing teams and providers.
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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	Human trafficking (HT) classes are available and provided by existing Safe House providers. All at-risk homes are encouraged to
	available yet for review?	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.
12		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	FFPSA settings are specific to the individual child meeting the criteria for placement in these specified settings.
	types in order to support statute to keep siblings together?	Florida is proposing policy (pending federal approval) to allow siblings to be placed together if at least one child meets criteria to b 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	The assessor who completes the required assessment for placement in a QRTP will be conducted by a DCF approved assessor.
	assessor?" is the answer referring to the required assessment need for placement in a QRTP? so it	The assesser will not be employed/contracted with the QRTP.
	sounds like from the answer is that the assessor is not an employee of 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. Wi
		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:	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.
	Registered Nurse is qualified to perform the QRTP assessment?	
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
21		change that the CBC are permitted to use that will change.
21	For those facilities that are community respite providers/runaway shelters that are also licensed through	change that the CBC are permitted to use that will change. Emergency shelters and runaway shelters will continue to be licensed the same way and will not move to an FFPSA setting unless
21	For those facilities that are community respite providers/runaway shelters that are also licensed through Family Safety as a traditional group home, these facilities can remain correct with the restrictions on	change that the CBC are permitted to use that will change.
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