



Family First Prevention Services Act (FFPSA) Frequently Asked Questions

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General

1. What is FFPSA?

The Family First Prevention Services Act (FFPSA or Family First) was signed into law on February 9, 2018. Family First goals include helping children remain safely at home with their families whenever possible; ensuring that children who must come into care are in the most family-like and least restrictive setting possible; and setting the expectation of high standards of care and services for our children and families.

Ohio's Prevention Services Plan

1. If a service is in the Clearinghouse but not in Ohio's plan, will counties get reimbursement for providing that service?

No, only those services that are rated promising, supported, or well-supported by the Clearinghouse, included in Ohio's Title IV-E Prevention Services Plan, and provided by an approved provider in Ohio SACWIS are eligible for Title IV-E funding reimbursement.

2. What services are included in Ohio's Prevention Services Plan?

Ohio is taking a phased approach to implementing prevention services. The first phase will include Multisystemic Therapy (MST), Functional Family Therapy (FFT), Ohio START, Parents as Teachers (PAT), and Healthy Families America (HFA). Additional services will be added as we continue to build capacity statewide and work to identify how to leverage state and local investments for evidence-based prevention services.

3. Is there a plan to add additional services to Ohio's Prevention Services Plan in the future?

Yes, Phase 2 and Phase 3 services have already been outlined in the initial submission of Ohio's Prevention Services plan. As Phase 1 services are implemented, and as additional services are approved in the Clearinghouse, Ohio will continue to evaluate the timing for plan amendments, available resources and next steps for service expansion. Amendments can be made to the plan throughout implementation.

Ohio is currently planning for Phase 2 implementation.

4. Is there an opportunity for other treatment modalities to be considered for approval in the Clearinghouse?

Yes, the Clearinghouse regularly reviews new programs for ratings in the Clearinghouse. To find the latest updates on programs and services approved in the Clearinghouse go to: <https://preventionservices.abtsites.com/program>

5. Why did Ohio include services not rated Well-Supported in Phase 1?

Ohio based Phase 1 services on data to determine which services would have the most impact on the families we are serving. The only Phase 1 service not “Well-Supported” is Ohio START and the national START model has been rated as Promising.

6. When was Ohio’s Prevention Services plan approved by the Children’s Bureau?

Ohio’s Prevention Services Plan was approved on December 3, 2021.

7. How does the Prevention Services plan align with the Children’s Services Transformation (CST) recommendations?

The Office of Families and Children (OFC) worked closely with CST on the prevention services plan to ensure alignment with the CST recommendations. OFC and CST will continue to work together on the implementation of the CST recommendations and prevention services.

Prevention Services

Prevention Services General

1. What are the Prevention Services requirements of Family First?

Family First provides new funding for prevention services that are trauma-informed and rated promising, supported, or well-supported by the Title IV-E Prevention Services Clearinghouse to qualify for federal reimbursement. Each state must have an approved Title IV-E Prevention Plan before they begin drawing down funds. In FFY 2022 and FFY 2023, at least 50% of the amounts expended for FFPSA Prevention Services must be for services that meet the “supported” or “well-supported” practice criteria. Beginning in FFY 2024, 50% of expenditures must be for services that meet the “well-supported” practice criteria.

2. How does Ohio envision the pathway for Family First Prevention Services?

Prevention services are another option for counties to serve families. Families have unique service needs based on their circumstances and counties can decide how to best serve each population.

The Prevention Services case category relies on regular interaction and reporting from the prevention services (evidence-based practice services) providers. However, the face-to-face and monitoring requirements for the PCSA with the family are less intensive than the Family Case Plan requirements identified in both the Alternative Response (AR) or Traditional Response (TR) pathways. Each PCSA may determine how best to operationalize prevention services internally. Considerations regarding staffing, one-worker models, and workload capacity should be assessed.

3. Will this enlarge the child welfare system (i.e., more caseworkers, more overhead, etc.) or will these services be managed through contracts?

PCSA workers will not be providing Family First Prevention Services but will assist families in accessing services. The COE will assist in ensuring statewide capacity is available for Family First Prevention Services. With Ohio START, caseworkers will continue providing services as part of the dyad.

4. What is the Family First Prevention Services Pilot?

The Family First Prevention Services Pilot will begin April 1, 2021 utilizing Family First Transition Act funding. The pilot will allow counties to begin offering prevention services to families and provide feedback to ODJFS on policy and practice considerations. The pilot will also allow counties to plan for future budget requests, workforce needs, and sustainability.

5. Are counties required to provide Family First Prevention Services?

No, Title IV-E agencies can choose not to provide Family First Prevention Services. Title IV-E agencies can also choose to utilize one or more evidence-based practices (EBP) without utilizing all EBPs in the Title IV-E Prevention Plan.

6. Can counties choose to offer Family First Prevention Services for specific populations or with specific services?

Family First Prevention Services are another option for counties to serve families. Families have unique service needs based on their circumstances and counties can decide how to best serve each population. Counties can choose to offer one or more of the EBPs and do not have to implement all of the Phase 1 EBPs.

7. How will additional counties prepare to begin offering Prevention Services?

OFC published the Pathway to Prevention Services for all counties. This provides a roadmap, including a checklist for counties to follow as they prepare for implementation. Counties interested

in beginning Prevention Services planning and implementation should contact FamilyFirst@jfs.ohio.gov.

8. If my county does not currently have one of the five evidence-based practices in Phase 1, what can we do to help build capacity?

Title IV-E agencies can meet with local community mental health agencies to discuss their interest in implementing MST or FFT. The Title IV-E agency or community mental health agency can request technical assistance from the Center of Excellence to discuss options and implementation strategies. Prong 1 of the Communities of Support grants can also be used to facilitate these relationships. The next cohort of Ohio START counties will begin January/February 2022.

9. When will Phase 2 go live?

OFC is currently planning for Phase 2 implementation. Phase 2 will be rolled out similarly to Phase 1, with stakeholder meetings, trainings, and technical assistance. More information will be provided as it becomes available.

10. Are the Title IV-E courts part of the Family First Prevention Services rules?

Yes, Title IV-E courts may provide approved Family First Prevention Services to youth who meet the definition of a Family First Prevention Services candidate.

11. Will there be any required training rules for Juvenile Court staff?

Title IV-E courts will be eligible to use the approved Family First Prevention Services to serve youth who meet the definition of a Family First Prevention Services candidate. Training will be offered to all Title IV-E agencies.

Juvenile Court Judges have been provided training and a toolkit on necessary changes due to QRTP implementation in Ohio. The QRTP toolkit and trainings can be found here: [Children & Families \(ohio.gov\)](https://www.childrenandfamilies.ohio.gov)

Prevention Services Eligibility/Reimbursability

1. What are the requirements for a Family First Prevention Service (FFPS) to be eligible for federal reimbursement?

FFPS reimbursement begins with eligibility. An eligible candidate must have:

- a) Screened-in report,
- b) Not in the care and placement/custody of a Title IV-E agency.

- c) At imminent risk of removal.
- d) Pregnant or parenting youth in foster care in need of prevention services, including those youth who are in extended foster care.
- e) FFPS services may be provided to eligible candidates, as well as their parent(s) or kinship caregiver(s) based on the following program requirements for reimbursement:
- f) At least one of the allowable approved, evidence-based practice types of prevention services (mental health, substance abuse, in-home parenting skilled-based programs, which include parenting skills training, parent education and individual and family counseling that are to be identified in the family case plan or prevention services plan.
- g) Rated as promising, supported or well-supported by the Title IV-E Prevention Services Clearinghouse.
- h) Identified in the state's five-year FFPS plan.; and
- i) Allowable prevention services are provided by an Ohio Department of Job & Family Services (ODJFS) approved provider. Reimbursement ends when the child/young adult no longer meets eligibility requirements or when the Title IV-E agency assumes the care and placement/custody of the child.

2. Who is eligible for Family First Prevention Services?

Children who are candidates for foster care, parents and kinship caregivers of children who are candidates, and pregnant and parenting youth in foster care are eligible.

Prevention Services Casework Practice

3. What are the differences between Alternative Response and Prevention tracks?

Ohio's Differential Response to screened in reports of child abuse or neglect require the selection of either the Alternative Response (AR) or Traditional Response (TR) pathway. Prevention services can be offered through either pathway and does not inhibit the agency's ability to serve the family. The pathway (AR or TR) will remain for the families for data and tracking. The Prevention Services case category relies on regular interaction and reporting from the prevention services (evidence base practice services) providers. However, the face-to-face and monitoring requirements for the PCSA with the family are less intensive than the Family Case Plan requirements identified in both the AR and TR pathways.

4. What is the difference between Family First Prevention Services provided in AR Prevention Services and TR Prevention Services?

Family First Prevention Services can be provided to families via both AR and TR pathways. The pathway assignment will not change how services are provided.

5. What happens if the family does not go to the EBP service or stops going to the service? Will the case worker increase contact with the family?

If the family agreed to receive services via the Prevention Services Plan but has stopped participation, the family's case should be assessed to determine if services should be discontinued and the case closed, if voluntary services are appropriate through the Family Case Plan under the Ongoing case category, or if a complaint should be filed with the court.

6. Should higher risk cases be served in the Prevention Services case category or the Ongoing case category?

The Ongoing case category is recommended for higher risk cases; however, they are not excluded from being served via the Prevention Services case category. The Ongoing case category has more frequent monitoring requirements which may better serve families of higher risk. Eligible candidates may receive prevention services through either case category.

7. Can current open voluntary cases be identified as Prevention Services cases?

Yes, an open voluntary ongoing case with a Family Case Plan (Ongoing case category) may be assigned to the Prevention Services case category and have a Prevention Services Plan developed.

8. If there was court involvement and custody of children that were then reunified, could the agency work that case as a prevention services case with no additional court involvement?

Yes, the agency could work with this family via a Prevention Services case category. It is recommended to begin with a Family Case Plan in the Ongoing case category and allow for a period of time, three months, upon the child being reunified and having no court involvement prior to transferring the case category from Ongoing to Prevention Services. This will allow for services to be in place while maintaining caseworker contacts to monitor the child's safety as well as the family's readiness and progress upon reunification. Prevention services can be added to the family case plan in the ongoing case category at the time of the child's reunification. Providing some time for the case to be served through the ongoing case category post court involvement will permit the PCSA worker to determine all safety threats continue to be resolved post the reunification of the child.

9. Can we identify a case as Prevention Services if none of the identified EBPs are utilized?

No. It is a requirement for the Prevention Services Plan to have at least one approved EBP service.

10. What if there is no active safety threat, so prevention services are implemented, but then an active safety threat later appears while the prevention plan is active?

OAC rule 5101:2-40-05 identifies when this occurs, the PCSA is to implement a safety plan to control the active safety threat. The implementation of the safety plan will require the case to be transferred for ongoing case planning services and the Prevention Plan is to be converted to a Family Case Plan.

11. Will the intake worker carry this case instead of any transfer?

Each PCSA may determine how best to operationalize prevention services internally. Considerations regarding staffing, one-worker models, and workload capacity should be assessed.

12. Can kinship caregivers who are not custodians or guardians access prevention services?

Yes, if the kinship caregiver is providing care to a child who is a FFPS candidate.

13. Will there be a separate screening category for intake screening?

No, the intake categories will not change, and the screening guidelines have not changed.

14. If a family was referred to the agency for a Protective Supervision case, would that be considered Prevention Services or Ongoing case category?

The family would be served with EBP services in a Traditional Response Ongoing case category if there is court involvement.

15. Concern about not being able to service a family under the Prevention Services case category if they have an active safety plan. Is it possible this will disincentivize the use of a safety plan?

The program requirement to transfer a Prevention Services Case with an active safety plan to the Ongoing case category in Ohio SACWIS supports more intensive contacts with the family who has an active safety threat. The Prevention Plan will transfer to the Family Case Plan and the candidate remains eligible for prevention services reimbursement. The change in case category from Prevention Services to Ongoing does not affect FFPS eligibility. This requirement will be reviewed during the pilot to determine if future revisions are needed.

16. If a pathway switch (AR/TR) or category switch (Prevention Services/Ongoing) are needed, will a new Family Case Plan need to be created?

No, the existing Family Case Plan or Prevention Services Plan can be updated, and the existing plan's information will be provided on the new plan in the new case category. The Prevention Plan is in sync with the design of the Family Case Plan, similarly to how an amendment/update occurs when a case goes from AR to TR.

17. If a juvenile court has a case that they want to move to the Prevention Services case category, but other family members are being served by the PCSA, does the case category have to be the same?

Yes, the case category would need to be the most intensive level required for any of the children. This will not impact eligibility. If a child is eligible for fiscal reimbursement of the Prevention Services offered, he/she can still receive the services and reimbursement through the Ongoing Case category.

18. Does court involvement mean only PCSA court involvement? For example, what if relatives obtain custody without any legal status for the PCSA?

When stating that court involved families must be served through the Ongoing case category, this is specific to agency court involvement and legal status. If a relative obtains custody outside of PCSA legal involvement the PCSA would be able to continue in the Prevention Services Category.

19. Our agency works with many families not involved with the juvenile court. How will Family First change our practice?

Family First will provide funding opportunities for the services provided to families which were not available previously; however, Family First will not change your practice/involvement with the juvenile court. There is no specific need to be involved with the court due to Family First implementation.

Prevention Services Casework Practice

1. No questions received for this section.

Ohio START

1. We are an Ohio START county. If the children are in the home, does that mean we can do a Prevention Services Plan? What is the benefit of doing this versus an AR Ongoing Case?

START cases are recommended to be served with a Family Case Plan to align with the contact requirements of the program.

2. How will Ohio START and Family First Prevention Services work together?

PCSAO has implemented Ohio START towards fidelity of the National START model with approval and guidance from Children and Family Futures. Ohio's START implementation should continue to be the same before and after FFPS goes live statewide on October 1st, with a focus on model fidelity. Individual case eligibility will determine which of your Ohio START cases are FFPS reimbursable. The FFPS funds will enhance Ohio's capacity to sustain Ohio START services to START eligible families in the future. **Ohio START counties should begin adding the service to the case and determining Prevention Services eligibility.**

3. Can Ohio START be the only service on a Prevention Services plan?

Yes. **Counties will continue receiving Ohio START reimbursement; however, there must be an eligible FFPS candidate under the age of 6 to be IV-E reimbursed.** The National START model was approved by the Clearinghouse as a Promising practice. Evaluations of START are ongoing in hopes of moving towards a higher rating by the Clearinghouse in the future.

4. If Ohio START is the only Family First Prevention Service on a Prevention Services plan, is it reimbursable?

Yes, Ohio START is IV-E reimbursable if at least one child under the age of six is determined to be a FFPS eligible candidate. **Counties will continue receiving reimbursement as usual for all Ohio START cases.**

5. Can I only accept Ohio START cases if there is a child under the age of six in the family?

No, PCSAs should follow the Ohio START case eligibility and selection criteria outlined by your START training and technical assistance team. Implementation of Ohio START as a FFPS does NOT change the criteria. However, only Ohio START cases with at least one child under the age of six will be IV-E reimbursable. **Counties will continue receiving reimbursement as usual for all Ohio START cases.**

6. Are Ohio START counties required to be certified by Children and Family Futures before they can pull down prevention services funds?

No, counties must show that they are measuring model fidelity and working towards achieving such, but at this time certification is not required.

7. When will the next round of Ohio START applications open?

Ohio START plans to add two additional cohorts over the biennium. Cohort 5 will begin January/February 2022 and Cohort 6 will begin January/February 2023. Applications will open at the end of November and will be due in early January. Applications will be posted on the Ohio START website, <https://ohiostart.org/>.

Prevention Services Fidelity Monitoring and Center of Excellence (COE)

1. How will fidelity monitoring for the EBPs be handled?

Model fidelity is defined and monitored by each EBP. However, the COE will monitor MST and FFT, ODH will monitor HFA and PAT, and PCSAO will monitor Ohio START per their affiliations with the national models.

2. Who will be responsible for holding providers accountable to the fidelity of selected Evidence-Based Practices (EBPs)?

The COE will have deliverables for fidelity and evaluation monitoring for MST and FFT. The Ohio Department of Health will continue to monitor fidelity for HFA and PAT. PCSAO will continue to monitor fidelity for Ohio START.

3. What is the COE doing to increase capacity for MST and FFT?

Current efforts are underway to build capacity for MST and FFT in the Family First pilot counties through the COE. In addition to targeted overviews and technical assistance to sites, the COE is implementing a number of incentives to support provider agency uptake of these evidence-based services.

These incentives include:

1. Utilizing COE funds to offset the first-year training and consultation fees for 5 new FFT teams and 5 new MST teams.
2. Implementation grants to offset initial agency startup costs (FY22).
3. Payment for MST and FFT services for youth with open cases and who are not eligible for Medicaid.
4. Paying for MST Therapist Adherence Measure (TAM-R) reporting through the MST Institute.

These efforts have resulted in significant agency interest for both FFT and MST where these services do not currently exist in the pilot counties.

The process to become a fully functioning team takes three to four months and includes site readiness assessment by the FFT or MST; hiring and training staff (licensed or license-eligible),

establishing referral flows, building community awareness, and other implementation and readiness activities. Additionally, Ohio is working with the COE to address statewide expansion as we move toward full implementation. The incentives above will be open to counties participating in Prevention Services with providers interested in MST or FFT teams based on funding availability.

4. When working with a provider for services, when should you bring in the COE?

The COE can be contacted at any point in the implementation process, but it is important to engage the COE as early in the implementation process as possible.

5. How should the Center of Excellence be notified of referrals for MST and FFT?

An encrypted email containing the referral form should be sent to COE@ohiochildrensalliance.org.

6. How will the state ensure that Family First Prevention Services are widely available throughout Ohio, including traditionally underserved areas of the state?

The COE, through Case Western Reserve University, will be responsible for building capacity across the state for the identified services in each phase. ODH will continue working on expansion of HFA and PAT and PCSAO will onboard additional counties through their existing cohort structure.

7. If a provider fails to meet the fidelity, will a county be penalized?

The COE is a statewide contract, so the state will be responsible for monitoring the COE. The COE will have deliverables for fidelity and evaluation monitoring. Should there be a finding that a provider failed to meet fidelity, the county will not be penalized.

Prevention Services Ohio SACWIS

Qualified Residential Treatment Program (QRTP)

QRTP Requirements

1. What are the requirements for a Qualified Residential Treatment Program (QRTP)?

As required in Section 472(k)(4) of the Family First Prevention Services Act and OAC 5101:2-9-42, qualified residential treatment program agencies must have:

- a trauma informed treatment model;
- a registered or licensed nurse and other licensed clinical staff available onsite, as needed;
- facilitate outreach and engagement of the child's family in the child's treatment;
- provide discharge planning and family-based aftercare supports for at least six months; and
- be licensed and accredited.

2. What is the timeline for programs to come into compliance with the QRTP requirements?

As of October 1, 2020, new programs will only be certified if they meet the QRTP standards; as of October 1, 2021, the State must meet the federal QRTP implementation deadline; and as of October 1, 2024, residential programs, including group homes, that were certified prior to October 1, 2020 will have until October 1, 2024 to meet the QRTP requirements. Children placed on or after October 1, 2021 into a non-QRTP certified residential program will not be eligible for FCM reimbursement after the first 14 days.

3. Is the SAMHSA tool going to be applicable to everyone 100% or is it dependent upon the treatment modality they choose, including CDC and SAMHSA as treatment modalities?

The tool is not applicable to 100% of residential if an agency adopts one of the approved models located here <https://jfs.ohio.gov/ocf/FFPSA-TraumaProgramIntervention.stm> as those models already have fidelity measures and other evaluation components. ODJFS and OhioMHAS will be monitoring that applicable staff have been trained and have training certification/certificates. For continuing compliance, ODJFS and OhioMHAS licensing will be utilizing the training certificates, reviewing policies, doing staff and youth interviews, as well as ensuring the data evaluation pieces.

4. How do we apply trauma training to 100% of the staff in the residential program if the treatment model chosen is only for licensed professionals?

Those staff who would not be covered in the training modality are required to participate in training that covers the approved trauma competencies that are on the website located here <https://jfs.ohio.gov/ocf/FFPSA-Competencies.stm>. Online training sessions that cover these competencies are available at no cost through eBased Academy.

5. Will ODJFS come out with suggested trainings to become trauma informed or trauma competent?

Yes, the training directory that has been developed has been shared and is located here <https://jfs.ohio.gov/ocf/FFPSA-TraumaTrainingDirectory10302020.stm>. It includes trainings that are available with competencies identified in the trainings. Staff not covered under the approved programs will be able to participate and listen in on these free trainings via eBased Academy mapped to training competencies.

CANS Assessment and Qualified Individual Requirements

2. When will the Administration for Children and Families respond to the Qualified Individual Waiver request Ohio submitted?

ACF approved the amendment to Ohio's IV-E QRTP State plan Plan amendment and the Qualified Individual waiver request on November 18, 2021.

3. How can agencies prepare for the CANS process?

Agencies will need to decide between Option 2, 3, or 4 as outlined in FCL #002 for the Qualified Individual. The state is planning for Option 1, but it will not be available on October 1, 2021. Once agencies have selected an Option, they can begin identifying CANS assessors to be trained through the Praed Foundation. These trainings will be free to individuals completing the CANS for QRTP purposes.

4. If a youth is in a CRC or group home prior to October 1, 2021, and will be there after that date, does the youth require a CANS or judicial determination to remain IV-E reimbursable?

For youth placed before October 1, 2021, a level of care assessment (CANS) or judicial determination are not required unless they are moved to a new QRTP network provider.

5. Do PCSAs IV-E Agencies always have to comply with 5101:2-42-12 when they place a child into a residential center or group home that is also a QRTP? What about when the child is not IV-E eligible?

Any time When a PCSA IV-E Agency places a IV-E program eligible youth into a QRTP compliant facility, the requirements of 5101:2-42-12 apply. ~~Best practice would be to follow these requirements for all youth, regardless of IV-E eligibility.~~ If the child is not considered IV-E program eligible, the requirements of 5101:2-42-12 are not applicable. If a youth is placed into a non-QRTP compliant facility, the requirements of 5101:2-42-12 do not apply.

6. Is there any scenario when the PCSA IV-E Agency can choose to not have the CANS done for children in their custody being placed in residential or group homes that are classified as a QRTP?

~~Best practice would be to complete the CANS assessment and judicial determination for all youth placed into a QRTP, but it would not be required if the youth is not IV-E eligible. Title IV-E agencies would be responsible for the full cost of the placement.~~

7. Juvenile Courts often place children who are not in PCSA custody and therefore who are not IV-E eligible into residential centers and group homes. Now many of those facilities are QRTPs. Do the juvenile courts have to follow the CANS process per 5101:2-42-12?

Title IV-E Courts that take care and placement of IV-E eligible youth must follow the requirements of 5101:2-42-12. Best practice would be to complete the CANS assessment and judicial determination for all youth placed into a QRTP, but it would not be required if the youth is not IV-E eligible. Direct placements **by a court that is not a IV-E Court** would not be required to follow 5101:2-42-12.

8. DYS often places children who are in DYS custody in these same facilities. Are they required to do through the CANS process even though the kids are not IV-E eligible?

The DYS IV-E program is required to complete the process outlined in 5101:2-42-12 if placing into a QRTP.

9. When does the Family Case Plan need updated after the completion of the CANS and judicial determination?

The addition of the CANS assessment and the approval/disapproval of the placement by the court can be entered by the next case review date and does not need to be updated immediately to allow for both of these additions to be made through one update, versus having to do a separate update for each item.

The Family Case Plan will still need updated within 7 days of a placement/placement change.

10. Is a new CANS needed when a youth moves to a new QRTP placement within networks? Does the court also need to review?

A new CANS assessment is not required if a youth moves ~~from one QRTP to another QRTP~~ within the same **QRTP** network provider (agency). There would be no court review. Only one 30-day assessment and a 60-day court approval is required for each QRTP Network Agency placement.

11. Which version of the CANS needs to be completed?

The Ohio Children's Initiative Brief CANS or Ohio Comprehensive CANS can be used. The Ohio Children's Initiative Decision Support Model can be used with both the Brief and Comprehensive CANS assessments.

12. How quickly/when should a CANS assessment be redone when a child’s behavior changes?

The Ohio Children’s Initiative CANS can be updated any time a change in the child’s behavior or situation warrants an update. If possible, the CANS should be updated, rather than starting a new CANS assessment.

13. What is the role of the Decision Support Model?

The Ohio Children’s Initiative Decision Support Model was designed with the Praed Foundation to take the ratings on the CANS rating sheet and recommend level of care. The Decision Support Model can be used with both the Brief and Comprehensive CANS assessments.

14. How was the Decision Support Model covered in the Ohio Children’s Initiative CANS training?

The Praed Foundation trains on the philosophy of the tool, how to gather information and analyze, and how to use the Ohio Children’s Initiative CANS for decision making purposes. This allows CANS assessors to best complete the rating sheet, which is then used to complete the Decision Support Model.

15. Where is the Decision Support Model located?

The Ohio Brief CANS, Ohio Comprehensive CANS, and the Decision Support Model can be found on the Family First website under “Ohio CANS Assessment”: [Family First Prevention Services Act \(Family First\) | Office of Families and Children | Ohio Department of Job and Family Services](#)

16. Who can act as the qualified individual/who can complete the Ohio Children’s Initiative CANS?

There are four options for who can act as the qualified individual:

State Contractor/State Staff

The State of Ohio will contract with a vendor or use State staff to be the Qualified Individual. The State Contractor/State staff must not be in the chain of command of a fiscal or licensing bureau.

Example: the OhioRISE plan, Care Management Entities (CMEs), or an OhioRISE designee may act as the qualified individual.

Agency Employee

Title IV-E agencies will use staff who are not in the chain of command for the case oversight and placement decision-making to fulfill the role of the Qualified Individual. Staff reporting to supervisors who oversee case management and placement decision making are not able to conduct the assessment.

Example: agencies with a separate unit able to conduct the assessment will have the Qualified Individual report to someone outside of the chain of command of case management and placement decision-making.

Community Resource

The Title IV-E agency will identify and enter into an agreement with a local community resource to conduct the assessments. The community resource may be from the local Mental Health and Addiction Services Board, Family and Children First Council, or other service provider. The community resource must utilize a separate unit if they are currently under PCSA contract to provide services.

Example: a behavioral health agency with a separate unit than the unit that provides therapy for children and families referred by the Title IV-E agency.

Administrative Agency

One PCSA will establish and maintain an agreement (e.g., Memorandum of Understanding or Regional Council of Government (<http://codes.ohio.gov/orc/167>) with at least one other PCSA to provide a Qualified Individual for the other county(ies) as needed.

Example: two neighboring counties agree to complete the assessment for the other county whenever needed. This could also include the PCSA and Title IV-E court in the same county.

No staff employed at a residential agency, including those run by Title IV-E agencies, can act as the qualified individual.

17. How is the qualified individual monitored? Who monitors the qualified individual?

The Qualified Individual is monitored through numerous avenues. The Praed Foundation requires yearly re-certification of all Ohio Children's Initiative CANS assessors, the Ohio Department of Medicaid and the Managed Care Plans monitor billing providers, and Title IV-E agencies monitor their staff and any contracts they may have with Qualified Individual. The Office of Families and Children's will include a review of the Level of Care and Qualified Individual in review tools for ongoing monitoring.

18. How is the CANS assessment paid for?

Qualified Individuals that are enrolled independently as Medicaid behavioral health providers or are employed by agencies that are enrolled as Medicaid behavioral health organizational providers

can bill Medicaid for completing the CANS assessment. The Ohio Department of Medicaid will be releasing additional billing information on the CANS.

Title IV-E agencies may also use the Communities of Support grants to pay for the CANS assessments.

19. How often is the CANS required to be completed?

The initial Ohio Children’s Initiative CANS is required to be completed within 30 days of placement. After the initial assessment is completed, only an update will be needed, not a new CANS assessment. The CANS should be updated at every SAR, permanency hearing, and every time there is a significant change.

20. When does the Family Case Plan need updated after the completion of the CANS and judicial determination?

The addition of the CANS assessment and the approval/disapproval of the placement by the court can be entered by the next case review date and does not need to be updated immediately to allow for both of these additions to be made through one update, versus having to do a separate update for each item.

The Family Case Plan will still need updated within 7 days of a placement/placement change.

21. Can staff at a residential facility complete the CANS?

For QRTP purposes, CANS Assessors cannot be staff from a residential agency, including those run by a Title IV-E agency.

22. Can a CANS assessment be completed prior to October 1, 2021 for youth placed on or after October 1, 2021?

Yes. As long as the assessment is completed within 30 days of placement, the assessment can be completed prior to October 1, 2021.

23. Can existing meetings be used to complete the CANS assessments?

Yes, if you have existing meetings, such as a family team meeting, those can be leveraged to help complete the CANS assessment.

24. If CANS assessor is employed by an outside agency, would you invite them to the Family and Permanency Team meeting to participate?

Yes.

25. Will the COE provide technical assistance and training for the CANS?

Yes. Starting January 1, 2022, the Center of Excellence will be responsible for ongoing Ohio Children’s Initiative CANS training and technical assistance. They are currently developing the training and coaching process and will begin participating in joint CANS training sessions with the Praed Foundation in October.

26. As a qualified individual completing the Ohio Children’s Initiative CANS, will it remain pen/paper or will there be a database for uploading the information that contains the Decision Support Model?

As of October 1, this will be a pen and paper process. The documents are currently available on the Family First website. You can download and complete electronically or with pen and paper. A copy of the Ohio Children’s Initiative CANS rating sheet and Decision Support Model can be uploaded to Traverse. The Ohio Department of Medicaid is developing a CANS IT system that will house the Ohio Children’s Initiative CANS assessments and automate the Decision Support Model. This system is expected to go live in 2022.

27. Is the qualified individual required to interview the child and family to complete the CANS?

Yes. The membership of the family and permanency team will vary by child, but the CANS assessor cannot complete the assessment without talking with the child and family.

Family and Permanency Team

1. Can you clarify the role of qualified individual vs. family and permanency team?

The qualified individual is responsible for completing the Ohio Children’s Initiative CANS assessment in conjunction with the family and permanency team. The qualified individual also completes the Decision Support Model and additional documentation to submit to the court, including any reasons why the recommendations of the family and permanency team are not the recommendations of the qualified individual. More information on the family and permanency team requirements can be found in 5101:2-42-12 (B)(2)(a),(b),(c).

2. How frequently are family and permanency team meetings required to be held?

There is no recurring timeframe required. They must reconvene if the court disapproves or any time a placement is changed. The team must be convened to determine the step-down, etc.

Courts

1. Will the court be reviewing the level of care or the specific placement?

The court will be reviewing the Level of Care and approving or disapproving.

2. Rule seems to say that at every court hearing there is a requirement to provide additional information on the child's QRTP placement?

OAC 5101:2-42-12 (G)(1)-(5) and 5101:2-38-05.1 outline what should be submitted to the court at each SAR and permanency hearing.

3. Can the judicial determination on level of care be completed by a magistrate?

Yes.

4. If the court disagrees with the Level of Care determination, does qualified individual stay involved with the family and permanency team to figure out the alternative?

There is no requirement that a CANS assessment be completed if the agency is stepping a child down to a lower level of care, so there is no requirement for the qualified individual to stay involved.

5. Can a judge request a second assessment if some object?

The judicial determination must be made within 60 days to remain reimbursable. Any additional information provided would need to occur within 60 days.

6. Do CANS assessors have to go to court after their assessments?

Rules do not require the qualified individual to go to court; however, it is possible that the judge will request their participation.

7. Is the court required to hold a hearing review with parties notified or can the judicial determination be made in an administrative review?

The judicial determination can be made in an administrative review. No hearing is required.

8. What information has been provided to courts around these requirements?

ODJFS has worked with the Supreme Court of Ohio on a number of resources to prepare courts for Family First. A QRTP toolkit, training webinar, and Q&A document can be found here: <https://www.supremecourt.ohio.gov/JCS/CFC/resources/QRTPToolkit.pdf>

9. What documents need to go to the court?

The CANS rating sheet and Decision Support Model should be submitted. Per OAC 5101:2-42-12 (D), the qualified individual should also specify in writing:

- (1) The reasons why the needs of the child cannot be met by the family of the child, kin, or in a foster home. A lack of available foster homes is not an acceptable reason for determining that the needs of the child cannot be met in a foster home.
- (2) The reasons why the placement into a QRTP is the recommended setting that will provide the child with the most effective and appropriate level of care in the least restrictive environment.
- (2) How the placement into the QRTP is consistent with the short-term and long term goals for the child, as specified in the family case plan for the child.

There is no required format for this information to be submitted, but two examples have been shared.

10. If the court's judgement entry does not mention QRTP level of care determination for the 60-day requirement, would the reimbursability be lost in that situation?

If it was addressed but not in formal paperwork, then transcripts would be allowed. If it was not addressed in the transcript, then reimbursement would end. Nunc Pro Tuncs or amendments would not be allowed.

Aftercare

1. Definitions:

Aftercare support" is monthly case management activities performed with or on behalf of a child/family, by the qualified residential treatment program (QRTP) as part of the required discharge plan developed by the permanency team for a minimum of six months from discharge. Aftercare support, as identified in the discharge plan, may be part of the "agreement for Title IV-E agencies and providers for the provision of placement services" or the Title IV-E agencies may use the "agreement for Title IV-E agencies for the provision of non-placement services" and the "Title IV-E schedule B" rate information.

Aftercare services" are defined as specific individualized community-based trauma informed services that build on treatment gains to promote the safety and well-being of children and families, with the goal of preserving the youth in a supportive family environment. Aftercare services may be part of the discharge plan and added to the "agreement for Title IV-E agencies for the provision of non-placement services" and the "Title IV-E schedule B" rate information.

- 2. SACWIS currently does not allow data entry after case closure. If we discharge a child out of our custody, provide aftercare services, we will want to document that. Should it be in SACWIS, and where are we on allowing data entry after case closure?**

ODJFS has had internal conversations with consensus that we need to do this but with purpose so that not everything can be changed after closure. We will be reaching out to schedule additional discussions to determine how to proceed.

3. Are aftercare services required to be provided?

No. Aftercare supports are required to be provided for six months by the QRTP, but is not required from the ~~PCSA~~ **IV-E Agency** at any point.

4. Who is responsible for ensuring the QRTP provides six months of aftercare support?

ODJFS and OhioMHAS licensing staff will be monitoring RTIS documentation to ensure that QRTPs are providing at minimum, 6 months of aftercare support post-discharge to youth who were placed in the QRTP for more than 14 days and discharged to a family-based setting.

5. If the youth is involved in the Bridges Program, would aftercare services from the QRTP still be required?

Yes. There is no exemption in Federal law or in Family First language that exempts a youth or provider just because the youth turns 18. If a youth discharges from a QRTP, and returns to a family-based setting (parent, foster home, adoption, Independent Living, etc.), the QRTP is required to provide 6 months of after-care support, even if they emancipate from foster care and go into Bridges and are living in a congregate care setting. This would be in partnership with the Bridges provider. A Bridges participant could be receiving QRTP aftercare supports in conjunction with a Bridges provider if placed in a family-based setting.

QRTP Eligibility/Reimbursability

1. What is the impact on reimbursability when there is disagreement between the family and permanency team and the qualified individual?

The Ohio Children's Initiative CANS assessment should be completed by the qualified individual with input by the family and permanency team. If the recommendation of the qualified individual differs from that of the family and permanency team, the qualified is required to include documentation on why the family and permanency team's recommendation differs. Reimbursement would be impacted if the assessment is not completed timely due to the disagreement. If the qualified individual does not recommend QRTP level of care, reimbursement would end 30 days after the date of the assessment completion.

2. Are the CANS and judicial determination required for children that are not IV-E reimbursable?

No, but they may be completed if desired. ODJFS would recommend agencies would use best practice for all children in need of substitute care regardless of their eligibility for federal funds.

3. Is director approval needed at the beginning or after the 6, 12 or 18 months?

Reimbursement would be stop at the end of the 6th, 12th or 18th month. IV-E allows for the entire month and will go back to the first day in the month it is received.

4. Can a designee approve for the director?

No, it must be the director's signature.

5. What about agencies that have administrators in every unit but then an agency director?

The signature must be that of the agency director. For combined agencies, it would be the JFS director that must sign. Title IV-E Courts must obtain the judge's signature.

6. If a child is currently placed in a residential center or group home and they are not yet certified for QRTP, but are in the process, will the agencies still get IV-E reimbursement while they are in the process after October 1, 2021?

If a child is placed by 9/30, they will maintain IV-E reimbursability regardless of whether it is QRTP. On or after October 1, if it is not a QRTP on the date of placement, it will not be reimbursable for the remainder of the placement.

7. What happens to child if there is not agreement between the qualified individual and the court?

A child is eligible for reimbursement for 30 days from when an assessment does not support the QRTP; the court does not approve the QRTP assessment; or a determination is made that a child in an approved QRTP placement is going to return home or be placed with a fit and willing relative, a legal guardian, or an adoptive parent, or in a foster family home a of transition. After the 30 days, reimbursement would end.

8. If PCSA places a child and they are not QRTP compliant and then becomes compliant will the child be IV-E eligible at that point?

Youth placed into a non-QRTP compliant facility that becomes QRTP compliant can become IV-E reimbursable. The 30-day CANS assessment and 60-day judicial determination would need to be completed within the date the facility became QRTP compliant/certified for the youth to become reimbursable.

Out of State Placements

1. What is the process for out of state placements?

Ohio recognizes that each state has developed their own process to identify their state's residential facilities as QRTPs. We are prioritizing reach outs to states that currently have IV-E agency placements to determine their process and communicate what documentation Ohio needs for IV-E purposes. However, Ohio does not have authority to monitor another state's residential facilities, so will not be identifying residential facilities as meeting QRTP requirements, if that other state does not identify that they have met these federal IV-E requirements.

2. How will IV-E reimbursement work for out of state QRTP placements?

Any QRTP placement provider (in-state or out-of-state) must file a Cost Report to secure a Title IV-E reimbursement ceiling rate.

3. Will additional documentation be required when claiming IV-E reimbursement for out of state placements?

Yes, additional documentation that identifies the placement setting as meeting QRTP requirements in their state is necessary for the period that the child is in the out of state placement. This additional documentation should be kept in the child's title IV-E record.

4. Will out of state QRTPs be added to Ohio SACWIS as approved QRTPs?

Yes, those agencies will be added to SACWIS as an out of state QRTP.

5. Does Family First prohibit agencies from placing out of state in a non-QRTP, knowing it will not be IV-E reimbursable?

No, Family First will not prevent out of state placements.

QRTP Ohio SACWIS

1. Will there be a SACWIS report indicating if a child is not reimbursable and why?

SACWIS release 4.14 was deployed in August and had 2 reports that agencies can use to determine who is due for an assessment and who is due for a court review. We are also discussing monitoring reports to look at how many assessments/court reviews weren't completed timely, etc. to help determine where technical assistance needs provided.

2. What will the family and permanency team look like in SACWIS?

Available in SACWIS: on left tab: placement/ICCA. This is also being pulled into other places. People can be added from a dropdown and can list in the assessment who all participated.

3. What is the date after which placement becomes non-reimbursable when you reach a STOP? What triggers the federal side?

We will not issue any reimbursement until an assessment is completed for QRTP compliant placements. The assessment is recorded in the Placement/ICCA link in SACWIS. For non-QRTP compliant placements, the system will know that and only issue 14 days of reimbursement.

FFPSA Funding – IV-E

Prevention Services Funding

1. How will the funding be handled for Family First Prevention Services?

The FFPSA Phase 1 Prevention Services will be funded through existing funding streams and the Family First Transition Act funding.

Medicaid will continue to cover MST and FFT for Medicaid eligible children and the Ohio Children's Alliance will handle payment for children who do not have Medicaid coverage using Prevention Services GRF or federal Transition Act funds.

The Ohio Department of Health will continue to pay for HFA and PAT through their existing payment structure, then invoice ODJFS for Prevention Services eligible children. ODJFS will then draw down IV-E reimbursement for eligible children and provide the reimbursement to ODH.

Current grant funding for Ohio START will continue, however, invoicing for Ohio START will move to Ohio SACWIS in phases over the next year to allow ODJFS to draw down IV-E reimbursement for eligible children.

Additionally, ODJFS continues to work toward evaluating and prioritizing funding for prevention services at the same time county agencies should be leveraging the pilot timeframe and FFTA support to establish what this could look like in their local communities.

2. How will funding be handled for Healthy Families America and Parents as Teachers?

The Ohio Department of Health will continue to fund Healthy Families America and Parents as Teachers services through GRF. ODJFS will begin drawing down IV-E reimbursement for children eligible for Prevention Services who are receiving HFA or PAT. ODH will invoice

ODJFS for services provided to eligible children and Title IV-E agencies will need to approve these invoices in Ohio SACWIS. Ohio SACWIS will then disburse the payment to ODH.

3. Is there a forecasted timeline for a local match requirement when current funding runs out and as new prevention services are implemented in Phases 2 and 3?

ODJFS will continue to fund Prevention Services as long as funding is available. Funding will be dependent on how many counties participate in Prevention Services, continued funding in the budget, and the amount we are able to draw down in IV-E. ODJFS plans to reinvest any IV-E funds drawn down into Prevention Services to assist in sustainability. With the Family First Transition Act funds, Prevention Services GRF, and IV-E reimbursement, ODJFS does not anticipate a local match will be required in the near future.

4. What training will be provided on funding for Family First Prevention Services?

There has been a coordinated training effort from OFC policy and the Ohio SACWIS team to provide information on: how to document imminent risk; how to determine an eligible candidate for FFPSA Prevention Services; how to record the receipt of the state approved EBP services; and how to create and disburse payments for the services, as well as be reimbursed (at the time when county payments begin after Family First Transition Act funding is fully expended). These trainings are available on the FFPSA website. The SACWIS Knowledge Base also has several articles specific to the implementation of Family First Prevention Services.

5. Can former waiver counties draw down funds for the demonstration project (ProtectOhio) focusing on Family Team Meetings (FTM) and Kinship?

No, for FTM as it has not been rated by the federal Title IV-E Clearinghouse. However, the Kinship Supports Intervention/ProtectOHIO (KSI) has been rated for the Title IV-E Clearinghouse as the first kinship navigator program in the nation. ODJFS is in the process of working with ACF to determine if Ohio may have two (2) kinship navigator programs available for reimbursement; KSI and OhioKAN. ODJFS will provide more information as it becomes available.

6. What are the Communities of Support grants?

ODJFS released the Communities of Support Request for Grant Agreement (RFGA) on November 9, 2020 to assist communities in creating local networks for the qualified individual requirement of the QRTP assessment, secure partners and necessary agreements, and build capacity if needed. This RFGA was created in partnership with the Ohio Department of Mental Health and Addiction Services and the Ohio Family and Children First Council to provide support to existing and new community service delivery. These grants allow counties to apply for funding for CARA Plans of Safe Care, QRTP Level of Care assessments and aftercare planning. The RFGA can be found here: <https://procure.ohio.gov/proc/viewProcOpps.asp?oppID=22018>

7. Will counties need to update existing contracts or create new contracts for Prevention Services with service providers?

No, counties will not need to create new contracts for Prevention Services. Contracts for the EBPs are held by the COE, ODH, or ODJFS.

8. How will Ohio track the percentage of services that are well-supported and supported?

Ohio will track the percentage of supported and well-supported claiming at the state level. Once the threshold of 50% of reimbursement of promising practices has been met, Ohio SACWIS will prevent claiming of any reimbursement until additional claiming of supported or well-supported have been reimbursed. If there is a time that we are not claiming additional IV-E, the state will continue paying for services through the Prevention Services GRF funding. SACWIS has begun designing a report to allow us to track this percentage.