

Public Consulting Group has compiled the following Family First Prevention Services Act (Family First) questions and associated answers from the Administration for Children and Families (ACF). These questions and answers are compiled through our work with our state partners and are meant to help provide context and share information between states/tribes.

#	Question Sent to ACF	ACF Response	ACF Reg. ¹
1.	[State] has interpreted ACF-CB-IM-18-02, Attachment C; Qualified Residential Treatment Program (QRTP) Program Requirements regarding nursing staff to mean that nursing staff need to be available 24/7, but onsite only as necessary to support the treatment model to address the clinical needs of the child as appropriate and to implement the treatment identified in the assessment that justifies admission to the QRTP. Please confirm.	Nursing must be available 24 hours/7 days, but coverage does not have to be onsite (i.e. they can be “on-call” and available as needed).	3
2.	If a family is assessed and determined to need mental health services, can the mental health agency develop and maintain the prevention plan?	The Title IV-E agency must develop the prevention plan per section 471(e)(4)(A) of the Act.	3
3.	[State] plans to propose language for inclusion in our prevention plan that does not use the term “imminent risk”. Are there any concerns with this approach?	Similar to the Title IVE foster care candidate, as we note in the CWPM (Child Welfare Policy Manual) at CWPM 8.1D #10 the exact verbiage does not have to be used, but the meaning must be clear.	3
4.	Will the state’s Medical Assistance (MA) eligible expenditures be counted towards the 50% threshold for well-supported practices?	We’re still working on a response, so we don’t have a response for this question at this time.	3
5.	Can the Title IV-E agency claim eligible administrative expenses when the prevention service cost is supported by MA or private health insurance?	We’re still working on a response, so we don’t have a response for this question at this time.	3

¹ A map of the ACF regions is provided on the last page of this document.

6.	When calculating the Maintenance of Effort (MOE), only those state foster care prevention expenditures incurred by the Title IV-E agency must be counted, correct? Expenditures funded through Mental Health or Drug and Alcohol would be excluded.	The state may want to wait to see what programs are going to meet the criteria for Title IV-E prevention services and then determine if any of the programs were funded in the state-- whether a program was funded by Mental Health or Drug and Alcohol is not the issue, it's whether the programs were funded by: --State expenditures and federal matching funds provided to the state for Title IV-B, Temporary Assistance for Needy Families (TANF), and the Social Services Block Grant (SSBG); and --State expenditures for foster care prevention services and activities under any other <i>state</i> [emphasis added] program (except Title IV-E). (Page 10 of PI-18-09).	3
7.	Please confirm that MA and Title IV-E are excluded from the MOE calculation.	The programs that are included in the MOE calculations are specifically identified in law and the PI and do not include Medicaid or Title IV-E.	3
8.	Wouldn't it be in a state's best interest to submit their Five-Year Prevention Plan as soon as possible (now) if they wanted a lower MOE?	We do not see how the state could submit a Five-Year Plan until the services and programs that meet the criteria are announced by the Clearinghouse in the spring (by May). And, then the state could determine if any of those programs were provided in the state in 2014 and determine the MOE calculations.	3
9.	Can a state submit a Five-Year Plan well in advance of actual claiming?	The plan can be submitted on a rolling basis, but the state can't begin claiming until October 1, 2019 (or when it's approved) and the state will have to know what programs they will be offering in the state in order to submit an approvable plan.	3
10.	With regards to Mental Health services, services in the state plan are supported across all regions of the state. There are variances in programs covered across the state, region to region, if they are not part of the state plan. Ex: PCIT, if not part of the state plan, could be covered in two of the five regions by MA. How would we consider those programs with	If MA would pay for the service in a county/region, Title IV-E prevention is payer of last resort – but if MA would not pay for the service in another county/region, then that is not the case.	3

	regards to payer of last resort under the Title IV-E Prevention Plan?		
11.	Regarding the PSSF family reunification services which beginning 10/1/18 can be used for up to 15 months from the date the child was reunified, must the case be open in a state’s system in order to utilize the funding for these cases? A state is contemplating extending services such as Parent Partners post-reunification and case closure so they would have a contract for the services (contractor providing services) but the family would not have an open case in their system although it would have had an open foster care case at some point prior to the 15 months post-reunification.	As you know, Family First changed the 15 month time period for family reunification services in the case of a child who has been returned home to begin the day the child returns home from foster care. Section 431(a)(7)(A) of the Act. The law does not specify whether a case must be open in the agency’s system in order to utilize the funding for these cases, and the Children’s Bureau has not issued any related policy.	4
12.	Is it correct that QRTPs are not necessarily distinct from Psychiatric Residential Treatment Facilities (PRTFs) but are/could be existing PRTF (if not outside the scope of “foster care”) or RTFs that meet the additional program requirements at sec. 472(k)(4)?	Yes, that is correct. The qualified individual must specify in writing why the recommended placement in a qualified residential treatment program is the setting that will provide the child with the most effective and appropriate level of care in the least restrictive environment. Please also note the QRTP assessment requirements in section 475A(c) of the Social Security Act.	4
13.	One of the CCI settings for which title IV-E maintenance may continue to be claimed after 2 weeks of a child’s placement is “a setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims.” Is there a definition of “high-quality residential care?” Can existing placements settings currently meet this criteria, or come to meet it with additional services? Will we providing any further direction/guidance in this area?	No, there is a not a definition of “high-quality residential care.” We anticipate that states will work with their existing providers to meet the criteria for these settings. We are relying on ACYF-CB-PI-18-07 for guidance in this area and that is what states should be using in designing their programs	4
14.	Can a state opt to extend ETV to eligible youth up to age 26 if it does not extend Chafee up to age 23?	Yes, a state can make education and training vouchers available up to age 26 for eligible youth per section 477(i)(3) of the Act regardless of whether the state opts to provides the Chafee program up to age 23 under section 477(b)(3)(A)(ii) of the Act.	4

15.	Can “agency-owned/employee run” foster homes be licensed as “foster homes” for the purpose of title IV-E?	No. The statute now limits the definition of foster family home to a “home of an individual or family,” and requires that the foster parent resides in the home with the child (section 472(c)(1)(A)(ii) of the Act). This means that the term may no longer include “group homes, agency-operated boarding homes or other facilities licensed or approved for the purpose of providing foster care...” as previously permitted in the regulatory definition at 45 CFR 1355.20(a) if that facility is not the home of an individual or family. Please see the definition of foster family homes in ACYF-CB-PI-18-07 .	4
16.	If an agency licensed by the state operates a Transitional Living Program (TLP) that serves youth in foster care, would this type of facility be considered a child care institution (and fall under ‘other congregate care setting’)? Are there examples of ‘congregate care’ settings that CB can offer to clarify which types of institutions would be subject to the background check requirements?	We cannot definitively say whether a TLP is a child care institution or other congregate care facility because TLPs vary so much. There is not a federal definition of a “congregate care setting” and we do not have any examples of other congregate care settings to which the criminal record check procedures apply. Therefore, in addition to the types of settings enumerated in the law, if the setting is non-foster family home placement that the state licenses for 24 hour care and supervision for youth in foster care, then the procedures would apply.	4
17.	When does the new FFPSA definition of candidacy become effective? Is the state subject to pre-FFPSA rules regarding candidates until the state opts to implement title IV-E prevention services?	The FFPSA did not change authority in the law on claiming title IV-E administrative costs for candidates per 472(i) of the Social Security Act. Thus, whether or not the title IV-E agency opts into the prevention program, it may continue to claim for allowable costs for bona fide candidates per the current guidance in the CWPM--which will remain unchanged because it does not apply to the optional IV-E prevention program. If the state opts into the prevention program, identifies a child in a prevention plan as meeting the definition of candidate, the service meets the evidence criteria, and all other requirements are met, the agency may claim 12 months of services and allowable administration and training for that child and must report the child specific expenditures and other information required.	4

18.	Considering existing candidacy rules, can IV-E administrative costs be claimed on behalf of a child living with a non-legal-guardian relative or non-related extended family member (NREFM) and who is not in the placement and care of the IV-E agency?	The existing rules on claiming administrative costs for candidates for foster care apply the same way as they always have been—so, the child would have to meet all of the requirements in law and the candidacy documentation required per the CWPM. The draft 496 form provides instructions on how to claim costs for candidates in each of these categories.	4
19.	Does the Families First provision regarding fingerprint based background checks on any adult working in a child caring institution apply for contractors of employers? For example, a contracted therapist might be brought in occasionally to a facility but isn't considered to be an employee of the agency.	Per the statute at 471(a)(20), the agency procedures cover any adult working in a child-care institution, including employees as well as a person who is contracted to work in the institution as a member of the staff. It is irrelevant whether the staff member is employed by a contractor or the facility itself; if the individual is working in a child care institution as a staff member, the requirements in section 471(a)(20) apply. Contractors and others who come on-site to provide a service, such as therapists, plumbers, landscapers or a visiting resource, but are not employees or contracted members of the staff of the institution, are not required to be covered by the procedures.	4
20.	A state provides case management services via two contract agencies which employ licensed clinicians. Could a qualified individual include one of these licensed individuals who are not employed by the title IV-E agency but by one of its contractors?	Yes. Section 475A(c)(1)(D)(i) of the Act defines "qualified individual" as "a trained professional or licensed clinician who is not an employee of the State agency and who is not connected to, or affiliated with, any placement setting in which children are placed by the State." As long as the individual is not connected to or affiliated with any placement setting in which children are placed by the state, the individual working for the contracted agency could be a "qualified individual" because they are not employed by the state agency. In addition, please note that an individual employed by the state agency or affiliated with a placement setting could potentially be considered a "qualified individual" if the title IV-E agency requests and is granted a waiver per section 475A(c)(1)(D)(ii) of the Act.	4

21.	Contract agencies used by a state are licensed child placing agencies (CPAs) and generally try to place children in homes they license. Does this affect the Qualified Individual if the placement were in a facility not related to that individual's agency?	If the contract agency licenses homes and has a practice of giving priority for placing children in homes they license, then yes, an individual responsible for making these placement recommendations would appear to be "connected to or affiliated with any placement setting in which children are placed by the state" (section 475A(c)(1)(D)(i)). This means the individual would be unlikely to be considered a "qualified individual" as defined in statute unless the state is granted a waiver allowing them to be a qualified individual.	4
22.	A state has put out an RFP for new case management providers who they will now refer to as "grantees" rather than contractors. Would this have any effect on the use of a grantee's staff serving as a Qualified Individual?	No, the terminology of "grantee" versus "contractor" has no impact on whether an individual could be considered a "qualified individual." What matters is whether the individual is an employee of the state agency or connected to, or affiliated with, any placement setting in which children are placed by the state.	4
23.	Please provide clarity around the 25-bed requirement for CCI providers to meet the new QRTP designation. Can congregate care providers qualify as a QRTP if they provide up to 25 beds by type of service, even if they have more than 25 congregate care beds in total (whether by contract, license or physical location)?	QRTPs must meet the requirements for a CCI. The definition of 'child-care institution' in section 472(c)(2) of the Social Security Act has not changed. Therefore, a public CCI must accommodate no more than 25 children. Section 8.3A.8a Questions 1 and 2 of the CWPM provide additional guidance around the requirement that only public child-care institutions which are clearly and definitely separate entities serving 25 or fewer children are covered under the provisions in section 472 of the Act.	4
24.	Please provide more background on the QRTP nursing requiring (to be available to come on-site 24/7) and what problem the federal government is trying to solve for with this requirement? Is this requirement meant to help providers rely less on expensive emergency room care for clinical needs and crises that can be safely treated on campus by a qualified clinician? Is this requirement meant to maintain stable placements for children/youth in congregate care providers? Meaning, once the child is brought to a hospital, or	We cannot speak to Congress' thinking behind this provision beyond the plain language of the law.	4

	law enforcement is involved, is it more difficult to maintain the child in the same congregate care placement?		
25.	Are there any additional areas in which the Children’s Bureau will be soliciting public input to help guide policy and regulation setting? For example, the request in July to submit evidence-based preventive service models to be considered for the California Clearinghouse.	The Children’s Bureau issued draft model foster family licensing standards in the Federal Register on August 1, 2018 (83 FR 37495). Comments are due by October 1, 2018. We are unable to report on any further plans to solicit public input on other areas of Family First implementation.	4
26.	If a child is not eligible for IV-E when first entering care, but is later placed with a parent in this setting, is the agency expected to re-evaluate eligibility at that point or follow the current practice that if a child is not originally eligible, then they are not eligible for the entirety of the case?	Section 472(j) of the Act permits the title IV-E agency to make title IV-E foster care maintenance payments for “a child is placed with a parent who is in a licensed residential family-based treatment facility for substance abuse” only if the child is eligible for foster care maintenance payments or “who would be eligible for the payments if the eligibility were determined without regard to” the AFDC requirements in sections 472(1)(B) and (a)(3) of the Act. Therefore, if the child was initially determined ineligible for title IV-E foster care only because the child did not meet the AFDC requirements, but is later placed with a parent who is in a licensed residential family-based treatment facility for substance abuse in accordance with the requirements in section 472(j) of the Act, the child is eligible for title IV-E foster care maintenance payments for up to 12 months while placed with the parent in that facility.	4
27.	[State] currently has programs such as the Sobriety Treatment and Recovery Team (START) and [State] Strengthening Ties and Empowering Parents (KSTEP) being funded under our waiver demonstration project. Both have a formal evaluation component. Looking forward into the FFPSA implementation world, can IV-E administration costs be utilized for continued evaluation components of an EBP?	The title IV-E Prevention Services program requires states to include a well-designed and rigorous evaluation strategy for each service which may include a cross-site evaluation approved by ACF (Section 471(e)(5) of the Act; see also ACYF-CB-PI-18-09 page 5).	4
28.	Scenario 1: A child is placed in a CCI for 13 days. That CCI facility happens to meet the setting criteria of a QRTP (trauma-informed model, licensed nursing on-site, family	No. If the assessment is not completed within 30 days, the title IV-E agency cannot claim title IV-E FCMPs for the entirety of the QRTP placement (including not for the first 14 days),	4

	<p>member outreach, discharge planning & aftercare, accredited). Are these 13 days claimable to Title IV-E (presuming the child meets Title IV-E eligibility criteria) if an assessment is not completed? ACYF-CB-PI-18-07 states that: [page 7] Title IV-E agencies may claim 14 days of title IV-E FCMPs each time a child is “placed in a child care institution” regardless of whether the child has had previous CCI placements during his or her foster care episode (section 472(k)(1) of the Act).”</p>	<p>but may claim title IV-E administrative costs during the placement in the QRTP (section 472(k)(3)(A) of the Act).</p>	
29.	<p>Scenario 2: A child is placed in a CCI for 27 days. That CCI facility meets the setting criteria of a QRTP (trauma-informed model, licensed nursing on-site, family member outreach, discharge planning & aftercare, accredited). The child does not receive an assessment by a qualified individual within those 27 days. ACYF-CB-PI-18-07 states that: [page 10] “a QRTP placement is a specific category of a non-foster family home setting, for which title IV-E agencies must meet detailed assessment, case planning, documentation, judicial determinations and ongoing review and permanency hearing requirements for a child to be placed in and continue to receive title IV-E FCMPs for the placement (sections 472(k)(1)(B) and 475A(c) of the Act).” Given that the child’s short stay resulted in him/her not reaching the 30-day assessment threshold, nor the 60-day judicial determination threshold, can the first 14 days of this placement be claimed to IV-E?</p>	<p>Yes. Title IV-E agencies may claim 14 days of title IV-E FCMPs each time a child is “placed in a child care institution.” The child’s placement in a QRTP was less than 30 days, therefore the requirements for a 30-day assessment and a 60 day judicial determination do not apply.</p>	4
30.	<p>Scenario 3: A child is placed in a CCI for 55 days. That CCI facility meets the setting criteria of a QRTP (trauma-informed model, licensed nursing on-site, family member outreach, discharge planning & aftercare, accredited). The child receives an assessment by a qualified individual within the first 30 days of the placement. ACYF-CB-PI-18-07 states that: [page 10] “a QRTP placement is a specific category of a non-foster family home setting, for which title IV-E agencies must</p>	<p>Yes. Title IV-E agencies may claim 14 days of title IV-E FCMPs each time a child is “placed in a child care institution.” The child’s placement in a QRTP was less than 60 days, therefore the requirements for a 60 day judicial determination does not apply.</p>	4

	meet detailed assessment, case planning, documentation, judicial determinations and ongoing review and permanency hearing requirements for a child to be placed in and continue to receive title IV-E FCMPs for the placement (sections 472(k)(1)(B) and 475A(c) of the Act).” Given that the child’s short stay resulted in him/her not reaching the 60 day judicial determination threshold, can the first 14 days of this placement be claimed to IV-E?		
31.			4

ACF Region Map

