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Chapter:	Placing Children and Youth	
Subject:	Qualified Residential Treatment Programs (QRTP)	Page 1 of 2
Approved:	Aryka Radke, Deputy Commissioner	Effective: 10/1/2021

Purpose

To serve as a placeholder for a written policy and procedures about qualified residential treatment programs (QRTPs) in Vermont pending future implementation and compliance with Title IV-E of the [Social Security Act](#).


Related Policies

Family Services [Policy 82](#): Juvenile Court Proceedings – CHINS
Family Services [Policy 83](#): Juvenile Court Proceedings – Delinquency
Family Services [Policy 90](#): Placement Overview and Definitions
Family Services [Policy 97](#): Case Review Committee Referrals
Family Services [Policy 122](#): Case Plan Reviews and Permanency Hearings for Children and Youth in DCF Custody
Family Services [Policy 125](#): Permanency Planning for Children and Youth
Family Services [Policy 241](#): Residential Treatment Program Licensing and Interventions
[Licensing Regulations for Residential Treatment Programs in Vermont](#)

Definitions

Qualified Residential Treatment Program (QRTP): A program that:

- A. has a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and, with respect to a child, is able to implement the treatment identified for the child by the assessment of the child required under section 475A(c);
- B. subject to paragraphs (5) and (6), has registered or licensed nursing staff and other licensed clinical staff who—
 - i. provide care within the scope of their practice as defined by State law;
 - ii. are on-site according to the treatment model referred to in subparagraph (A); and
 - iii. are available 24 hours a day and 7 days a week;
- C. to extent appropriate, and in accordance with the child’s best interests, facilitates participation of family members in the child’s treatment program;
- D. facilitates outreach to the family members of the child, including siblings, documents how the outreach is made (including contact information), and maintains contact information for any known biological family and fictive kin of the child;
- E. documents how family members are integrated into the treatment process for the child, including post-discharge, and how sibling connections are maintained;
- F. provides discharge planning and family-based aftercare support for at least 6

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- months post-discharge; and
- G. is licensed in accordance with section 471(a)(10) and is accredited by any of the following independent, not-for-profit organizations:
- i. The Commission on Accreditation of Rehabilitation Facilities (CARF).
 - ii. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
 - iii. The Council on Accreditation (COA).
 - iv. Any other independent, not-for-profit accrediting organization approved by the Secretary.