

Qualified Residential Treatment Program Liaison Training



QRTP Liaisons

- Area 1
- Area 2
- Area 3
- Area 4
- Area 5
- Area 6
- Area 7
- Area 8
- Area 9
- Area 10

- Central Office

QRTP Screens (Enter/Exit)

Assessment Information

- Assessment dates should be entered ASAP after the assessment is received
- Date Completed: This is the date the assessment was completed, not the date it was conducted
 - Current Assessments say DATE OF NOTICE, but this will be changing to say DATE COMPLETED on future assessments
- If the assessment is not entered in 30 days, the system will auto-generate an untimely date
 - Regardless of the systems auto-generated date, the correct date completed must be entered as soon as possible



QRTP Screens (Enter/Exit)

Example

CHRIS Version 26.8 User Name: Dunagan, Beki Staff ID: 26

File Edit Functions Tools Help

Home Workload Ref. L Workload Placement Place

Enter/Exit Placement - TH

Placement Entry

Date: 09/20/2021

Has Child Ever Been A

Age When Previous A

Date Provider Informa

Placement Exit

Date: 00/00/0000

Reason:

Unauthorized Visitors

QRTP Status

Initial Assessment

Status Type	Date
Initial Assessment (QRTP Recommended)	10/06/2021

New

QRTP Initial Assessment Details

☒ Initial Assessment (QRTP Recommended) Assessment Date: 10/06/2021 Due Date: 10/19/2021

☐ Initial Assessment (QRTP Not Recommended) Assessment Date: 00/00/0000

☐ Initial Assessment (Untimely) Past Due Date: 00/00/0000

Updated By: Updated Date: 10/06/2021

Court Review

Status Type	Date
Court Review (Placement Appropriate)	11/01/2021

New

Court Review Details

Status Type: Court Review (Placement Appropriate) Court Review/ Untimely Date: 11/01/2021

Comments:

Updated By: Updated Date: 11/02/2021

Add Change Delete

Help Cancel

Ready

wm 1094 pl enter exit placement 11/3/2021 12:08 PM

Notice of Determination

Example



Health
SOLUTIONS



200 West Capitol Avenue
Suite 610
Little Rock, Arkansas 72201

Specialized Service Unit (SSU)

Date of Notice: 3/15/21

Request Date: 2/9/21

Requesting Agency: White

Youth Name:

Youth Medicaid ID:

Youth DOB:

Family Service Worker:

NOTICE OF DETERMINATION – APPROVAL



ARKANSAS
DEPARTMENT OF
HUMAN
SERVICES

QRTP Screens (Enter/Exit)

Court Order/Court Approval Date

- Court date must be entered as soon as the Order is received
- If the Court approval date is not entered within 60 days, the system will auto-generate an untimely date
- Regardless of timely/untimely dates, the Court Approval Date must be entered as soon as the order is received

QRTP Screens

Placement Changes

- If the child/youth returns to the same QRTP provider and has NOT been discharged from the program, the initial assessment and Court approval date will stay the same
 - Runaway
 - Acute Status
- If the child/youth returns to the QRTP provider, but has been discharged, a new assessment and Court approval must be completed
 - Trial Home Visit
 - Move to Foster Home
 - Move to Therapeutic Foster Home
- If the child/youth moves to a new QRTP provider, a new assessment and new Court approval must be completed

QRTP Screens (Case Plan)

- Case Plan QRTP screens must be completed thoroughly and correctly
 - Describing efforts to assemble the child's team
 - Who was present during the assessment
 - Other case related information
 - Court Approval Information
 - If this is completed prior to the 60 days and the Court approval has not yet occurred, provide that information in the space provided—do not put N/A or leave blank
- Case Plan Updates
 - QRTP Screens can be copied and any pertinent information updated

QRTP Screens (Case Plan)

Example

Entry Date/Time	Exit Date/Time	Exit Reason	Service	Provider/Provider Name
12/22/2020 21:00:00			Qualified Residential Treatment Program (QRTP)	

Family Name:
Child's Name:
Meeting Reason:
Meeting Date: Meeting Time: ☐ A.M. ☐ P.M.
Location Type:

Last Updated By:
Last Updated Date/Time:
Case ID:

Q1. List all reasonable and good faith efforts used to identify and assemble the child's team:

Q2. List all contact information for members of the family and permanency team, as well as contact information for other family members and fictive kin who are not part of the team:

Q3. Describe how the meeting time and place were convenient to the child's team:

Q4. Describe how the family and permanency team provided information to the independent assessor or otherwise participated in the assessment of the child's strength and needs:

Q6. What is the placement recommended by the team at the QRTP Meeting?

Does the child have siblings in Foster Care? ☐ Yes ☐ No

If yes, is the placement recommended one where the siblings will be placed together? ☐ Yes ☐ No

If no, is there a finding by the court that the placement would be contrary to the best interests of the child or his/her siblings? ☐ Yes ☐ No

If no, would placing the siblings together be contrary to the safety or well-being of the child or his/her siblings? ☐ Yes ☐ No

If yes, has a mental health professional determined that placing the sibling together would be detrimental to the health, safety or well-being of the child or his/her siblings? ☐ Yes ☐ No

Q & A

Any Questions?

Find Us On...



@ArkDHS



@arkansasdhs



@ARHumanServices



ARHumanServices

We Care. We Act. We Change Lives.

