This policy establishes DCYF’s process for certification and monitoring of residential treatment programs.

**Required Practices**

Any deviations to the following information must be documented with Supervisory Approval.

I. All residential treatment programs seeking reimbursement or payment for DCYF services must be certified for payment by DCYF pursuant to RSA 170-G:4 XVIII, to ensure the quality of services, the need for services, and to determine if an applicant is eligible to receive payment.

II. Residential treatment programs are certified according to Administrative Rules He-C 6350 “Certification for Payment Standards for Residential Treatment Programs” and He-C 6420 “Medicaid Covered Services”.

   A. Residential treatment programs provide 24-hour care for children who cannot be provided for in a family setting.

   B. Residential treatment programs are categorized based on a level of care with a number one (1) through 5, with 5 being the most intensive level of care.

   C. Within the certification process, some programs with a level of care between 2 and 4 may be defined as “Qualified Residential Treatment Programs” (QRTP), as defined in section 42 USC 672(k)(4) and must demonstrate current accreditation and compliance with the law.

      1. Programs which do not meet the requirements of QRTP or one of the specialty designations in D below shall not access IV-E funding, however may be certified under rule.

   D. Additional specialty designations of residential treatment programs include:

      1. Prenatal, post-partum, or parenting supports for youth;
2. Supervised settings for young adults who aged out of foster care, have attained 18 years of age, and in which the they are living independently (Level 1);

3. Settings providing high-quality residential care and supportive services to children found to be, or at risk of becoming, sex trafficking victims; and

4. Licensed residential family-based treatment facility for substance abuse (subject to additional requirements per section 472(j) of the Act).

III. The Bureau of Children’s Behavioral Health (BCBH) acts on behalf of DCYF in order to:

A. Certify and recertify residential treatment programs;
B. Manage the contracts of the residential treatment programs;
C. Provide administrative and field communication and support;
D. Provide Quality Assurance; and
E. Provide technical assistance.

IV. DCYF and BCBH must work jointly with the Department of Education to certify the educational component of the residential treatment program in accordance with RSA 170-G:4, XVIII.

V. New residential treatment programs may be identified by the following individuals based on RSA 170-G:4 XVIII on a case-specific need or general need of a particular population, and the quality of services provided in a given program:

A. A DCYF Supervisor or Administrative Staff; or
B. The Program Specialist, a Bureau of Children’s Behavioral Health (BCBH) residential unit staff member.

VI. Certified programs are monitored based on 5 components:

A. Consumer satisfaction with the services offered by the provider which includes investigating programmatic concerns identified by DCYF or BCBH;
B. Site visits completed in collaboration with BCBH a minimum of once every 2 years to:
   1. Assess program performance;
   2. Monitor compliance with He-C 6350 “Certification for Payment Standards for Residential Treatment Programs” and He-C 6420 “Medicaid Covered Services”;
3. Monitor program effectiveness, outcomes and overall quality of services pursuant to RSA 170-G:4, VIII; and

4. Monitor program compliance with applicable contracts.

C. Technical assistance provided during the off year when there is no onsite review;

D. Review of outcomes and performance;

1. Data is collected from residential treatment programs and provided to DCYF and together with BCBH this data is used to support system and program level outcomes; and

E. Contract compliance if applicable.

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**Glossary and Document Specific Definitions**

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**Document Change Log**

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