

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) ATTESTATION

To be a QRTP, a voluntary authorized agency (Agency) must meet and maintain the following requirements for any program seeking the QRTP certification. The Agency, by and through a designated individual with authority to bind the agency, must attest to meeting these program requirements as outlined below.

AGENCY ACCREDITATION	
<p>Agency is accredited by:</p> <p><input type="checkbox"/> The Council on Accreditation (COA)</p> <p><input type="checkbox"/> The Joint Commission on Accreditation of Healthcare Organizations (JCAHO)</p> <p><input type="checkbox"/> Commission on Accreditation of Rehabilitation Facilities (CARF)</p> <p><input type="checkbox"/> Another independent, not-for-profit accrediting organization approved by the U.S. Secretary of Health and Human Services</p> <p>A copy of the accreditation certificate has been uploaded in the Article 29-I Voluntary Foster Care Agency (VFCA) Health Facility License Application system.</p>	
<p><input type="checkbox"/> Agency employs a trauma-informed model of care (TIC), which adheres to standards provided by the New York State Office of Children and Family Services (OCFS). Documents supporting the agency's TIC approach have been uploaded in the Article 29-I VFCA Health Facility License Application.</p>	
<p><input type="checkbox"/> Agency has registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice, as defined by New York State law, on-site, in accordance with the selected treatment model, and available 24 hours a day and seven days a week. These staff are detailed in the Article 29-I VFCA Health Facility License Application.</p>	
<p><input type="checkbox"/> Agency conducts state and federal criminal record checks, Statewide Central Register (SCR) database checks, NYS Justice Center Staff Exclusion List checks, and relevant out-of-state child abuse and maltreatment register checks for all employees, as required by OCFS regulations and policies. Agency's policy and procedures have been uploaded in the Article 29-I VFCA Health Facility License Application.</p>	
<p><input type="checkbox"/> Agency conducts Family Engagement and Outreach utilizing guidance provided by OCFS. Agency's Family Engagement and Outreach policy and procedures have been uploaded in the Article 29-I VFCA Health Facility License Application system.</p>	
<p><input type="checkbox"/> Agency conducts Discharge Planning consistent with guidance provided by OCFS. Agency's Discharge Planning policy and procedure has been uploaded in the Article 29-I VFCA Health Facility License Application system.</p>	
<p><input type="checkbox"/> Agency conducts Family-based Aftercare Support for at least six months post-discharge. Agency's Family-based Aftercare Support policy and procedure has been uploaded in the Article 29-I VFCA Health Facility License Application system.</p>	
<p><input type="checkbox"/> Agency understands and agrees it is the Agency's responsibility and duty to update any and all QRTP requirements and changes immediately, or as soon as practicable, and to contact its assigned OCFS regional office; this includes any changed material required to be uploaded into the Article 29-I VFCA Health Facility License Application system relevant to this Agency's QRTP application. Further, it is the Agency's duty to maintain all required accreditations and licenses as required by this Agency's QRTP application without any lapse in coverage.</p>	
ATTESTATION	
<p>I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this attestation on behalf of Agency name: _____.</p> <p>I further certify that the information contained in this application is accurate, true and complete in all material respects. I further certify that I understand all the rules and requirements of operating a QRTP.</p>	
NAME:	TITLE:
SIGNATURE: X	DATE: / /