



Office of Children and Family Services

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Request for Federal Waiver for the New York State Office of Children and Family Services to Authorize Local Departments of Social Services' Employees and Contracted Individuals or Organizations to Perform the Functions of Qualified Individuals for the Purpose of Providing 30-Day Assessment of the Child's Need for Placement in a QRTP

New York State (NYS) operates a state-supervised, county-administered child welfare system. The New York State Office of Children and Family Services (OCFS) provides oversight and monitoring of the 58 local departments of social services (LDSSs), including the St. Regis Mohawk Tribe, and the Administration for Children's Services (ACS), which encompasses the five boroughs of New York City, charged with the direct provision of child protective services, foster care, preventive services, and adoption services. As authorized under the Family First Prevention Services Act (FFPSA), and in accordance with Social Security Act (SSA) §475A(c)(1)(D)(ii), OCFS requests a waiver to authorize LDSSs and LDSS-contracted individuals or organizations to perform the functions of a Qualified Individual (QI) for the purpose of conducting the 30-day assessment of the child's needs to determine if placement in a Qualified Residential Treatment Program (QRTP) is appropriate in conformance with the standards set forth in SSA §475A(c)(1).

OCFS will delegate to LDSSs the requirement to have contracts in place for a trained professional who is a licensed clinician, with no direct role in case management or case planning decision-making authority for the children in question, to perform the QI's functions, including conducting objective assessments within 30 days of a youth being placed in a QRTP as otherwise required by SSA §475A(c)(1). OCFS regulations define "case management" and "case planning" to include, respectively, the ability to authorize and coordinate the provision of services (see 18 NYCRR 428.2). While the QI may evaluate and make recommendations regarding services for children in foster care in NYS, the QI would not authorize or coordinate the direct provision of any services. However, the QI would conduct case assessment activities that are required in the context of case planning as per SSA §471(a)(16). The QI may not conduct an assessment for a child who is placed in a QRTP at the voluntary agency in which the QI is employed.

OCFS certifies that the trained professionals who are licensed clinicians with responsibility for performing the assessments described in SSA §475A(c)(1) shall maintain objectivity with respect to determining the most effective and appropriate placement for the child, as required by law. To this end, OCFS sent out a letter of interest to gather a curated list of licensed clinicians willing to contract for this service within NYS and who meet the criteria established by OCFS and federal law to act as a QI. Such criteria include that individuals performing the functions of a QI have worked for, or are under contract with, a child welfare program in their professional capacity as a licensed clinician for a minimum of two years within the last 15 years. Child welfare programs include, but are not limited to: an LDSS, a voluntary authorized agency approved in NYS to operate foster care programs, a residential agency serving youth or families, a community-based provider, or other entity that addresses issues of child safety as it pertains to abuse and neglect, and provides or coordinates services for children and families to address challenges such as substance abuse, mental health, and domestic violence.

Individuals contracted to perform the QI function may be selected from the OCFS-established list. LDSSs may contract with individuals or agencies that are not on the curated list and must verify and attest that such individuals or agencies meet the QI's established criteria described above. LDSSs are required to conduct additional vetting to verify that such individuals are appropriate and qualified to perform the functions of a QI.

QIs will assess the child's strengths and needs using a federally approved, age-appropriate, evidence-based, validated functional assessment tool, specifically the Child and Adolescent Needs Assessment (CANS) or the

Child and Adolescent Services Intensity Instrument (CASII). The assessment will determine whether the child's needs can be met with family members and/or in a foster family home, including therapeutic foster care homes, or, if not, which among the settings among those set forth in SSA §472(k)(2) , including the QRTP, would provide the most effective and appropriate level of care for the child in the least restrictive environment and be consistent with the short- and long-term goals for the child, as specified in the child's permanency plan. QIs must be able to provide the services and documentation set forth in SSA §475A(c)(1), including, but not limited to the outlined below:

- Use an OCFS-approved assessment instrument, either the CANS or CASII, as part of the child's assessment. OCFS will provide training for QIs, who will be certified in the use of CANS and/or CASII before services are performed.
- Conduct interviews with family and youth to obtain or clarify any information needed to complete functional assessments and formulate child-specific, short-term and long-term mental and behavioral health goals.
- Collaborate with the LDSS, QRTP of initial placement, and permanency team to gather information to formulate the final determination.
- Recommend whether the child's needs can be met with family members and/or through placement in a foster family home.
- Where applicable,
 - document the reasons why the child's needs cannot be met by the parents in the home, or with a relative caregiver in their home or in a non-relative foster family home setting;
 - document which congregate residential setting would provide the most effective and appropriate level of care for the child in the least restrictive environment, and be consistent with the short-term and long-term goals specified in the permanency plan;
 - document why the recommended placement in a QRTP is the least restrictive setting that will provide the most effective and appropriate level of care for the child;
 - document how that placement is consistent with the child's short-term and long-term mental and behavioral health goals as specified in the permanency plan; and
 - provide a written report with their recommendation within 30 days of the child's placement in the QRTP.