



Family First Prevention Services Act FAQs

AFTERCARE

1. During the six months of aftercare does the child remain in the custody of the local department of social services (LDSS)?

A child is not required to remain in LDSS custody during the six months provision of aftercare.

2. Who will monitor the six months of aftercare required of the quality residential treatment programs (QRTP)? Will monitoring be included in the maximum state aid rates (MSAR)?

Agencies operating a QRTP or EMPOWER must offer and directly provide, or contract for the provision of, aftercare services when a child is stepped down to a foster family home from a QRTP or discharged from foster care from a QRTP (see [18 NYCRR 439.6](#)).

Some avenues for service provision include Health Home and Child and Family Treatment and Support Services (CFTSS), which are Medicaid reimbursable.

Regarding the MSAR, aftercare is not allowable as Title IV-E foster care reimbursement so it cannot be in the MSAR for purchase of service (POS) 61.

3. Family dynamics can change in six months. If the youth is not in LDSS custody, what authority, if any, will the LDSS have to intervene?

There is no requirement that a youth participate in aftercare services, but the aftercare provider must exercise and document due diligence to attempt to involve the youth in their aftercare services, documenting any lack of engagement/participation in the youth's case record. If the youth refuses to engage in these services, after four unsuccessful contacts, the QRTP must advise the LDSS of the youth's refusal to participate. The support team must then meet to discuss the most appropriate course of action to engage this youth. If the youth continues to refuse services, the QRTP may cease their efforts upon approval of the LDSS and documented in the case record (see [22-OCFS-ADM-07](#)). There are no special rules specifically addressed by aftercare regarding when the LDSS should otherwise become involved.

4. QRTPs are required to provide six months of aftercare. What if they don't?

If QRTPs do not provide required aftercare services, they are no longer in compliance with federal law [42 U.S.C §672\(k\)\(4\)\(F\)](#), New York State Office of Children and Family Services (OCFS) regulation 18 NYCRR 439.6, and neither are they in compliance with the QRTP designation (OCFS-4992) issued by OCFS. Failure to comply also jeopardizes potential Title IV-E reimbursement.

5. What is the expectation of contact between the QRTP and the LDSS especially in post-discharge follow-up?



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Discharge planning and associated aftercare services planning must begin within 72 hours of the youth's entry into a QRTP or EMPOWER placement. The discharge plan must be created in conjunction with, and with the approval of, the child's permanency team. For some youth, the LDSS retains a post-discharge supervision role under 18 NYCRR 430.12(f)(4)(i)(b) for youth with another planned permanent living arrangement (APPLA) or youth deemed to have an APPLA discharge goal.

In circumstances where there is no existing mandate to compel a youth or family to participate in services, such as when a youth is discharged from foster care and/or there are no current family court orders retaining jurisdiction, a QRTP is still required to fulfill the mandate of providing aftercare support for at least six months. Documentation may be recorded, where appropriate, in CONNECTIONS or a service provider's health care records, provided the information can be made accessible to OCFS upon request.

6. Scenario: OCFS/Division of Juvenile Justice and Opportunities for Youth (DJJOY)-placed youth in a QRTP. The youth was discharged to a relative's home. OCFS has provided aftercare since the youth was stepped down from the QRTP to a relative's home.

Is the QRTP responsible for providing aftercare services? Or is the requirement for aftercare services already being met by OCFS, and the agency should document this in the case record to avoid any confusion going forward?

It is a federal and state requirement that a QRTP provide aftercare services to all youth placed in a QRTP, including youth in the custody of OCFS/DJJOY. DJJOY is also required to provide aftercare services to youth in their custody. There should be collaboration between the QRTP and DJJOY to mitigate the duplication of aftercare services and yield the best outcomes for the youth.

- Aftercare services start within 72 hours of a child's placement in a QRTP (discharge planning, family engagement, etc.), which are provided by the QRTP. After discharge, the QRTP is responsible for aftercare services, as is DJJOY.
- DJJOY has a process for preparing youth for discharge, following the youth, and checking in.
- DJJOY's aftercare does not replace QRTP aftercare, it is additive.
- Notes for DJJOY aftercare are kept in the OCFS Juvenile Justice Information System (not available to the LDSS), and QRTP aftercare notes are recorded in CONX (which DJJOY cannot access).
- DJJOY does not contract or take over the QRTP aftercare. DJJOY has its own requirements and do not bill the LDSS for aftercare services.
- DJJOY aftercare is provided by OCFS staff, and QRTP aftercare is provided by the QRTP or an entity with whom the QRTP contracts.



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7. If a child is discharged from a QRTP to an out-of-state home, is the QRTP still required to provide this child with aftercare services per the FFSPA? Would the LDSS in New York be responsible for ensuring the services?

The QRTP remains programmatically responsible for the provision of aftercare for the child; likewise, the LDSS remains fiscally responsible through the aftercare rate.

The QRTP must make certain that the support plan and attendant services are followed up, along with the required contacts, with funding from the aftercare rate. There must be documentation of contacts in CONNECTIONS during aftercare if the child is tracked in CONNECTIONS after leaving the state.

It is possible that the other state could volunteer to provide aftercare, but there may need to be a formal agreement made between the LDSS and QRTP in New York, and the service provider in the other state.

- a. Would the QRTP need to contract with an agency in that state to provide the services?

The QRTP is not required to contract, but it is recommended, unless the QRTP can provide services in the other state.

8. What is the aftercare claiming process for undocumented youth?

There is no federal Title XX funding for undocumented youth. But to receive New York State Child Welfare 62% state share, aftercare must be claimed to the Schedule G Child Preventive – Title XX.

Here is the coding:

- The eligibility code must not be 04 – EAF (most likely they should have eligibility code 14 – Income)
- DIR = 48 and 25
- POS = 48
- Suffix code = blank (no suffix code)

This should result in claiming to the correct line/column on the Schedule G. If the LDSS receives any Welfare Management System errors with this coding combination, the LDSS can reach out to OCFS.sm.finance.IVEFC.POSypes@ocfs.ny.gov for further assistance.

9. Is the QRTP still required to offer/provide aftercare for six months for a youth discharged from foster care and placed with the New York State Office of People With Developmental Disabilities (OPWDD) at one of their group homes?

While aftercare may not be required for youth being discharged to an OPWDD placement setting, there should still be discharge planning and coordination of services, which both the LDSS and the agency should help to facilitate.



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10. Can an LDSS opt out of paying the QRTP for aftercare if the LDSS is providing the services themselves?

The Aftercare ADM (22-OCFS-ADM-07) is very specific regarding the requirements of the provision of aftercare to youth placed in a QRTP. The QRTP is responsible for providing, or contracting for the provision of, aftercare services. The youth must receive aftercare services as outlined in [22-OCFS-ADM-07](#).

11. Can you clarify whether LDSSs should be paying the QRTP agencies the \$52/day for aftercare services whether they provided these services?

- a. The rate is billable for each day the youth is in care in the QRTP or EMPOWER, as well as for each day the youth is participating in aftercare services continuing until the LDSS directs the VA to cease activities (not to be less than six months unless otherwise directed).
- b. Services for discharge planning are a key element of aftercare. While the youth is in the program, aftercare services include family contacts, youth contacts, caseworker input, and creation of the discharge/support plan.
- c. QRTPs are encouraged to reach out to their LDSSs to clarify the start date for aftercare services (and associated payments).
- d. Documentation of aftercare service provision should be part of the clarification process. The documentation must be in CONNECTIONS, but some QRTPs have documented in other systems or on paper. All documentation of aftercare service provision must be available to the LDSS.
- e. The QRTP must document the contacts, successful or unsuccessful, in progress notes in CONNECTIONS.
- f. Significant work with the family, the youth, and caseworker is expected while the child is in care. These efforts must be documented in CONNECTIONS.

12. Are Raise the Age (RTA) placements at QRTPs expected to receive six months aftercare in addition to the four months of aftercare they already receive while the order is active? In other words, will they be receiving six months of additional aftercare once the placement order expires? What if the placement order is 18 months? Will they receive an additional six months to the six months of aftercare the youth will have already received under the order?

In the circumstance of an RTA youth who is placed in a QRTP program, the six-month FFPSA aftercare requirements would supersede the four-month RTA requirement. From a planning standpoint, the aftercare services should be developed and provided so that they address both the RTA and FFPSA requirements. Based on FFPSA requirements, the services are required to be provided for a minimum of six months.

13. Is a QRTP required to provide aftercare services for children in their programs that were already in placement prior to the Family First rollout date of 9/29/21 (aka, vested and did not require a QI assessment)?



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Children who were cared for in that setting prior to 9/29/21 and maintained their vested status are not subject to FFPSA aftercare requirements; however, the LDSS and QRTP must collaboratively create a discharge plan for a child's successful transition into the community. Part of discharge and permanency planning is the arrangement of supports and services that may be needed to reintegrate a child into a family-based setting, inclusive of non-FFPSA, State mandated preventive services aftercare services.

14. If a QI does not approve placement as a QRTP and the agency needs to step down or discharge – is the child eligible for aftercare funding?

If the child steps down or is discharged from a QRTP, aftercare is required. This is the requirement for placing a child in this higher level of care. However, in such cases, reimbursement of foster care maintenance expenditures is impacted.

15. Is a QRTP-approved agency required to provide aftercare services for children placed in a level of care that was not approved by the QI, and the child was subsequently sent home?

If the child is placed in the QRTP and either steps down or is discharged from foster care, aftercare is required irrespective of the QI's decision.

16. Where a youth is discharged home to a family/home setting, and the family is already receiving preventive services, how does this impact the requirement for the QRTP agency to provide aftercare services? Is there a way to avoid duplication? Is there a way to coordinate with the preventive services so that the QRTP still fulfills its mandate but some of the needed services may be incorporated into what is being provided through the preventive services provider/agency?

For youth discharged to a family-based setting and already receiving preventive services, the QRTP should coordinate with the preventive service providers so there is no duplication of services. Some of the service needs identified in the youth's discharge plan can be provided through preventive services, collaboratively with the QRTP, and still meet the FFPSA and OCFS aftercare requirements.

17. What is the expectation if a youth is discharged from a QRTP in the following scenarios?

- Discharged from a QRTP due to AWOL or hospitalization and exceeded the seven-day absence? *Aftercare may be required.*
- Discharged from a QRTP due to movement to a secure facility? *Aftercare not required.*
- Moved to an OCFS facility? *Aftercare not required.*

FFPSA requires six months of aftercare be provided when a youth steps down from their QRTP or EMPOWER placement to a foster family home or is discharged from foster care. So, neither the second nor third scenario bulleted above would trigger aftercare requirements. For the first scenario, it would depend on where the youth will reside after return from AWOL or hospitalization. If after return from



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AWOL/hospitalization, the youth is then placed in a foster family home, APPLA, or discharged from foster care, aftercare is required.

18. If a youth refuses aftercare, is the QRTP still required to provide six months of aftercare, or can the agency discharge if the youth refuses aftercare services?

There is no requirement that a youth participate in aftercare services, but the aftercare provider must exercise and document due diligence to attempt to involve the youth in their aftercare services, documenting any lack of engagement/participation in the youth's case record. If the youth refuses to engage in these services, after four unsuccessful contacts, the QRTP must advise the LDSS of the youth's refusal to participate. The support team must then meet to discuss the most appropriate course of action to engage this youth. If the youth continues to refuse services, the QRTP may cease their efforts upon approval of the LDSS and documentation of such in the case record (see [22-OCFS-ADM-07](#)).

- a. Is there a time frame on the four contacts while a youth refuses aftercare?

The LDSS and support team will determine a reasonable time frame.

- b. Does this apply to youth who are over 18 years of age?

The federal FFPSA and OCFS regulatory mandates require aftercare services be offered to youth up to their 21st birthday.

19. Children placed in a QRTP by the Committee on Special Education (CSE) are not in the custody of the LDSS or OCFS; therefore, FFPSA mandates 60-day court reviews, including QI assessments, and aftercare services do not apply. FFPSA mandates only apply in cases where children/youth are placed in the custody of an LDSS or OCFS through Article 3, 7, or 10 proceedings. Is this correct?

FFPSA requirements, inclusive of aftercare, are not required for children placed by the CSE and who are not in the care and custody or custody and guardianship of the LDSS or OCFS.

There are some children who are in either the care and custody or the custody and guardianship of an LDSS or OCFS and are placed in a QRTP because of a CSE placement recommendation. In those cases, even though the placement in the QRTP is being driven by CSE, because they are in foster care, the FFPSA requirements apply.

Note: In addition to children placed in an LDSS or OCFS custody via Article 3, 7 and 10 proceedings, FFPSA requirements also apply to children placed into foster care pursuant to SSL 384 and 384-a and FCA Article 10-C.

20. Please confirm that the New York City Administration for Children's Services (ACS) may allow providers to bill for \$52 MSAR aftercare services, and as appropriate, it may retro claim to 9/29/21 for each day a youth is in care in the QRTP or the EMPOWER program, placed on or after 9/29/21, as well as for each day the youth is participating in aftercare services.



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From 22-OCFS-ADM-07, “[e]ffective September 29, 2021, agencies operating a QRTP or EMPOWER must offer and directly provide, or contract for the provision of, after care services ...” (2) and provide for a \$52 MSAR.

ACS can direct providers to submit bills for aftercare for youth that were placed in a QRTP as of 9/29/2021.

Actual bills for aftercare services should be submitted no earlier than 10/1/2021 or the date of placement, whichever is later, for youth served.

21. Please confirm that any foster child placed in a QRTP is eligible for and may receive QRTP aftercare. In other words, QI, court review, and the long-stayer requirement need not be met in order for aftercare to be offered, provided, and the \$52 MSAR claimed and reimbursed at 62% state share/38% local share.

All children who are placed in a QRTP, regardless of length of stay, are eligible for and must be offered aftercare. Provision of services is required for six months post-discharge, at a minimum.

The requirement to provide aftercare is not dependent upon the other activities listed above including the QI review, etc. Even if the other FFPSA requirements were not met, or not met timely, aftercare is still required.

Aftercare expenses are eligible for state preventive reimbursement. See 22-OCFS-ADM-07, under section V., LDSS Authorization, Payment and Claiming.

22. Please confirm that a QRTP may offer aftercare to children/youth placed in the QRTP prior to 9/29/21 (“vested” youth) and receive the \$52 MSAR for both in-facility and post-discharge aftercare services?

Any youth that is placed in or discharged from a QRTP is eligible to receive aftercare services, upon approval from the LDSS to the provider.

If ACS/LDSS supports provision of aftercare to “vested” youth, placed in a QRTP prior to 9/29/2021, ACS/LDSS can direct providers to offer in-facility aftercare/discharge planning after 9/29/21.

Billing for in-facility and post-discharge aftercare services cannot be claimed for FFPSA aftercare prior to 9/29/21.

23. Since aftercare funding is coming from a preventive source, New York State Child Welfare Services open-ended 62% state share/38% local share, and is claimed on the Schedule G/H beginning on the day the child is in care in the QRTP, would the LDSS/VA be required to open a preventive services case and create a family assessment service plan (FASP) for the youth in order to claim reimbursement for the \$52 MSAR – for both in-facility and post-discharge aftercare?



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The youth must have an open case (Family Services Stage [FSS] or Preventive) to claim aftercare reimbursement, whether in the facility or post-discharge.

The FSS case can extend into the discharge period. If the FSS case is closed, a preventive case must be opened.

24. Scenario: A child in foster care is moving from a QRTP to an Office of Mental Health residential treatment facility (RTF). Does the QRTP provide aftercare across systems?

Aftercare is not required in this circumstance, as the child is moving to a higher level of care. (See 22-OCFS-ADM-07 for aftercare expectations regarding higher level of care.)

25. Do the expectations about who can or should deliver aftercare services vary by the placement circumstances?

Aftercare services should be driven by the support/treatment team and the goals/objectives identified therein. Youth may be discharged from a QRTP to a number of different locations, such as the following:

- Step-down to family foster care setting, which may be operated by the same foster care agency or a different foster care agency
- Transfer to non-QRTP residential setting, such as a Prenatal/Postpartum/Parenting (PPP) or a Single Independent Living Program (SILP), operated by the same foster care agency or a different foster care agency
- Trial discharge, with or without preventive services
- Final discharge, with or without preventive services or court-ordered services (COS)
- In any of the above, youth could be age 21 or older at exit from QRTP.

26. What documentation is required in order to receive aftercare funding?

Documentation must be in the system of record (CONNECTIONS). If there are services being provided by agencies/individuals not in CONNECTIONS, the case manager/planner should document in progress notes and in the FASP how these services are progressing per the support/treatment plan.

(See [22-OCFS-ADM-07](#), page 4, regarding documenting in CONNECTIONS: “A family services case must remain open during the course of aftercare services provision.”)

27. Can an aftercare FSS stage be concurrent with a preventive or foster care stage? If yes, how is it clear that both services are valid and being simultaneously delivered?



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Aftercare begins with placement, so it is concurrent by design. The case manager/planner should document service provision in progress notes and in the FASP. See [22-OCFS-ADM-07](#) for contact requirements.

28. For children who remain in foster care after QRTP placement, i.e., a step-down to a lower level of care, is aftercare expected to be provided by the QRTP staff?

See [22-OCFS-ADM-07](#) for more guidance. Aftercare is an expectation for all step-downs into a community setting, including foster boarding homes. The QRTP staff are responsible for delivering or arranging/managing the aftercare services.

29. For children and youth who are discharged from foster care, how and where is their aftercare documented?

Progress notes, at minimum, should always be a source for documenting service provision.

When the LDSS closes the foster care case in CONNECTIONS, a Preventive (non-mandated) case should be opened, with “Prevent return to placement” chosen as the Permanency Planning Goal (PPG). Aftercare casework is documented in progress notes and in the FASP, which the LDSS will complete.

30. For youth who is aging out at 21, was in a QRTP or Empower program, would that change the requirements, and would they require aftercare services at 21?

Yes, Aftercare is still required even after age 21 when a youth is being discharged from a QRTP or Empower program. After age 21, aftercare is 100% local share and will have to be documented offline.

What are the documentation expectations/requirements in connection with post-discharge aftercare? How is participation defined/documented?

See [22-OCFS-ADM-07](#) for documentation and participation requirements.

31. If a family refuses or isn't engaging in aftercare services, can a provider receive aftercare funding if they continue outreach? If yes, for how long can the provider receive aftercare funding if they are not meeting with family/youth? Also, please provide clarification about who can approve ending services, and how to document:

Page 4 of 22-OCFS-ADM-07 states, “If the youth continues to refuse to engage, the VA may cease their efforts upon approval of the LDSS and documentation of such in the case record.”

Page 5 of the ADM states, “Aftercare services shall continue post-discharge or step-down from the QRTP or EMPOWER placement for at least six months and thereafter until the LDSS or, in cases where the VA is responsible for case management, the VA recommends the services cease. The case worker must document the cessation of aftercare services in CONNECTIONS.”



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Page 5 of the ADM states, “The rate is billable for each day the youth is in care in the QRTP or EMPOWER, as well as for each day the youth is participating in aftercare services continuing until the LDSS directs the VA to cease activities (not to be less than six months unless otherwise directed).” The support/treatment team can make a recommendation to cease services with agreement from the LDSS. All must be documented in the case record, progress notes, support/treatment plan, and FASP.

32. Can providers be funded the \$52 per day for youth in suspended pay status? If the youth is hospitalized or absent without consent (AWOC), as examples, discharge planning could require a lot of coordination.

If aftercare services can be provided and the LDSS is comfortable with the service that has been provided during the absence, payment can be made and be reimbursable. (See [22-OCFS-ADM-07.](#)) For example, in an AWOC scenario, the QRTP staff providing aftercare services may be the person used to locate/attempt to locate the youth given their relationships with the community members from the youth’s home community.