



ADMISSION EXCEPTION REQUEST QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 895 (9-2022)

A licensed ND QRTP will complete this form when seeking an exception to admit a prospective resident after obtaining a QRTP approval from the Department approved qualified individual. This exception request is only used for a foster child under the custody of a North Dakota Human Service Zone, Division of Juvenile Services or a North Dakota Tribal Nation (Title IV-E clients only).

Name of QRTP Provider		Date of Exception Request
Name of Prospective Resident		Age of Resident
CANS Level	Custodial Agency	Custodial Case Manager

Notification to Children and Family Services:

A North Dakota licensed QRTP can deny admissions of a prospective resident without prior approval if

☐ QRTP is at capacity (*QRTP must submit a list of current placements*)

Exception Request:

A ND licensed QRTP cannot deny a referral of a prospective resident if he/she has been approved for the QRTP level of care through the Department approved qualified individual assessment process. QRTP's must have approval from HHS-CFS Licensing Unit prior to denying a referral for any other reasons, including:

- ☐ The prospective resident was previously discharged from the QRTP due to assaulting a resident who sustained injuries and remains placed in the facility.
- ☐ The prospective resident has been historically placed in residential treatment settings, and further placement in residential treatment is not appropriate.
- ☐ Other (describe below):

Describe in detail and attach any supporting documentation necessary for review

QRTP Admission Committee Decision

Meeting Date

QRTP recognizes an admission exception must be pre-approved by HHS-CFS Licensing Unit before notifying the custodial agency of a prospective resident denial. By denying admission without prior approval, it is known the facility is not eligible for performance-based outcomes compensation per the HHS/QRTP contract in the preceding quarter.

Submit admission exception request and any supporting documentation to Children and Family Services via cfslicensing@nd.gov within one working day of QRTP admission committee meeting.

By signing below, I acknowledge the information detailed above is true and best represents the placement decision at this time.

QRTP Staff Name	
Signature	Date

The Department of Health and Human Services, Children and Family Services (CFS) will review the exception request and if needed, staff the case with the Q RTP Clinical Alignment team. CFS will respond via email to the Q RTP exception request within three working days.

After review of the request, Children and Family Services has made a decision to:

☐ Approve ☐ Deny

CFS Explanation of Decision

Comments

CFS Program Administrator Signature

Date

CFS Director or DHS Designee Signature

Date

Request for Review:

Based on the Performance-Based Outcomes Contract, the denial of a Q RTP Resident Admission Exception Request will prohibit a facility from claiming performance-based outcome compensation. Pursuant to North Dakota Administrative Code 75-03-15-16(1) a facility may request a review of denial of payment by filing a written request for review with the department within thirty days of the date of the department's denial of payment. The written request for review must include the notice and a statement of each disputed item with the reason or basis for the dispute. A facility may not request review for a full or partial denial, recoupment, or adjustment of a claim due to required federal or state changes, payment system defects, or improper claims submission or of the rate paid for a particular service or difficulty of care rate.

Within thirty days after requesting a review, a facility shall provide to the department all documents, written statements, exhibits, and other written information that support the facility's request for review, together with a computation and the dollar amount that reflects the facility's claim as to the correct computation and dollar amount for each disputed item. The department shall make and issue a decision within seventy-five days, or as soon thereafter as possible, of receipt of notice of request for review.

All requests for review must be sent to:
Department of Health and Human Services
Appeals Supervisor
600 East Boulevard Ave Dept 325
Bismarck, ND, 58505