



DISCHARGE EXCEPTION REQUEST
QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 896 (9-2022)

A licensed ND QRTP will complete this form when seeking an exception to discharge a resident with an approved QRTP assessment. This exception request is only used for a child in foster care 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 QRTP Admission
Name of Resident		Age of Resident
CANS Level	Custodial Agency	Custodial Case Manager

Notification to Children and Family Services:

A North Dakota licensed QRTP can discharge a resident without prior approval if the resident:

- ☐ Has exceeded the 14-day bed hold requirement (75-03-15).
- ☐ Has been approved for admission into a specialized treatment program. The resident will be maintained in the facility for up to 30 calendar days, to allow time for admission into the approved treatment facility.

Discharge Exception:

A North Dakota licensed QRTP must have approval from Children and Family Services prior to discharging a resident for any other reasons, including:

- ☐ If a resident intentionally physically or sexually assaulted another resident who sustained injuries. The action was planned, and the peer was a specific target. (Describe in written detail and attach supporting documentation necessary, including but not limited to: written statement from custodial case manager, incident reports and interventions the QRTP has attempted and found unsuccessful.
- ☐ Other (describe below):

Describe in detail and attach any supporting documentation necessary for review

Exception Request

Projected Discharge Date of Request

Date	Date
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QRTP recognizes a discharge exception must be pre-approved by Children and Family Services. By unexpectedly discharging the resident without prior approval, it is known the facility is not eligible for performance-based outcomes compensation per the HHS/QRTP contract for the preceding quarter.

The QRTP must submit the request and detailed rationale to Children and Family Services via cfslicensing@nd.gov at least five working days prior to the discharge date.

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) Division 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

If approved to discharge by Children and Family Services, the Q RTP shall immediately notify the custodial case manager verbally and in writing. The custodial case manager will work the facility to finalize the resident's discharge.

CFS Explanation of Decision

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