[](http://intranet.dfps.txnet.state.tx.us/Deputy_Commissioner/Communications/Web_and_Creative_Services/Logos/images/cps/CPS_MD.png)

Jaime Masters, DFPS Executive Commissioner

Open Enrollment

for

**Qualified Residential Treatment Program**

Enrollment Number: HHS0011971

Open Enrollment Period Opens: April 15, 2022

Open Enrollment Period Closes: August 31, 2026

NIGP Class/Item Code:

952-47

Addendum #2: September 2, 2022

Addendum #1: May 20, 2022

## 1. GENERAL INFORMATION

## Open Enrollment Purpose.

### The Child Protective Services Program (CPS) of the Texas Department of Family & Protective Services (DFPS) is issuing this Open Enrollment to solicit applications (see Section 1.1.2) to provide Qualified Residential Treatment Program (QRTP) 24-Hour Residential Child Care (RCC) Services (<https://www.dfps.state.tx.us/Child_Protection/Family_First/default.asp>) as defined under the Family First Prevention Services Act (FFPSA).

### A QRTP is a new DFPS residential treatment placement program type that will provide RCC services for children in DFPS conservatorship with the most complex mental health and behavioral health needs.

### QRTPs utilize 24-Hour nursing and clinical staff and provide time-limited clinical interventions with treatment models that are evidenced based, research supported or promising practice and designed to deliver services specific to the child’s level of treatment needs.

### QRTPs collaborate with the child’s foster family members, biological family, other relatives, fictive kin or supportive persons who are invested in helping the child discharge to a less restrictive setting and maintain their treatment progress beyond residential care by providing aftercare support services for a minimum of six months post-discharge

### Children who are placed into QRTPs undergo a thorough clinical assessment by the DFPS contracted third party assessor and must be recommended for QRTP placement within 30 days of initial placement and the court of continuing jurisdiction must approve placement of a child into a QRTP within 60 days of initial placement at the QRTP setting and at all subsequent permanency or review hearings.

### DFPS will accept QRTP applications from Health and Human Services (HHS) Child Care Licensing (CCL) General Residential Operations (GRO) providing treatment services or Residential Treatment Centers (RTC) in DFPS Regions across Texas, including CBC Catchment Areas (for DFPS Regions’ and any exceptions, see Sections 1.6 and 1.7).

### DFPS will also accept QRTP applications from Out-of-State Contractors to provide QRTP RCC Services as provided for in this Open Enrollment that are licensed as a GRO as provided above by their state’s licensing authority.

### For the purpose of this Open Enrollment, unless otherwise noted as In-State or Out-of-State, the requirements will apply regardless of the location where the Applicant will provide services to DFPS children.

## Point of Contact. Unless instructed otherwise by the Point of Contact, all inquiries concerning this Open Enrollment must be directed to this Point of Contact by Email to [DFPS24HourResidentialApplications@dfps.texas.gov](mailto:DFPS24HourResidentialApplications@dfps.texas.gov).

## Open Enrollment Electronic State Business Daily Posting, Amendments and Announcements

### Texas Health and Human Services Commission (HHSC) Procurement and Contracting Services (PCS) will post all official communication on behalf of DFPS for this Open Enrollment on the Texas Comptroller of Public Accounts’ Electronic State Business Daily ([ESBD](http://www.txsmartbuy.com/sp)) and on the HHS Business and Contracting Opportunities’ Open Enrollment site at [HHS Enrollment](https://apps.hhs.texas.gov/pcs/openenrollment.cfm).

### DFPS reserves the right to revise the Open Enrollment at any time, including the closing date of this Open Enrollment. Applicants must comply with any changes, amendments, or clarifications posted to the ESBD and the HHS Open Enrollment Opportunities by HHSC PCS.

### It is the responsibility of potential Applicants to check periodically the ESBD or HHS Open Enrollment Opportunities for any updates to this Open Enrollment and to comply with these requirements. The Applicant’s failure to periodically check the ESBD or HHS Open Enrollment Opportunities will in no way release them from any responsibility or additional costs to meet the requirements of complying with the Open Enrollment and a Contract that results from it.

## Open Enrollment Background.

### DFPS Mission. To promote safe and healthy families and protect children and vulnerable adults from abuse, neglect, and exploitation.

### CPS Purpose. To keep children safe while partnering with parents and other family members, the community, and our GROs to achieve permanency and improve child well-being.

### CPS Objectives.

##### Prevent further harm to children and to keep children with their families when possible;

##### Provide permanence for children in substitute care by resolving danger or enhancing parental protective factors and returning children to their families;

##### Provide permanence for children who cannot return to their families;

##### Accept and prevent separation and work to keep siblings together; and

##### Ensure services respect the child’s culture.

##### Ensure that all provided services meet the following quality indicators:

##### Children are safe in their placements.

##### Children receive quality services designed to meet their individual needs.

##### Children maintain connections to parents, siblings, family, and other individual the child deems as important to themselves.

##### Children are placed with siblings.

##### Services respect the child's culture.

##### To be fully prepared for successful adulthood, children are provided opportunities, experiences, and activities similar to those experienced by their non-foster care peers.

##### Children are provided opportunities to participate in decisions that impact their lives.

##### Services reflect and meet the unique needs of the community.

##### Children experience normalcy.

##### Children participate in quality education programs and services regularly and in accordance with Texas educational laws.

### Need for QRTP Services.

### DFPS has determined that there is a need to seek QRTP services as defined under FFPSA from Contractors who will provide care, custody, supervision, assessment, training, education and treatment services that meet the needs of children.

### These children have a history of complex mental health and behavioral health needs that require QRTP Services to safely discharge to less restrictive settings and receive six months of post-discharge aftercare support to promote long term stability and success.

#### Contractors may either create new QRTP beds or convert existing Substitute Care beds from their current licensed capacity into QRTP placement beds in the Service Area for which they are submitting an Application.

## Eligible Applicants. To be eligible to receive a Contract award through this Open Enrollment, Applicants must submit an Application, Attachments, and Required Forms (See Section 7.1) and:

### Not be debarred from receiving any federal or state funds at the time of the Contract award;

### Be legally authorized to do business in the State of Texas and determined to be "Active" by the Texas Comptroller of Public Accounts. Applicants can check their status at <https://comptroller.texas.gov/>;

### Be an HHS CCL GRO or an Out-of-State Licensed Contractor that:

1. Accepts the requirements of this Open Enrollment and does not alter it;
2. For In-State Applicants, holds a valid HHSC CCL license to operate as a GRO providing treatment services or a GRO-RTC issued by HHSC CCL prior to submission of an Application (Section 7.1) in a DFPS Region that is accepting Applications (see Sections 1.6 and 1.7); Out-of-State Applicants must be currently licensed to provide the services sought in this Open Enrollment by their equivalent state licensing authority;
3. For both In-State and Out-of-State, this license must be valid through the entire term of the Contract that resulted from this Open Enrollment; and
4. The Applicant’s licensed GRO must be in operation for a minimum of 12 months immediately preceding the date of application to this Open Enrollment or clearly demonstrate that the Executive Director/Administrator has at least 12 months of direct experience in managing a GRO.

### Comply with the Insurance Requirements found in Section I(H) in DFPS UTCs (see Section 1.9.3) and Section II(G) in the DFPS Vendor Supplemental Special and Programmatic Conditions for QRTP (see Section 7.2).

### Have financial stability and solvency to provide services as required by this Contract.

### Provide a complete list of all Persons in Key Positions in the Application (see Section 7.1).

### Applicant will also immediately provide in writing any updates to its list of Persons in a Key Position to DFPS during the Application process, after Contract award, and through the Contract Term (See Section 1.9).

### Applicant’s Persons in a Key Position must not be the subject of an Abuse or Neglect Investigation that received a disposition of Reason to Believe (RTB). See Appendix I for the Definition of ‘Person in Key Position’ in the 24-Hour Residential Child Care Requirements at <http://www.dfps.state.tx.us/Doing_Business/Purchased_Client_Services/Residential_Child_Care_Contracts/documents/24_Hour_RCC_Requirements.pdf>).

1. If it is found that a Person in a Key Position is ineligible under this Subsection, then the Applicant will remove the ineligible Person in a Key Position and notify DFPS of this action in order to continue with the Application process. See Section IV(B) of the DFPS Uniform Terms and Conditions (UTCs) (See Section 1.9.3) if a Person in a Key Position becomes ineligible during the Contract Term.
2. If the Applicant is an individual, rather than a legal entity, and the Applicant becomes ineligible under this Section, then the Application will be denied.

### Must be accredited by an independent, not-for-profit accrediting organization as approved by the Administration for Children and Families and DFPS from one of the following:

### The Commission on Accreditation of Rehabilitation Facilities (CARF);

* + - 1. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and

### The Council on Accreditation (COA).

### Must have registered or licensed nursing staff and other licensed clinical staff onsite consistent with the Applicant’s treatment model and who are available 24-hours a day, seven days a week. The license or registration must be current and in good standing with the licensing or regulatory agency in which the GRO is located.

## In-State Applicants Service Delivery Areas – DFPS Regions. The Applicant must specify the DFPS Region in which its operation is located and licensed and provide the physical address for its location on the Application (see Section 7.1), which must be identical to the address on the Applicant’s CCR License. A map of all DFPS regions may be accessed at <http://www.dfps.state.tx.us/Contact_Us/map.asp>.

## Applicants under Community Based Care and Single Source Continuum Contractors.

### To support efficiency and consistency in the initial phase of QRTP implementation, DFPS will accept new applications for QRTP Services from licensed GROs whose placement capacity will provide QRTP placement and services to children from both inside and outside of Community Based Care (CBC) Catchment areas.

### Instead of the SSCC, DFPS will centrally manage all QRTP contracts, referrals, assessment, eligibility, protocols, tracking and evaluation processes.

### Children who are under the purview of a SSCC and who are in need of QRTP services will be incorporated into the process during the initial phase in a similar manner as children served through traditional DFPS placement processes and will be referred to QRTPs for placement consideration based on CPS placement policy (CPS Handbook, Section 4000; <https://www.dfps.state.tx.us/handbooks/CPS/Menu/MenuCPS4000.asp>).

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### Any child from a legal county within a CBC catchment area will be referred to a QRTP in the same catchment area when the child qualifies under the QRTP’s admission criteria and has received an assessment recommending placement into a QRTP.

### A list of the current catchment areas may be accessed at <https://www.dfps.state.tx.us/Child_Protection/Foster_Care/Community-Based_Care/default.asp>.

## Out-of-State Applicants Service Delivery Area. The Applicant must specify the state outside of Texas in which its equivalent RCC GRO is located and licensed and provide the physical address for its location in the Application (see Section 7), which must be identical to the address on the Applicant’s equivalent state License.

## Open Enrollment Contract

### The Applicant, if awarded a Contract for this Open Enrollment, will also be referred to as a “Contractor.”

### The Applicant agrees to execute a Contract with DFPS.

### The Applicant agrees to comply with:

### This Open Enrollment;

### The Contract executed between the Parties that results from this Open Enrollment;

### DFPS Vendor Uniform Terms and Conditions (see the DFPS public website, Doing Business With DFPS, Contracting Forms at <https://www.dfps.state.tx.us/Doing_Business/forms.asp>); and

1. DFPS Vendor Supplemental, Special and Programmatic Conditions for QRTP (see Section 6.2).

### The Contract term will begin on or after than April 15, 2022 and will end on August 31, 2026.

## Funding Availability. External factors may affect the Open Enrollment, including budgetary and resource constraints. Any contract resulting from this Open Enrollment is subject to the availability of state and federal funds.

By issuing this Open Enrollment, DFPS anticipates that budgeted funds will be available. If, however, funds are not available, DFPS reserves the right to withdraw the Open Enrollment or terminate the resulting contract without penalty.

## Sequestration Impact. Sequestration refers to the automatic spending cuts that are required under the 2011 Budget Control Act. This law required $1.2 trillion in automatic cuts to mandatory and discretionary programs to begin in 2013 if Congress failed to pass legislation that would reduce the nation’s deficit by at least $1.5 trillion during the next decade. The failure of Congress to pass any deficit reduction legislation has triggered the automatic cuts required under sequestration. These across-the-board cuts began January 2, 2013 and continue for the next ten years. The cuts must be split equally between security and non-security programs, according to the Budget Control Act. DFPS has determined that this Open Enrollment has the potential to be impacted by these budget cuts.

## Delegation of DFPS Authority. State and federal laws generally limit DFPS’s ability to delegate certain decisions and functions to a contractor, including but not limited to policy-making and final decision-making authorities on the acceptance or rejection of services provided under a Contract.

## Texas Public Information Act. Any information submitted to DFPS in response to this Open Enrollment is subject to public disclosure in accordance with the Texas Public Information Act (the Act), and [Government Code Chapter 552](http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.552.htm). DFPS will process any request for information comprising all or part of any information submitted to DFPS by the Applicant in accordance with the Act.

If an Applicant claims that information contained in any materials submitted to DFPS is exempt from required public disclosure under the Act, the Applicant must clearly identify such information and the applicable exemptions in the Act and explain in detail why such exemption is applicable.

For information concerning the application of the Act’s provisions to Applicant's application and proprietary information, Applicants may consult the following:

Attorney General’s website:

<http://www.oag.state.tx.us>

<http://www.oag.state.tx.us/open/index.shtml>

Public Information Handbook:

<https://www.texasattorneygeneral.gov/files/og/publicinfo_hb.pdf>

## Use of Ideas by the State of Texas. DFPS reserves the right to use any and all ideas presented in an application unless the Applicant presents a valid legal case that such ideas are a trade secret or confidential information and identifies the information as such in its application. An Applicant may not object to the use of ideas that are not the Applicant’s intellectual property and so designated in the application that are known to DFPS before the submission of the application, are in the public domain through no fault of DFPS or become properly known to DFPS after application submission through other sources or through acceptance of the application.

## Copyright Restrictions. DFPS will not consider any Application that bears a copyright.

# STATEMENT OF WORK

## Purpose. DFPS is seeking Applicants to provide QRTP services to children in GRO settings who are in the conservatorship of DFPS, who have the most complex child characteristics. FFPSA also refers to these settings as child care institutions.

## Background. FFPSA was enacted under the Bipartisan Budget Act of 2018 and provides requirements to meet QRTP designation.

DFPS then released a FFPSA strategic plan in September 2020 with plans for QRTP implementation with the intent to provide additional placement opportunities for a small subset of children in care by enrolling qualified GROs to provide QRTP services.

The Applicant will provide DFPS children QRTP services as provided for in FFPSA, this Open Enrollment and its resulting contract.

### The GRO is used for the placement of DFPS children with complex mental health and behavioral health needs, which utilizes treatment models that incorporate evidence-based, research-supported, or promising practices. GRO treatment models must meet all requirements as provided for in Section 2.5.9.

### The Contractor will work in collaboration with a child’s supportive persons and family members to prevent the need for long-term out-of-home care by improving a child’s coping, social, and decision-making skills.

### The Contractor will provide the child with:

## The appropriate level of treatment services for their individual needs in order to assist them in learning how to manage their behaviors; and

## Aiding in their transition out of foster care and back to their family, next caregiver or to achieve positive permanency in a less restrictive environment while receiving aftercare supports for a minimum of six months post discharge.

## Child Characteristics. DFPS will refer children who are in DFPS Conservatorship and who:

### Are under the age of 18 years old;

### Have a documented emotional diagnosis which must include complex mental health and complex behavioral issues identified;

### Have been, or will be assessed by the designated and approved QRTP independent assessment process, which includes a DFPS’ contracted third-party assessor clinical review and recommendations for QRTP placement within 30 days of start of placement;

### Within 60 days of initial placement into a QRTP, have been, or will be reviewed by the Court of continuing jurisdiction as outlined in FFPSA, and after ruling, the court approved the placement of the child in a QRTP setting; and

### Have one or more of the following characteristics:

### Have had unsuccessful placements in lesser restrictive environments such as foster homes and relative or fictive kinship placements;

### Have had multiple instances of being without placement which is directly associated to their emotional and mental health needs and complex behavioral issues;

### Have been placed in and are being discharged from acute or sub-acute psychiatric hospital settings;

### Have a history of juvenile justice involvement and have other characteristics present;

### Have been diagnosed with an emotional disorder, including, but not limited to bipolar affective disorder, depression, post-traumatic stress disorder, reactive attachment disorder, disruptive mood dysregulation disorder or have a serious intellectual or emotional disability;

### Exhibit child sexual aggression, sexual behavior problems or have been diagnosed with a sexual behavior disorder;

### Are aggressive/violent with serious behavioral disorders;

### Exhibit self-injurious behaviors; or

1. Any combination of A-H.

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## Contractor Requirements. The Contractor must:

### Unless provided otherwise, comply with the 24-Hour Residential Child Care Contract Requirements for GROs at <https://www.dfps.state.tx.us/Doing_Business/Purchased_Client_Services/Residential_Child_Care_Contracts/documents/24_Hour_RCC_Requirements.pdf> (Requirements).

### Comply with HHS Child Care Regulation (CCR) Minimum Standards at [https://hhs.texas.gov/doing-business-hhs/GRO-portals/protective-services-GROs/child-care-licensing/minimum-standards](https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/minimum-standards) (Minimum Standards.

### Must comply with all requests, submission requirements and recommendations by the DFPS contracted third-party assessor who will:

### Review all submitted QRTP Treatment models to ensure the operation has a trauma-informed treatment model that is research-supported, promising practice or evidence-based and is appropriate to provide QRTP services for the Contractor’s targeted population of children;

1. Conduct a clinical review and make recommendations regarding QRTP placement as part of the required QRTP Assessment process; and
2. Conduct DFPS’ Quality Assurance Monitoring, which will be completed annually onsite and quarterly by desk review, for contract compliance to evaluate the level of services that are being provided by the Contractor. The Contractor will receive written notification of the outcome of the assessment when;
3. Deficiencies are identified, the Contractor has 30 calendar days for correction beginning with the date that the written notification to the Contractor of not meeting the contracted requirements;
4. If correction is not achieved within 30 calendar days of correction period, the Quality Assurance Monitor will issue a final letter indicating the Contractor’s non-compliance with the Service Levels;
5. DFPS will issue written notification to the Contractor of actions needed; and
6. DFPS will notify the Contractor in writing of acceptance of corrections.

### Have a trauma-informed treatment model that is research-supported, promising practice or evidence-based.

### Facilitate the participation of family members and/or supportive persons, when identified, in the child’s treatment program and as appropriate.

### Facilitate the outreach to the family members of the child, to include siblings and supportive persons. This must include documenting how the outreach is made and maintaining contact information for any known biological family and fictive kinship of the child.

### Provide processes, facilitate activities, and document into the child’s treatment plan all efforts designed to assist in finding individuals or family members for children who have no identified family or fictive kin in a supportive role.

### Must document in the Child’s Plan of Service how the family members or supportive persons were integrated into the treatment process, including post-discharge aftercare support, and how sibling connections are maintained.

### Must perform discharge planning and family-based aftercare support for at least six months post discharge for children successfully discharging, which will include, at minimum the following:

### Discharge planning and preparation with family or next caregiver which must begin at minimum 90 days prior to discharge;

### Identify and refer support services (i.e.. continued individual or family therapy and support groups) to be coordinated in the child’s local community or maintaining these services through Contractors case management staff when logistically appropriate; and

* + - 1. Minimum of once a month check-in’s with child, next caregiver, family, and other supportive persons for a minimum of six months post discharge.

## **Contractor Services.** The Contractor will provide the following.

### Must accept any child in DFPS conservatorship who meets the Contractor’s QRTP admission criteria, including their designated preferred child characteristics and treatment needs. If the Contractor has not met its designated QRTP capacity and can safely meet the child’s treatment needs as provided for in the contract, the Contractor must accept admission of a referred child. If Contractor assesses it is not in the best interest of the referred child to be admitted to the QRTP, the Contractor must first take the following actions before declining admission of the child:

### Discuss the child’s needs with the Contractor’s treatment team to include the Treatment Director, Clinical Director, licensed nursing and/or medical staff and therapist; and

* + - 1. Complete a written statement to DFPS signed by the Contractor’s Treatment Director or Clinical Director outlining detailed reason(s) for declining admission of the child; and
      2. Submit the signed statement to DFPS by emailing the statement to [DFPSQRTP@dfps.texas.gov](mailto:DFPSQRTP@dfps.texas.gov) within two business days of the referral.

### May not conduct an unplanned discharge of any child from its QRTP without agreement from the DFPS Director of Placement, Associate Director of Placement, or designee.

### If the child is with an SSCC, DFPS will collaborate with the SSCC leadership designee on discharging any child from a legal county within a CBC catchment area.

Prior to any unplanned discharge, the Contractor must:

* + - 1. Complete the following:

1. Submit a written statement of the intent to discharge to DFPS signed by the Contractor’s Treatment Director or Clinical Director and outline detailed reason(s) for the unplanned discharge request.
2. Conduct a multidisciplinary meeting that includes members of the child’s treatment and permanency teams, DFPS, and the child, and address the following:
3. Efforts made to prevent discharge and stabilize the child’s placement;
4. Services and therapeutic interventions provided to the child to prevent discharge and stabilize placement;
5. Recommendations for most appropriate placement; and
6. Additional treatment services the child will require.

### Complete a written statement following the multidisciplinary meeting which shall be signed by members of the child’s treatment and permanency teams and the child providing the information in Subsection B above.

### Submit the signed statement to DFPS by emailing [DFPSQRTP@dfps.texas.gov](mailto:DFPSQRTP@dfps.texas.gov) within two business days of the multidisciplinary meeting.

### In addition to the other requirements in this Section, if the child is placed with a SSCC, and:

### DFPS and SSCC designee agree to discharge the child, the Contractor will follow standard discharge timeframes and requirements outlined in 24 hour RCC contract and submit the Residential Child Care Discharge form (Form [K902-2109](https://www.dfps.state.tx.us/application/Forms/showFile.aspx?NAME=K-902-2109.pdf)).

### If DFPS and SSCC designee do not agree to discharge the child, the Contractor must continue to provide QRTP placement and treatment services to the child.

1. The Contractor may submit a request in writing to appeal the decision to the Associate Commissioner for CPS, or designee, by emailing [DFPSQRTP@dfps.texas.gov](mailto:DFPSQRTP@dfps.texas.gov) within five business days of the decision.

### Must be aware of potential need to coordinate with DFPS and its contracted third-party assessor in completing the QRTP assessment, by ensuring the child has been made available to complete the required QRTP assessment within 30 days of initial placement into the QRTP.

### Ensure all information, documentation, and assessments are provided to DFPS at least 15 calendar days prior to the required QRTP 60-day court hearing and any subsequent court reviews. This information will include, but is not limited to, the following:

### Child Adolescent Needs & Strengths (CANS) assessment; and

### DFPS’ third-party assessor clinical review and recommendations; and

### Treatment and/or Child Plan of Service; and

### Therapy notes and/or additional evaluations or assessments; and

### Serious incident reports see Section 1411 of the Requirements (see Section 2.4.1).

### Ensure any child in a QRTP is receiving a CANS assessment each 90 days for the duration of the placement and is provided to DFPS within two business days of receipt.

### Upon request by DFPS, ensure all documentation regarding a child’s placement and treatment progress or status is provided to DFPS within two business days of request.

### Ensure children are receiving QRTP time-limited, clinical interventions as specified for their ages as follows:

### Thirteen years old and up will be limited to 12 months or 18 non-consecutive months; and

### Twelve years old and under will be limited to six consecutive or non-consecutive months; and

### Ensure appropriate requests for QRTP placement extension have:

### Been submitted by the contractor’s Program Director or Clinical Director to DFPS at least 90 days before the original discharge date; and

### Have attached supporting documents, which include at minimum:

### The most current psychological evaluation (if new one has been obtained during placement episode);

### Therapy notes for last 90 days;

### Serious incident reports for last 90 days;

### Clinical or Treatment Director statement and summary with information supporting extension;

### CANS assessment(s) for each 90-day period child is placed;

### Any subsequent DFPS’ third party assessor clinical review and recommendations; and

### Any other applicable GRO information to support the extension request.

### Any extensions of QRTP placements must be approved in writing by the DFPS Commissioner.

### Ensure children are receiving supervision that is consistent with their physical, emotional, and mental health treatment needs and aligns with their progress in treatment.

### The Contractor Treatment model must:

### Ensure children have structured daily routines and qualified mental, emotional, and behavioral health treatment;

### Be submitted with the Application (see Section 7);

### Be annually reviewed by Contractor for effectiveness by using a self-assessment monitoring tool and provide the results in writing to DFPS within five business days of each review;

* + - 1. Include the trauma-informed approach and the steps a facility intake coordinator or intake designee must follow to conduct admission meetings with children who are resistant, defiant, or opposed to placement upon arrival; the approach must show encouragement, support, and assistance to the child during intake and admission;
      2. Detail the assessment being used during the intake/admission process and throughout placement. Assessment must:
         1. Identify the child’s treatment goals and related services to meet their needs;
         2. Identify the length of time a child is expected to need the treatment or services;
         3. Include measurement for the effectiveness of each treatment goal for the child;
         4. Include method in which a child will be made aware of their progress in treatment that is consistent with the child’s ability to understand their progress; and
         5. Include a process for reporting if treatment goals are not met;
      3. Include that daily care staff or caregivers have specialized trainings and experience working with children and their specific characteristics and complex needs. Trainings will include, at minimum:

1. As provided for in Requirements (see Section 2.4.1)
2. Trauma-Informed Care;
3. De-escalation techniques; and
4. Crisis management or intervention; and
5. Cultural Competency (see Section Q of the DFPS UTCs) in Section 1.9.3);
   * + 1. Align treatment services with Contractor’s treatment model and population of children being served through the use of a wide range of diagnostic and treatment services, including, psychotherapy, psychopharmacologic, social, psychosocial, educational, and rehabilitative training and must focus on stabilization of targeted behaviors;
       2. Use of a trauma informed treatment model that utilizes well supported, promising practice or evidence based therapeutic interventions that are appropriate to treat the child’s chronological or developmental age, diagnosis, trauma and identified or emerging behaviors, and which are reimbursable by Medicaid or expected to be covered by a higher reimbursement rate.
       3. Use Therapeutic interventions and in limited circumstances can be accessed through online or local resources in the surrounding community when not available at the Contractor’s operation. Outside interventions can include:
6. Cognitive Behavioral Therapy;
7. Dialectical Behavioral Therapy;
8. Strength Based Solution Focused Therapy;
9. Trust Based Relational Intervention;
10. Eye Movement Desensitization and Reprocessing Therapy (EMDR);
11. Applied Behavior Analysis (ABA);
12. Neurofeedback;
13. Treatment for eating disorders;
14. Sex Offender Therapy (SOT); and
15. Substance abuse treatment.
    * + 1. Use of credentialed professionals such as Licensed Professional Counselor, Licensed Masters Social Worker, Licensed Chemical Dependency Counselor, Licensed Sex Offender Treatment GRO, Psychiatrist or Psychologist.
        2. For children who require specific treatment interventions to treat their identified or emerging needs (i.e. EMDR, ABA, SOT), ensure that each licensed clinician administering these specialized treatment interventions must be trained or certified by the appropriate board or licensing entity, when applicable, to perform these services.
        3. Provide at minimum three times weekly therapy sessions for each child placed into a QRTP with a minimum of one individual session with minimum durations of 50-minute sessions.
        4. Use a 1:4 supervision ratio during wake hours and a 1:5 supervision ratio during sleeping hours, with ability to provide a 1:1 supervision ratio as needed, including weekends, until such time that the treatment team has determined the child’s progress supports decreased ratios.
        5. Provide a daily routine that is structured and pre-planned during child’s wake hours that provides a mix of therapeutic, recreational, and normalcy activities under required levels of supervision.
        6. Conduct twice monthly comprehensive, multidisciplinary, and individualized treatment planning that involves the child, child’s family, any supportive individuals, and is updated based on the child’s clinical status and response to treatment.
        7. Provide parent education and coaching that focuses on a shared parenting approach that promotes connections and facilitates contact with family members, next caregivers, supportive persons, and siblings (see Sections 2.4.5 – 2.4.9) in a manner that is deemed in the best interest of the child.

### Ensure the delivery of services as provided in their QRTP treatment model. In addition to Section 2.5.9, all QRTP models will include the following.

### Accreditation agency utilized, certification dates, and plans to maintain accreditation (see Section 1.5.7).

* + - * 1. Specific preferred population of children, their related diagnosis, characteristics/needs, such as behavioral, mental health, emotional disorders, or a combination of all, which would be best served by GRO’s clinical program.
        2. Specific goals of the QRTP and expected or desired outcomes for serving preferred population or needs.
        3. Research-supported or evidence-based and trauma-informed therapeutic model, including all clinical and medically necessary requirements for working with children with complex emotional, behavioral, or mental health needs.
        4. Behavior management systems including protocols and de-escalation techniques for working with children who have exhibited aggression, defiance, self-harming and runaway attempts or history.
        5. Qualifications, roles, responsibilities, and function of each caregiver or staff member, including required 24-hour nursing staff or other licensed qualified medical professionals.
        6. Outlined process for all required trainings for staff working with children in a QRTP and plan for identifying additional training needs for staff.
        7. Outlined plan for ensuring adequate staffing to meet required staff to child ratios of 1:4 during awake hours and 1:5 during sleep hours in a QRTP.
        8. Outlined policy and procedures to implement treatment model.
        9. Schedule of available or planned daily living activities that promote safety, permanency, and well-being.
        10. Health, medical, and mental health services that will be utilized within the surrounding communities to meet a child’s needs,
        11. Schedule of available recreational activities available for each day of the week, including weekends.
        12. Visitation policy and procedures for each day of the week, including weekends and after business hours.
        13. Processes for family or next caregiver engagement and inclusion in child’s treatment.
        14. Processes for the child’s post-discharge planning, its proposed providers and services that will be utilized for the required six months aftercare support. The process must include support for children that will reside within a 50-mile radius and children who will reside beyond a 50-mile radius of the Contractor’s operation.

### Ensure that each placement referral is reviewed by GRO’s intake coordinator or their designee, placement decision is provided to DFPS within two business days, and is evaluated on the following criteria:

* + - 1. Whether the child meets the GRO’s QRTP admission criteria;
      2. Whether the child would benefit from the treatment model implemented; and
      3. Whether the GRO has the staff and resources to meet the child’s needs.

### Ensure transition of child from the QRTP within 30 days by following standard discharge procedures and submitting Residential Child Care Discharge Form (Form 2109) (see Section 2.5.2) through child’s chain of command to include the caseworker, supervisor, Regional Child Placement Unit (CPU) email box and State Office QRTP email box ([DFPSQRTP@dfps.texas.gov](mailto:DFPSQRTP@dfps.texas.gov)) within 24-hours if it is determined, at any time, the QRTP is:

### Not supported, recommended, or appropriate by the QRTP assessment or subsequent quality assurance clinical reviews;

* + - 1. Not approved by the court;
      2. Not approved through an extension request; or
      3. Child is approved to move to another appropriate placement.

### Comply with Background Check requirements for all staff and professionals as required under Section VII(C) of the DFPS UTCs (see Section 1.9.3).

### At time of contract execution and on an annual basis, provide a list of all licensed professional service providers not obtained through STARR Health. As additional professionals are added, Contractor will provide documentation that they meet licensure and credentialing requirements and comply with the Background Check Requirements.

### Comply with Subcontractor requirements in Section VII(T) in the DPS UTCs (see Section 1.9.3). At time of contract execution, submit subcontractor policies and procedures that follow PCS-107.

### Maintain all staff and professional staff records in accordance Section II(A) of the DFPS UTCs.

### Comply with the Performance Measures (see Section 6).

# UTILIZATION AND PAYMENT

## Utilization. DFPS does not guarantee any minimum level of utilization or specific number of referrals. Actual utilizations will vary according to the needs of DFPS, individual clients and DFPS budgetary allocations and is at the discretion of DFPS.

## Payment.

### DFPS will pay $558.29 per day for each child placed in a QRTP placement with the Contractor.

### DFPS will only authorize payments to be made to the Contractor after deducting any known previous overpayment made by the DFPS to the Contractor.

### DFPS will pay for the calendar day of placement, but not for the calendar day of discharge. If the Child is discharged on the day of placement, the Contractor will not be reimbursed for that day.

### The Contractor will be compensated one time for residential child-care services delivered under this Contract. The Contractor will not invoice for or retain any additional compensation for such services from the DFPS or any other entity.

### DFPS will provide the Contractor notice in writing at least 30 calendar days prior to the effective date of any change that affects payments to the Contractor.

### Contractor will not be paid for services provided without a Placement Authorization Foster Care/Residential Care Form ([Form 2085FC](https://www.dfps.state.tx.us/Application/Forms/showFile.aspx?NAME=2085fc.docx)) or outside of the date range on Form 2085FC.

### The Contractor will not be reimbursed for vandalism or damage caused by deliberate acts of destruction by a child placed with the Contractor.

### If a child is away from the Contractor’s Facility without prior authorization and if the Caseworker or the Caseworker’s supervisor and the Contractor agree in writing that the child should return to the facility, then the Contractor may keep the placement open for the child.

* 1. Reimbursement will be in accordance with 40 TAC §700.323, for up to 14 days of foster care in the following circumstances:

1. Psychiatric hospitalization;
2. Medical facility hospitalization;
3. Runaway;
4. Unauthorized placement;
5. Temporary placement/visit in own home;
6. Locked facility, jail, juvenile detention center; or
7. Short-term substance abuse placement; and
   1. To receive payment, the Contractor must also:
   2. Provide emotional support to the child (via active participation in the child’s treatment while hospitalized);
   3. Meeting the child's concrete needs (providing clothing, etc.);
   4. Having frequent face-to-face contact with the child on a regular basis (being physically present with the child at the hospital as required by some medical facilities, etc.);
   5. Facilitating family visits, as appropriate; and
   6. Communicating with the medical facility care team regarding the child’s progress and discharge plan.

### The DFPS may compensate the Contractor for a bed while a child is away from the facility if the Contractor agrees to accept the child and is admitted back into the QRTP. The maximum number of calendar days for this compensation is seven per episode of absence unless granted a written extension by the DFPS.

#### The DFPS will not compensate the Contractor unless the Child is admitted back into and placed in the Contractor’s QRTP after release from the hospital.

## The Contractor will be responsible for reimbursement to the DFPS of any amount paid as provided for in Section 3.2.3 for a Child not admitted back into the QRTP.

### DFPS will not reimburse the Contractor for days of foster care when the child resides in the following:

1. Psychiatric hospital once acute care ends;
2. Nursing home placement;
3. Intermediate care facilities for persons with intellectual developmental disabilities (ICFIDD);
4. State Supported Living Centers (SSLC);
5. Placed with a non-licensed relative caregiver;
6. Pre-consummated adoptive placement;
7. Texas Juvenile Justice DFPS facility; or
8. Texas State Hospitals.

## Invoicing Process. DFPS Regional billing staff will automatically generate invoices are on a monthly basis through DFPS’ IMPACT System.

# INFORMATION AND SUBMISSION INSTRUCTIONS

## Open Enrollment Cancellation/Partial Award/Non-Award. At its sole discretion, DFPS may cancel this Open Enrollment, make partial award, or no awards.

## Right to Reject Applications or Portions of Applications. At its sole discretion, DFPS may reject any and all responses or portions of them.

## Joint Applications. DFPS will not consider joint or collaborative Applications that require it to contract with more than one Applicant in a single contract.

## Withdrawal of Applications. Applicants have the right to withdraw their Application from consideration at any time prior to Contract award, by submitting a written request for withdrawal to the DFPS Point of Contact in Section 1.2.

## Costs Incurred. Applicants understand that issuance of this Open Enrollment in no way constitutes a commitment by DFPS to award a Contract or to pay any costs incurred by an Applicant in the preparation of an application to this Open Enrollment. DFPS is not liable for any costs incurred by an Applicant prior to issuance of, or entering into a formal agreement, Contract, or purchase order. Costs of developing applications, preparing for or participating in oral presentations and site visits, or any other similar expenses incurred by an Applicant are entirely the responsibility of the Applicant, and will not be reimbursed in any manner by the State of Texas.

## Application Submission Instructions. Applicant will submit all contract application files and documents at [DFPS24HourResidentialApplications@dfps.texas.gov](mailto:DFPS24HourResidentialApplications@dfps.texas.gov).

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## Organization of Electronic Submission of Application. Applicant must organize its scanned and signed Application as provided for in Section 7. Each electronic copy of the Application packet must include all folders with the respective listed documents included and the documents must be in order and numbered and labeled accordingly.

# APPLICANT ELIGIBILITY DETERMINATION

## Initial Compliance Screening. DFPS will perform an initial screening of all Applications received, including past business history, practices, and conduct. Unsigned Applications and Applications that do not include all required forms and sections are subject to rejection without further evaluation.

If the Application passes the initial screening, the Point of Contact will notify the Applicant of the Contract Manager assigned to review the application. The Contract Manager will contact the applicant within ten days of being assigned the application and will be the point of contact thereafter.

## Unresponsive Applications. If an Application is determined to be unresponsive while this Open Enrollment is still open, the Applicant may submit another separate and complete Application.

Unless Applicant has withdrawn the Application for this Open Enrollment, an Application will be considered unresponsive and will not be considered further when any of the following occurs.

### The Applicant fails to meet Open Enrollment specifications, including failure to submit required Application, supporting documentation, forms, not eligible under Section 1.5 or does not accept payment rates in Section 3.3.

### The Application is not signed.

### The Applicant’s response is not clearly legible, including electronic submissions.

### The Application is not received while the Open Enrollment is posted to the ESBD (see Section 1.3).

### The Applicant does not have a valid license to operate as a GRO issued by CCR or equivalent licensing authority for Out-of-State providers within 60 calendar days after submitting the Application.

## Corrections to Application. Applicants have the right to amend their Application at any time prior to an unresponsive decision or Contract award decision by submitting a written amendment to the DFPS Contract Manager assigned to review the application. DFPS may request modifications to the Application at any time and the Applicant will submit it to the DFPS requestor.

## QRTP Quality Assurance Review. After the Application has passed the screening process, the documentation submitted as the Treatment Model (Section 2.5.9) will be forwarded to DFPS’ third-party assessor for the completion of the Quality Assurance Review. Upon completion of this review, the Applicant will be authorized to provide services for QRTP.

## Readiness Assessment. The Readiness Questionnaire information and documents submitted will be forwarded to a Contract Manager for completion of the Readiness Assessment described in this subsection prior to Contract award determination.

### A Readiness Assessment will consist of an on-site visit of the Applicant’s physical location and facilities.

### The Readiness Assessment is intended to provide DFPS with an assessment of the Applicant’s readiness and ability to accept children into care, perform the required program components as provided for in the 24- Hour Requirements, CCR Minimum Standards and this Open Enrollment.

### Readiness Assessment will include a review of the Applicant’s usable space and equipment, proximity, and access to needed resources, ability to provide quality services and capacity to protect the health and safety of children in care.

### Readiness Assessment will also include a review of the Applicant's historical and current compliance with and understanding of Minimum Standards, Requirements, and a review of the Applicant's Readiness Questionnaire.

### During the Readiness Assessment the Applicant will receive feedback and technical assistance.

### During the Readiness Assessment, DFPS will meet with only the Applicant's Executive Director or Chief Executive Officer or an equivalent position within the GRO. That individual must be prepared to respond to questions and participate in the on-site visit.

## Additional Information. By submitting an Application, the Applicant grants DFPS the right to obtain information from any lawful source regarding the Applicant, its directors, officers, and employees:

### Past business history, practices, and conduct;

### Ability to provide the services to meet the needs of the children for whom the services are being purchased; and

### Indicators of probable Contractor performance under the contract such as past Contractor performance, the Contractor's financial resources ability to perform, and the Contractor's experience and responsibility.

## Debriefing. Any Applicant who is not awarded a Contract may request a debriefing by submitting a written request to the DFPS Point of Contact in Section 1.2. The debriefing provides information to the Applicant on the strengths and weaknesses of their Application.

## Re-Application. Any applicant who is not awarded a Contract may not re-apply until after six months has passed from the date of the most recent denial letter. Applicants who have previously applied for a Contract must demonstrate how identified weaknesses have been addressed.

# PERFORMANCE MEASURES

**SAFETY**

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| **Outcome #1:** **CHILDREN ARE SAFE IN FOSTER CARE.** |
| **Performance Period:** Contractor performance for this outcome is determined annually, by the following performance periods, either wholly or partially, depending on the Contract start and end dates:  September 1 - November 30,  December 1 - February 28/29,  March 1 - May 31, and  June 1 - August 31. |
| **Indicator:** Percent of Children who do not experience an incidence of abuse, neglect or exploitation while in the Contractor's care. |
| **Target:** 100% |
| **Purpose**: To evaluate the Contractor's success protecting Children in its care. |
| **Data Source:** Information Management Protecting Adults and Children in Texas (IMPACT) |
| **Methodology:**   * All abuse, neglect, and/or exploitation by any perpetrator, while the Children is in the Contractor's care, are included in the count. * The denominator is the total number of Children in DFPS managing conservatorship and placed with the Contractor during the performance period. * The numerator is the number of unduplicated Children in the denominator who were Designated Victims in an investigation, for which a disposition of Reason to Believe (RTB) was made during the performance period. * Divide the numerator by the denominator. Subtract the result from one to give the complimentary "Children not Designated Victims" measurement. Multiply by 100 and state as a percentage. |

**PLACEMENT STABILITY**

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| **Outcome #2:**  **CHILDREN** **PLACED WITH A CONTRACTOR REMAIN IN THE CARE OF THE CONTRACTOR UNTIL ACHIEVING A SUCCESSFUL DISCHARGE FROM THE QRTP TO A LESS RESTRICTIVE SETTING.** |
| **Performance Period:** Contractor performance for this outcome is determined annually, by the following performance periods, either wholly or partially, depending on the Contract start and end dates:    September 1 - November 30,  December 1 - February 28/29,  March 1 - May 31, and  June 1 - August 31. |
| **Indicator (a):** Percentage of Successful Discharges initiated by the Contractor. |
| **Target:** Baseline data will be collected during the Contract Term to establish future targets. |
| **Purpose:** To evaluate the Contractor's success meeting the Child individual needs and reducing disruptive, unplanned discharges of Children. |
| **Data Source:** IMPACT |
| **Methodology:**   * The denominator is the total number of QRTP discharges initiated by the Contractor during the performance period. * The numerator is the number of QRTP Successful Discharges initiated by the Contractor during the performance period. * Divide the numerator by the denominator. Multiply by 100, and state as a percentage. |

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| **Outcome #3: CHILDREN REMAIN IN A LESS RESTRICTIVE SETTING FOLLOWING SUCCESSFUL DISCHARGE FROM QRTP.** |
| **Performance Period:** Contractor performance for this outcome is determined annually, by the following performance periods, either wholly or partially, depending on the Contract start and end dates:  September 1 - November 30,  December 1 - February 28/29,  March 1 - May 31, and  June 1 - August 31. |
| **Indicator (b):** Percent of Children following Successful Discharge from the Contractor's QRTP that do not return to QRTP or other GRO setting. |
| **Target:** Baseline data will be collected during the Contract Term to establish future targets. |
| **Purpose:** To evaluate the Contractor's success helping Children successfully transition to a Less Restrictive Setting. |
| **Data Source:** IMPACT |
| **Methodology:**   * The denominator is the unduplicated count of Children who have been successfully discharged from the QRTP for a period of six months anytime during the reporting period. * The numerator is those Children in the denominator who have been re-admitted to a QRTP or other GRO setting at any time during that 6-month period. * Divide the numerator by the denominator. Subtract the result from one. Multiply by 100 and state as a percentage. |

**TREATMENT MODEL**

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| **Critical Task #1 maintainING connections** |
| **Performance Period:** Contractor performance for this output is determined for one or more of the following performance periods, wholly or partially, depending on the Contract start and end dates:  September 1 through November 30,  December 1 through February 28/29,  March 1 through May 31, and  June 1 through August 31. |
| **Indicator:** Percent of Children in the Contractor’s care who had contact and face-to-face visit with at least one family member, fictive kin or supportive person during each month of the performance period. |
| **Target:** Baseline data will be collected during the Contract Term to establish future targets. |
| **Purpose:** To evaluate the Contractor's ability to facilitate and encourage family connections. |
| **Data Source:** Reported by Contractor |
| **Methodology:**   * The denominator is the number of Children in the Contractor's care at the end of the performance period. Child not in the Contractor’s care or at least 30 consecutive days during the performance period will be excluded from the denominator. * The numerator is the number of Children in the Contractor’s care from the denominator who have had a face-to-face visit with at least one family member, family friend, or next caregiver every month during the performance period. * Divide the numerator by the denominator. Multiply by 100 and state as a percentage. |

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| **Critical Task #2:**  **CHILDREN ARE RECEIVING FREQUENT TREATMENT PLANNING** |
| **Performance Period:**  Contractor performance for this output is determined for one or more of the following performance periods, wholly or partially, depending on the Contract start and end dates:  September 1 through November 30,  December 1 through February 28/29,  March 1 through May 31, and  June 1 through August 31 |
| **Indicator:** Percent of Children in the Contractor’s care for whom treatment planning has occurred at least twice a month during the performance period. |
| **Target:**  95% |
| **Purpose:**  To evaluate the Contractor's compliance with treatment planning requirements. |
| **Data Source:**  Reported by Contractor |
| **Methodology:**   * The denominator is the number of Children in the Contractor's care at any time during the performance period. Child not in the Contractor’s care for at least 15 consecutive days during the performance period will be excluded from the denominator. * The numerator is the number of Children in the Contractor’s care from the denominator for whom there has been treatment planning at least twice a month during each month of the performance period. * Divide the numerator by the denominator. Multiply by 100 and state as a percentage. |
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| **Critical Task #3:  CHILD’S FAMILY, FICTIVE KIN OR SUPPORTIVE PERSON PARTICIPATES IN TREATMENT** |
| **Performance Period:** Contractor performance for this output is determined for one or more of the following performance periods, wholly or partially, depending on the Contract start and end dates:  September 1 through November 30,  December 1 through February 28/29,  March 1 through May 31, and  June 1 through August 31 |
| **Indicator:** Percent of Children in the Contractor’s care whose family, fictive kin or supportive person participated in treatment and/or treatment planning every month during the performance period. |
| **Target:** Baseline data will be collected during the Contract Term to establish future targets. |
| **Purpose:** To evaluate the Contractor's ability to facilitate and encourage family, fictive kin and supportive person connections through involvement in the child’s treatment to ensure long term stability and success. |
| **Data Source:** Reported by Contractor |
| **Methodology:**   * The denominator is the number of Children in the Contractor's care at any time during the performance period. Child not in the Contractor’s care for at least 30 consecutive days during the performance period will be excluded from the denominator. * The numerator is the number of Children in the Contractor’s care from the denominator who had at least one family member, family friend, or next caregiver participate in treatment and/or treatment planning during every month of the performance period (e.g. participated in family therapy, parent education or coaching, treatment planning). * Divide the numerator by the denominator. Multiply by 100 and state as a percentage. |

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| **Critical Task #4:**  **CHILDREN are receiving treatment** |
| **Performance Period:** Contractor performance for this output is determined for one or more of the following performance periods, wholly or partially, depending on the Contract start and end dates:  September 1 through November 30,  December 1 through February 28/29,  March 1 through May 31, and  June 1 through August 31. |
| **Indicator:** Percent of Children in the Contractor’s care who attended a minimum of 3 times weekly therapy, unless otherwise therapeutically recommended during each month of the performance period. |
| **Target:** 100% |
| **Purpose:** To evaluate the Contractor's compliance with treatment requirements for three times a week therapy. |
| **Data Source:** Reported by Contractor |
| **Methodology:**   * The denominator is the number of Children in the Contractor's care at the any time during the performance period. Child not in the Contractor’s care for at least 7 consecutive days during the performance period will be excluded from the denominator. * The numerator is the number of Children in the Contractor’s care from the denominator who have attended some type of therapy (e.g. individual, group, family) every day in the last month of the reporting period. * Divide the numerator by the denominator. Multiply by 100 and state as a percentage. |

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| **Critical Task #5:** **CHILDREN have continuity of care** |
| **Performance Period:** Contractor performance for this output is determined for one or more of the following performance periods, wholly or partially, depending on the Contract start and end dates:  September 1 through November 30,  December 1 through February 28/29,  March 1 through May 31, and  June 1 through August 31. |
| **Indicator:** Percent of Children who successfully discharged from the contractor’s care during the performance period who have a post-discharge plan for at least six months of aftercare services. |
| **Target:** Baseline data will be collected during the Contract Term to establish future targets. |
| **Purpose:** To evaluate the Contractor's compliance with treatment requirements for post-discharge planning. |
| **Data Source:**  Reported by Contractor |
| **Methodology:**   * The denominator is the number of Children successfully discharged from the Contractor's care during the performance period. * The numerator is the number of Children from the denominator who have a post-discharge plan for at least six months of aftercare services. * Divide the numerator by the denominator. Multiply by 100 and state as a percentage. |

# ATTACHMENTS

The following Attachments are located on the ESBD or HHS Open Enrollment Site (see Section 1.3).

## The QRTP Application

## DFPS Supplemental, Special and Programmatic Conditions for QRTP