

Qualified Individual (QI) Waiver Request Application

California has developed a process to review requests submitted to California Department of Social Services (CDSS) by child welfare and juvenile probation agencies or IV-E Tribes, jointly with their county mental health plan (MHP), for a waiver of the requirement under Family First Prevention Services Act and Welfare and Institutions Code section 16501(l)(2) that a Qualified Individual (QI) is not an employee of the IV-E agency or IV-E agreement Tribe and not be connected to, or affiliated with, any placement setting in which the IV-E agency or IV-E agreement Tribe places children. The waiver request process is designed to ensure that each individual who performs the QI role is held to a high standard for objectivity, including identification and review of any conflicts of interest which have the potential to impact the QI assessment recommendations. The waiver request review process ensures consistency with the application of statewide standards for the QI qualifications, including competencies, training requirements, and experience in performing activities carried out by a QI, and will ensure a high standard for QI objectivity on a case-by-case basis.

Waiver candidates must meet all the qualifications and expectation outlined in the [All County Letter 21-113 / Behavioral Health Information Notice 21-060](#).

Instructions:

- 1) A county placing agency and a IV-E agreement Tribe may request an individual employee of the IV-E agency or a IV-E agreement Tribe or a community based non-profit organization that is affiliated with the IV-E agency to be designated as a QI or,
- 2) A county placing agency, a IV-E agreement Tribe, or a community based non-profit organization that is affiliated with the IV-E agency may request a waiver for an individual identified by a community based non-profit organization that is affiliated with or connected to a placement setting used by the placing agency or a IV-E agreement Tribe to be designated as a QI.

A waiver request must be submitted for each waiver candidate on an annual basis. A candidate must re-apply for a QI waiver before the expiration of the current waiver approval term. A change in employment or affiliation (moving to another legal entity or title IV-E agency) requires that the waived QI re-apply for a new QI waiver approval and invalidates any existing waiver approval. Each waiver request must be signed by the county placing agency (IV-E agreement tribe, county child welfare director, chief probation officer, or their designee), and the mental health plan director. If the county is requesting a waiver for someone who will perform the role of the QI with Indian Children, tribes must be engaged.

Any conflicts of interest identified in the application process will be reviewed by CDSS to ascertain QI objectivity in general (e.g. affiliation with placement setting or placing agency) and the QI will be required to self-assess for objectivity that is child-specific (e.g. the QI candidate is providing services to the child in another capacity such as case management).

QI assessments performed by individuals pursuant to this waiver cannot be billed as Specialty Mental Health Services (SMHS) unless the provider is a Medi-Cal SMHS provider.

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Name of County/Tribe Requesting the Waiver:	Date of Request:
Contact information for the County Placing Agency: Name Phone # Email	
Contact information for the County Mental Health Plan: Name Phone # Email	
Contact information for the IV-E agreement Tribe completing form (if applicable): Name Phone # Email	
Contact information for the waiver candidate: Name Phone # Email	
I affirm, by signing here, I meet the qualifications set forth in ACL 21-113/BHIN 21-060 to serve in the role of the Qualified Individual, the information about my training and experience contained herein is accurate, I have disclosed all potential conflicts of interest, and I will maintain objectivity in my role as a Qualified Individual.	
Signature: Waiver Candidate	Date
Contact information for the licensed clinical supervisor if the waiver candidate operates under the clinical supervision of an LMHP, if applicable: Name Phone # Email	

Section I:

Select the waiver option by checking the appropriate box.

- Waiver option 1: Waiver Candidate Employed by the Title IV-E agency
- Waiver option 2: Waiver Candidate Affiliated with a placement setting, subject to FFPSA requirements (Short-Term Residential Therapeutic Program, or Foster Family Agency)
- Waiver options 1 and 2: Both waiver options above apply

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Section II:

Provide a description of the reasons why the MHP will not be able to perform the QI activities and necessitate pursuing a waiver option.

Identify the necessary actions and/or resources that will be pursued to allow for the waiver candidate to meet state and federal Medicaid requirements to allow for the QI assessments to be provided as SMHS, whenever possible. This should include descriptions of any arrangements or contracts between the waiver candidate and the MHP. If the county plans to utilize funding sources other than Medi-Cal billable SMHS, please explain how the county plans to fund the QI activities.

Section III:

Include a description of the training and experience the waiver candidate has attained at the time of the waiver request. Describe how the training and experience of the waiver candidate meet the level of clinical competence necessary to engage in the activities of a QI including, but not limited to, expertise and training in clinical assessment, treatment planning and Intensive Care Coordination (ICC) and, for an Indian child, either the qualifications of a qualified expert witness under Welfare and Institutions Code section 224.6, subdivision (c), for a candidate designated by the child's tribe, or the specialized knowledge of, training about, or experience with, tribes and the federal Indian Child Welfare Act of 1978 (25 USC § 1901 et seq.). The Tribe / County child welfare agency or juvenile probation department shall submit the waiver candidate's certification for completed training within 30-days of the waiver candidate's designation to serve as a QI.

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Section IV:

Describe how the IV-E agreement tribe/county will provide adequate monitoring and oversight for QI assessments to ensure adherence to the State model. The county will be responsible for data collection, to include: a) how many QI assessments recommend STRTP/CTF/residential placement? b) How many QI assessments recommend family-based placement? c) How many QI assessment cases included involvement with stakeholders, including youth and families?

Certification and Signatures:

Check if requesting Waiver Option 1

- I affirm that the waiver candidate will not conduct QI activities for any child they concurrently hold responsibility for as the placement case carrying worker with child welfare or juvenile probation or be an individual in the chain of command of an individual who is directly or indirectly working on the case of a child, youth or NMD being evaluated.

Check if requesting Waiver Option 2

- I affirm that the waiver candidate is not an employee of an STRTP/CTF/residential facility. If the waiver candidate is affiliated with an STRTP/CTF/residential facility or a Foster Family Agency (FFA) in which the child in question is placed, the waiver candidate shall not perform QI activities for that child. A waiver candidate is considered to be affiliated with an STRTP/CTF/residential facility or an FFA if they are work for or with any agency with a placement setting in which children are placed by the State (IV-E agency).

- The signatures below provide an attestation by the Tribal/County Child Welfare agency or Probation agency and the MHP's authorized designee that the waiver candidate: (1) is a LMHP, is registered, waived, or is a trained professional who is working under the clinical supervision of an LMHP; (2) has the minimum

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qualifications, expertise and training in clinical assessment, treatment planning, and Intensive Care Coordination (ICC), consistent with scope of work requirements necessary to perform the functions of the QI; and (3) the waiver candidate meets all other QI training requirements. The QI qualifications and training requirements are outlined in the [All County Letter 21-113 / Behavioral Health Information Notice 21-060](#).

- The designated county representatives certify that this request was prepared jointly by the child welfare or juvenile probation agency and the MHP. All parties agree to permit the waiver candidate, to perform the role of QI and attest the waiver candidate will maintain objectivity while conducting the QI role.

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County MHP Director or designee Print Name

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County MHP Director or designee Signature

Date

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Tribe/County Child Welfare Director or designee Print Name

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Tribe/County Child Welfare Director or designee Signature

Date

OR

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County Chief Probation Officer or designee Print Name

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County Chief Probation Officer or designee Signature

Date