

**State of Maryland Residential Child Care (RCC) Program  
Class Rate Application Addendum  
State Fiscal Year 2025 (July 1, 2024-June 30, 2025)**

All providers seeking a State Fiscal Year (SFY) 2025 rate for a Residential Child Care (RCC) program must submit all forms and documents as outlined in the Interagency Rates Committee (IRC) FY 2025 Residential Child Care/Child Placement Agency Provider Instructions *and* the Class Rate Application Addendum (this form). The person completing this form must have the authority to sign on behalf of the program and organization. **This form must be completed for *each* RCC program site.** Sections 1, 2, 3, and 5 of this form must be completed by all providers.

Any program seeking a rate for Class 1, 1b, 2, or 2b must also complete Section 4 below of this form. If a program is seeking a rate in Class 1, 1b, 2, or 2b and is not yet approved as a Maryland Qualified Residential Treatment Program (QRTP), the program must submit the Maryland QRTP application to [quality.residential@maryland.gov](mailto:quality.residential@maryland.gov) no later than the submission of this addendum. (See details in Section 4 below). Any program seeking a Class 6 rate that is *not* approved as a Maryland QRTP at the time of application for a class rate must submit the completed QRTP application to [quality.residential@maryland.gov](mailto:quality.residential@maryland.gov) no later than the submission of this addendum.

**SECTION 1: PROGRAM INFORMATION**

*Instructions:* Complete the information below for the RCC Program.

**Parent Organization:**

**RCC Program Name:**

**RCC Program Address:**

**RCC Program Site License Capacity:**

**RCC Licensing Agency:**

**Name & Title of the person completing this form:**

**Email Address & Phone Number:**

**SECTION 2: GENERAL CONDITIONS AND REQUIREMENTS**

*Instructions:* Initial next to each of the general conditions for SFY25 RCC Class Rates.

*As the individual with the authority to sign on behalf of the organization for this program, I understand that:*

Initial Here 1. Representatives of the State are authorized to investigate all aspects of program operations, to inspect the facility and records, and to make any investigations necessary concerning the circumstances surrounding this application. I understand that if the program receives a rate and class designation, the State's representatives can make announced and unannounced visits to investigate complaints received and to determine continuing compliance.

Initial Here 2. The program must maintain compliance with the minimum requirements for the class selected below. The program must maintain documentation to demonstrate compliance with the minimum requirements for the class selected, which must be provided to the State of Maryland or its designee upon request. I will notify my program's contracting agency within one (1) business day of any violations issued by a governmental regulatory agency to the program and any issues that could adversely affect the program meeting the class requirements. I will notify my program's contracting agency within seven (7) business days of any other issue that would adversely affect the program meeting the class requirements. I will participate in the development and implementation of a corrective action plan, if required and necessary, and understand that my status as a provider within the class may be revoked if the

program does not continue to maintain all quality standards.

Initial Here 3. The program must continue to meet all requirements for the license (statutory, regulatory, and contractual).

Initial Here 4. The program must participate in the data collection and reporting process as specified by the State, which includes providing monthly performance data to DHS, DJS, and/or their contracted partner on the measures and in the format specified.

Initial Here 5. The class rate is comprehensive and covers all room, board, maintenance, recreational, and daily living costs to support the child as well as all behavioral health clinical or therapeutic services. Costs covered by the Managed Care Organizations (MCOs) under the Maryland Medical Assistance Program are not included in this rate. Specialized assessment or diagnostic services may be covered outside of the rate, consistent with eligibility for reimbursement and with prior approval from the child’s placing agency. The child’s MCO will continue to be responsible for covering the physical health, dental care, and primary behavioral health needs of the child, along with authorized speech, physical, or occupational therapies. There may be rare exceptions when the child’s placing agency will approve reimbursement to the provider for costs outside of the rate, such as transportation costs associated with highly specialized treatment for a particular condition or to meet the cultural or linguistic needs of the child. The State will not pay for one-on-one services for children who have been admitted into the RCC, except in those settings where the one-on-one add-on rate is permitted (as noted in the appendix), and only with prior approval from the placing agency. The provider will be expected to manage individualized services and supports to children served using the rate provided.

Initial Here 6. This rate will not be effective until notice has been provided by IRC.

Initial Here 7. Regardless of class, the program must maintain at least two awake staff always.

**SECTION 3: CLASS SELECTION**

Instructions: Check the box for the Class and Rate that you are requesting for your RCC program site for SFY 2025. For descriptions, please see the Appendix. Select *only one class* for each RCC program site.

Selection	Class	Description	Total Per Diem Rate
<input type="checkbox"/>	0	Pre-QRTP (No clinical Services)	\$433.46
<input type="checkbox"/>	99	I/DD Legacy Program (No Clinical Services)	\$606.65
<input type="checkbox"/>	1	Serve Youth with Significant Behavioral Health Service Needs (6+ Beds)	\$739.88
<input type="checkbox"/>	1b	Serve Youth with Significant Behavioral Health Service Needs (5 or Fewer Beds)	\$808.18
<input type="checkbox"/>	2	Serve Youth with Intensive or Specialty Behavioral Health Service Needs (6+ Beds)	\$892.63
<input type="checkbox"/>	2b	Serve Youth with Intensive or Specialty Behavioral Health Service Needs (5 or Fewer Beds)	\$986.54
<input type="checkbox"/>	3	Serve Youth with High Intensity I/DD Service Needs (No Behavioral Health Services)	\$1,313.75
<input type="checkbox"/>	4	Serve Youth Needing High Intensity Medically Fragile Services	\$1,581.55
<input type="checkbox"/>	5	Serve Youth Who Have Experienced/At-Risk for Commercial Sexual Exploitation	\$1,996.66
<input type="checkbox"/>	6	Serve Youth with the Highest Intensity Behavioral Health and Intensive I/DD Service Needs	\$2,099.80

**SECTION 4: CLASS-SPECIFIC REQUIREMENTS SELECTION-CLASSES 1 AND 2 ONLY**

*Instructions:* Only complete if you are requesting a rate for Class 1, 1b, 2, or 2b. For all other classes, skip to Section 5.

***For programs that are already approved by the State of Maryland as a QRTP:***

Initial Here My program is approved as a QRTP and will maintain its QRTP status for the year, including continuing to meet all associated programmatic and reporting requirements.

***For programs that are not already approved by the State of Maryland as a QRTP***

*Note:* The State will not approve a Class 1 or 2 rate for a program that has not initiated the accreditation process.

Initial Here 1. I understand that my program must meet the following components of the Maryland QRTP Application to receive a Class 1 or 2 rate: trauma-informed treatment model, licensed clinical staff, family engagement, discharge planning and family-based aftercare support, and licensing.

Initial Here 2. I understand that my program must meet the nursing and accreditation requirements and be eligible for approval as a Maryland QRTP by June 30, 2025.

Initial Here 3. My program meets all Maryland QRTP requirements *except* the following and I *request a temporary deferral of these requirements through June 30, 2025:* (check as applicable):  
 Accreditation  
*Provide a brief description of the status of your program in meeting this requirement.*

Nursing  
*Provide a brief description of the status of your program in meeting this requirement.*

Initial Here 4. I have *submitted a partially or fully completed Maryland QRTP application to [quality.residential@maryland.gov](mailto:quality.residential@maryland.gov)*, including documentation demonstrating that the program meets each QRTP requirement, except for any requirements for which I have requested a temporary deferral.

**SECTION 5: ATTESTATION AND SIGNATURE**

I hereby attest that the information contained in this application, including the attachments, are truthful and correct under penalty of perjury. Falsification of application information is grounds for denial or revocation of a class and rate designation. An application may be withdrawn at any time the applicant so desires. *This application must be signed by an individual legally responsible for the operation of the residential child care facility.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**APPENDIX**

Additional, minimum requirements for each provider for State Fiscal Year 2025 (July 1, 2024-June 30, 2025):

Class	Direct Care Staffing Ratio (Staff : Youth)		Other Requirements (other than standard requirements; all programs must maintain 2 awake staff always)	Able to request add-on rate?			Total Per Diem Rate
	Awake	Asleep		1:1 Staff	1:1 Nurse	EBP*	
0: Pre-QRTP	1:6	1:7	N/A	Yes	No	No	\$433.46
99: I/DD Legacy	1:3	1:4	N/A	Yes	No	No	\$606.65
1: Serve Youth with Significant Behavioral Health Service Needs (Class 1 or 1b)	1:4	1:5	<ul style="list-style-type: none"> <li>• Serve children with significant behavioral health service needs</li> <li>• 1:10 ratio of care manager to youth</li> <li>• Provide minimum of 8 hours of clinical, behavioral health, allied, and/or expressive therapies or interventions weekly (averaged per month)</li> <li>• Meet Maryland’s requirements for QRTPs^</li> </ul>	Yes	No	Yes	\$739.88 (Class 1) \$808.18 (Class 1b)
2: Serve Youth with Intensive or Specialty Behavioral Health Service Needs (Class 2 or 2b)	1:3	1:4	<ul style="list-style-type: none"> <li>• Serve children with intensive and/or specialty behavioral health service needs</li> <li>• Maintain 1 floater, direct care staff outside of ratio during awake hours</li> <li>• 1:8 ratio of care manager to youth</li> <li>• Provide minimum of 8 hours of clinical, behavioral health, allied, and/or expressive therapies or interventions weekly (averaged per month)</li> <li>• Clinical/behavioral health supervisors have at least 2 years of experience providing similar services and/or working with this population (preferred for all clinicians)</li> <li>• Direct care staff have specialized training, qualifications, and/or experience in working with the specific population of children and youth served or complete specialized training within 180 days of employment</li> <li>• Meet Maryland’s requirements for QRTPs^</li> </ul>	Yes	No	Yes	\$892.63 (Class 2) \$986.54 (Class 2b)

Class	Direct Care Staffing Ratio (Staff : Youth)		Other Requirements (other than standard requirements; all programs must maintain 2 awake staff always)	Able to request add-on rate?			Total Per Diem Rate
	Awake	Asleep		1:1 Staff	1:1 Nurse	EBP*	
3: Serve Youth with High Intensity I/DD Service Needs (No Behavioral Health Services)	1:1	1:1	<ul style="list-style-type: none"> <li>• Serve children with high intensity intellectual and/or developmental disability service needs</li> <li>• Maintain 1 floater, direct care staff outside of ratio during awake hours</li> <li>• Provide transportation to any clinical or behavioral health services required. (Not required to provide the services directly.)</li> <li>• Direct care staff have specialized training, qualifications, and/or experience in working with the specific population of children and youth served or complete specialized training within 180 days of employment</li> </ul>	No	No	No	\$1,313.75
4: Serve Youth Needing High Intensity Medically Fragile Services	1:1	1:1	<ul style="list-style-type: none"> <li>• Serve children with high intensity medically fragile service needs</li> <li>• 24/7 nursing services provided to meet the physical health needs of children and youth served</li> <li>• Direct care staff have specialized training, qualifications, and/or experience in working with the specific population of children and youth served or complete specialized training within 180 days of employment</li> <li>• Provide transportation to any clinical or behavioral health services required. (Not required to provide the services directly.)</li> </ul>	No	Yes	No	\$1,581.55

Class	Direct Care Staffing Ratio (Staff : Youth)		Other Requirements (other than standard requirements; all programs must maintain 2 awake staff always)	Able to request add-on rate?			Total Per Diem Rate
	Awake	Asleep		1:1 Staff	1:1 Nurse	EBP*	
5: Serve Youth Who Have Experienced/At-Risk for Commercial Sexual Exploitation	1:1	1:1	<ul style="list-style-type: none"> <li>• Serve children who have experienced or are at-risk for experiencing commercial sexual exploitation or human trafficking, as screened or assessed with State-identified tools, who have significant or intensive behavioral health service needs</li> <li>• Maintain 1 floater, direct care staff outside of ratio always</li> <li>• 24/7 nursing services provided to meet the physical health needs of children and youth served</li> <li>• Direct care staff have specialized training, qualifications, and/or experience in working with the specific population of children and youth served or complete specialized training within 180 days of employment</li> <li>• Must document that the youth have experienced CSE or are at-risk for CSE based on State-approved tool</li> <li>• Provide minimum of 8 hours of clinical, behavioral health, allied, and/or expressive therapies or interventions weekly (averaged per month)</li> <li>• Clinical/behavioral health supervisors have at least 2 years of experience providing similar services and/or working with this population (preferred for all clinicians)</li> </ul>	No	No	No	\$1,996.66

Class	Direct Care Staffing Ratio (Staff : Youth)		Other Requirements (other than standard requirements; all programs must maintain 2 awake staff always)	Able to request add-on rate?			Total Per Diem Rate
	Awake	Asleep		1:1 Staff	1:1 Nurse	EBP*	
6: Serve Youth with the Highest Intensity Behavioral Health and Intensive I/DD Service Needs	2:1	1:1	<ul style="list-style-type: none"> <li>• Serve children with the highest intensity behavioral health service needs and co-occurring intensive intellectual and/or developmental disability service needs</li> <li>• Maintain 1 floater, direct care staff outside of ratio during awake hours</li> <li>• 1:8 ratio of care manager to youth</li> <li>• Provide minimum of 8 hours of clinical, behavioral health, allied, and/or expressive therapies or interventions weekly (averaged per month)</li> <li>• Direct care staff have specialized training, qualifications, and/or experience in working with the specific population of children and youth served or complete specialized training within 180 days of employment</li> <li>• Clinical/behavioral health supervisors have at least 2 years of experience providing similar services and/or working with this population (preferred for all clinicians)</li> <li>• Meet Maryland’s requirements for QRTPs^</li> </ul>	No	No	No	\$2,099.80
<p>*Evidence-based practices (EBPs) must be approved by DHS, DJS, or their designee. For FY25, EBPs eligible for the add-on rate are Aggression Replacement Treatment (ART), Dialectical Behavioral Therapy (DBT), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Providers must agree to provide the EBP to all youth in their program unless documented that it is clinically contrary to the treatment and care of that youth. The provider will receive the EBP rate for all children served in the program during FY25. If approval for the EBP add-on rate occurs after the start of FY25, the provider will be reimbursed with the additional rate for services provided after the date of approval. The provider must notify their contracting agency(ies) within 14 business days if they will be unable to provide the EBP for greater than 30 days; the provider will no longer receive the EBP add-on rate after this notification. The application to receive an EBP add-on rate is separate from the FY25 Class Rate application.</p>							
<p>^To receive the rate for this class, the provider will need to document that they meet all QRTP requirements except for any for which they request a temporary deferral. Temporary deferrals may only be requested for nursing staff and accreditation. Providers must demonstrate that they are working toward and expect to be eligible to be certified as a QRTP by the end of SFY25. Providers may be required to provide proof of those efforts periodically during the year. Providers applying for a Class 6 rate must be eligible to be a Maryland QRTP by 6/30/24.</p>							

**Add-on rates for SFY25:**

1:1 Staffing (Direct Care): \$30.15/hour

1:1 Nursing: \$85.57/hour

Evidence-Based Practice (EBP): \$23.54/day

FY25 RCC Add-On Rates (Prior Approval Required)			
Type of Add-On Rate	FY25 Rate	Eligible Class	
1:1 Staffing	\$30.15/hour	0	Pre-QRTP (No clinical Services)
		99	Intellectual/Developmental Disability (I/DD) Legacy Program (No Clinical Services)
		1	Serve Youth with Significant Behavioral Health Service Needs (6+ Beds)
		1b	Serve Youth with Significant Behavioral Health Service Needs (5 or Fewer Beds)
		2	Serve Youth with Intensive or Specialty Behavioral Health Service Needs (6+ Beds)
		2b	Serve Youth with Intensive or Specialty Behavioral Health Service Needs (5 or Fewer Beds)
1:1 Nursing	\$85.57/hour	4	Serve Youth Needing High Intensity Medically Fragile Services
Evidence-Based Practice (EBP)	\$23.54/day	1	Serve Youth with Significant Behavioral Health Service Needs (6+ Beds)
		1b	Serve Youth with Significant Behavioral Health Service Needs (5 or Fewer Beds)
		2	Serve Youth with Intensive or Specialty Behavioral Health Service Needs (6+ Beds)
		2b	Serve Youth with Intensive or Specialty Behavioral Health Service Needs (5 or Fewer Beds)