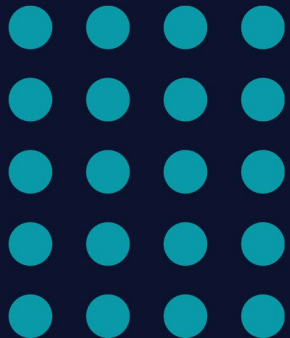


Quality Service Reform Initiative (QSRI) Update & New RCC Class Rates & Application Process

Interagency Rates Committee Residential Child Care Provider Meeting

December 2023

Tennille Thomas, Hilary Laskey, Deborah Harburger & Jeremy Thomas



Reminder: What are we doing with the Quality Service Reform Initiative (QSRI)?

- § Developing **interventions with defined medical necessity criteria**, consistent and transparent access and **referral pathways**, and a **CQI** overlay.
- § Leveraging **Medicaid and Title IV-E** funds to support new rates that are based on classes of direct care and clinical services.
- § Developing **clear expectations and accountability** for populations of children served, rates paid, and outcomes achieved.
- § **Shortening lengths of stay** and ensuring children are in the **least restrictive** setting to reduce bottlenecks and improve outcomes.

QSRI Structures



QSRI Workgroup

Meets every other week, 2nd and 4th Wednesday, 2-3PM

Members are State Agencies, UMB, UConn, PCG, & provider representatives



CQI Workgroup

Meets as needed

Members are UConn and provider representatives

(RCC Workgroup & CPA Workgroup)



QRTP Workgroup

Meets weekly

Members are DHS/SSA, DJS, UMB, UConn, & Chapin Hall



Interagency Rates Committee (IRC)

Meets monthly or more frequently as needed

Members are State Agencies

Not formally part of the QSRI structure

DHS-Contracted Partners:

The Institute for Innovation & Implementation, University of Maryland School of Social Work
Innovations Institute, UConn School of Social Work
Public Consulting Group (PCG)

SFY 2025 RCC Expectations & Rate Process

New expectations for RCCs in SFY2025

- Each RCC 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.*
- Regardless of class, the program must maintain at least two awake staff always.
- 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. 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.
 - 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.
 - 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 below), 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.

*All providers will be given information and training on the data collection and reporting process prior to July 1, 2024, with additional training and technical assistance available after implementation.

Which parts of the new rate model/QSRI will NOT be in effect in FY2025?

Providers will not yet be submitting for Medicaid reimbursement. Providers will continue to invoice using the same process that is used today. In early CY2025, providers will learn more information about enrolling as a Medicaid provider for FY2026, pending Medicaid State Plan Amendment approval and updated regulatory processes.

Medical Necessity Criteria (MNC) will not be applied by an independent entity or the agencies this year. However, providers and placing agencies will be encouraged to reference the MNC to support admissions into their programs to align with the class model. (MNC are still under development for all classes. Draft MNC have been shared for Classes 1 and 2.)

The FY2025 RCC Rate Application will be hybrid.

All providers seeking a State Fiscal Year (SFY) 2025 rate for a 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 is necessary as we move into full implementation of the new rates for SFY2025 and while the regulations are being updated. Current regulations require the specific worksheets and components in the current application. Updated regulations will enable the use of the class rate application.

The Class Rate Application Addendum Form must be completed for *each* RCC program site and submitted electronically on the flash drive with the IRC FY2025 RCC application.

The **goal** is for all RCC programs to receive a class rate effective July 1, 2024. However, if the regulations are not finalized and in effect, individual program rates will be provided and the class rates will be provided as soon as the regulations are in effect. All rate letters will go out by June 15, 2024. Updated letters will go out if needed.

RCC Classes, Minimum Requirements, and Rates

Summary of Classes

Class	Description
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)
3	Serve Youth with High Intensity I/DD Service Needs (No Behavioral Health Services)
4	Serve Youth Needing High Intensity Medically Fragile Services
5	Serve Youth Who Have Experienced/At-Risk for Commercial Sexual Exploitation
6	Serve Youth with the Highest Intensity Behavioral Health and Intensive I/DD Service Needs

Class 0: Pre-Qualified Residential Treatment Program (Pre-QRTP)

Class 99: Intellectual/Developmental Disability (I/DD) Legacy Programs

Class	Direct Care Staffing Ratio (Staff : Youth)		Other Requirements (other than standard requirements)	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

Note: Providers in these classes are required to coordinate and provide transportation to and from any clinical or behavioral health services needed by the child. The providers are not required to provide or pay for these services directly.

Regardless of class, the program must maintain at least two awake staff always

Class 1: Serving Children with Significant Behavioral Health Service Needs

Class 2: Serving Children with or Intensive and/or Specialty Behavioral Health Service Needs

Class	Direct Care Staffing Ratio (Staff : Youth)		Other Requirements (other than standard requirements)	Able to request add-on rate?		
	Awake	Asleep		1:1 Staff	1:1 Nurse	EBP
1: Significant Behavioral Health Service Needs	1:4	1:5	<ul style="list-style-type: none"> Serve children with significant behavioral health service needs 1:10 ratio of care manager to youth Provide minimum of 8 hours of clinical, behavioral health, allied, and/or expressive therapies or interventions weekly (averaged per month) Meet Maryland's requirements for QRTPs^ 	Yes	No	Yes
2: Intensive or Specialty Behavioral Health Service Needs	1:3	1:4	<ul style="list-style-type: none"> Serve children with intensive and/or specialty behavioral health service needs Maintain 1 floater, direct care staff outside of ratio during awake hours 1:8 ratio of care manager to youth Provide minimum of 8 hours of clinical, behavioral health, allied, and/or expressive therapies or interventions weekly (averaged per month) Clinical/behavioral health supervisors have at least 2 years of experience providing similar services and/or working with this population (preferred for all clinicians) 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 Meet Maryland's requirements for QRTPs^ 	Yes	No	Yes

Class	Description & Size	Total Per Diem Rate
1	Significant Behavioral Health Service Needs (6+ Beds)	\$739.88
1b	Significant Behavioral Health Service Needs (5 or Fewer Beds)	\$808.18
2	Intensive or Specialty Behavioral Health Service Needs (6+ Beds)	\$892.63
2b	Intensive or Specialty Behavioral Health Service Needs (5 or Fewer Beds)	\$986.54

^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. The QRTP application (partially or fully completed) must be submitted at the same time as the RCC Class Rate Addendum.

Regardless of class, the program must maintain at least two awake staff always

Class 3: High Intensity Intellectual/Developmental Disability (I/DD) without Behavioral Health Service Needs

Class 4: High Intensity Medically Fragile Services without Behavioral Health Service Needs

Class	Direct Care Staffing Ratio (Staff : Youth)		Other Requirements (other than standard requirements)	Able to request add-on rate?		
	Awake	Asleep		1:1 Staff	1:1 Nurse	EBP
3: High Intensity I/DD Service Needs (No Behavioral Health Services)	1:1	1:1	<ul style="list-style-type: none"> Serve children with high intensity intellectual and/or developmental disability service needs Maintain 1 floater, direct care staff outside of ratio during awake hours Provide transportation to any clinical or behavioral health services required. (Not required to provide the services directly.) 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 	No	No	No
4: High Intensity Medically Fragile Services	1:1	1:1	<ul style="list-style-type: none"> Serve children with high intensity medically fragile service needs 24/7 nursing services provided to meet the physical health needs of children and youth served 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 Provide transportation to any clinical or behavioral health services required. (Not required to provide the services directly.) 	No	Yes	No

Class	Description	Total Per Diem Rate
3	High Intensity I/DD Service Needs (No Behavioral Health Services)	\$1,313.75
4	High Intensity Medically Fragile Services	\$1,581.55

Regardless of class, the program must maintain at least two awake staff always

Class 5: Youth Who Have Experienced/Are At-Risk of Commercial Sexual Exploitation

Class 6: Youth with the Highest Intensity Behavioral Health & Intensive Intellectual/Developmental Disability Service Needs

Class	Direct Care Staffing Ratio (Staff : Youth)		Other Requirements (other than standard requirements)	Able to request add-on rate?		
	Awake	Asleep		1:1 Staff	1:1 Nurse	EBP
5: Youth Who Have Experienced Commercial Sexual Exploitation	1:1	1:1	<ul style="list-style-type: none"> 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 Maintain 1 floater, direct care staff outside of ratio always 24/7 nursing services provided to meet the physical health needs of children and youth served 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 Must document that the youth have experienced CSE or are at-risk for CSE based on State-approved tool Provide minimum of 8 hours of clinical, behavioral health, allied, and/or expressive therapies or interventions weekly (averaged per month) Clinical/behavioral health supervisors have at least 2 years of experience providing similar services and/or working with this population (preferred for all clinicians) 	No	No	No
6: Highest Intensity Behavioral Health and Intensive I/DD Service Needs	2:1	1:1	<ul style="list-style-type: none"> Serve children with the highest intensity behavioral health service needs and co-occurring intensive intellectual and/or developmental disability service needs Maintain 1 floater, direct care staff outside of ratio during awake hours 1:8 ratio of care manager to youth Provide minimum of 8 hours of clinical, behavioral health, allied, and/or expressive therapies or interventions weekly (averaged per month) Clinical/behavioral health supervisors have at least 2 years of experience providing similar services and/or working with this population (preferred for all clinicians) Meet Maryland's requirements for QRTPs^ 	No	No	No

Class	Description	Total Per Diem Rate
5	Youth Who Have Experienced Commercial Sexual Exploitation	\$1,996.66
6	Highest Intensity Behavioral Health and Intensive I/DD Service Needs	\$2,099.80

Providers applying for a Class 6 rate must be eligible to be a Maryland QRTP by June 30, 2024. If the provider is not yet approved as a Maryland QRTP, the provider must submit the QRTP Application at the time of RCC Class Rate Addendum submission.

Regardless of class, the program must maintain at least two awake staff always

Add-On Rates

Add-on rates for SFY25:

1:1 Staffing: \$30.15/hour

1:1 Nursing: \$85.57/hour

EBP: \$23.54/day

- Add-on rates will be available ONLY to certain classes of providers
- All add-on rates require prior approval
 - 1:1 staff and 1:1 nurse add-on rates
 - Will be approved for an individual child for a specific need and duration
 - Must go through the centralized approval process. Individual LDSS will not be approving and paying for these positions outside of the process.
 - EBP rates are approved for a program site for all children served in the program
- Evidence-based practice (EBP) rates
 - 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

The forms and processes for requesting add-on rates are under development. The 1:1 staff and 1:1 nurse request forms and processes will be available prior to July 1, 2024. The EBP add-on application will be forthcoming, with a rolling application process through next year.

Summary of Classes & Rates

Class & Description		Total Per Diem Rate (FY25)
0: Pre-QRTP		\$433.46
99: Intellectual/Developmental Disability (I/DD) Legacy Program		\$606.65
1: Serve Youth with Significant Behavioral Health Service Needs	Class 1 (6 or more beds)	\$739.88
	Class 1b (5 or fewer beds)	\$808.18
2: Serve Youth with Intensive or Specialty Behavioral Health Service Needs	Class 2 (6 or more beds)	\$892.63
	Class 2b (5 or fewer beds)	\$986.54
3: Serve Youth with High Intensity Intellectual/Developmental Disability (I/DD) Service Needs (No Behavioral Health Services)		\$1,313.75
4: Serve Youth Needing High Intensity Medically Fragile Services		\$1,581.55
5: Serve Youth Who Have Experienced/At-Risk for Commercial Sexual Exploitation		\$1,996.66
6: Serve Youth with the Highest Intensity Behavioral Health and Intensive Intellectual/Developmental Disability (I/DD) Service Needs		\$2,099.80

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)
		1/1b	Serve Youth with Significant Behavioral Health Service Needs
		2/2b	Serve Youth with Intensive or Specialty Behavioral Health Service Needs
1:1 Nursing	\$85.57/hour	4	Serve Youth Needing High Intensity Medically Fragile Services
Evidence-Based Practice (EBP)	\$23.54/day	1/1b	Serve Youth with Significant Behavioral Health Service Needs
		2/2b	Serve Youth with Intensive or Specialty Behavioral Health Service Needs

FY25 RCC Rate Addendum Application

RCC Class Rate Application Addendum

- Each section has instructions.
- The application is completed electronically.
- One application must be completed for each program site.

**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 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 no later than the submission of this addendum.

Section 1: Program Information

SECTION 1: PROGRAM INFORMATION

Instructions: Complete the information below for the RCC Program.

Parent Organization: Parent Organization Name

RCC Program Name: RCC Program Name

RCC Program Address: RCC Program Address

RCC Program Site License Capacity: RCC Program License Capacity

RCC Licensing Agency: RCC program Licensing Agency

Contact information for the person completing this form: Name Title

Email Address Phone Number

Section 2: General Conditions & 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:

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.
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.
3. The program must continue to meet all requirements for the license (statutory, regulatory, and contractual).
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.
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.
6. This rate will not be effective until notice has been provided by IRC
7. Regardless of class, the program must maintain at least two awake staff always.

Section 3: Class Selection

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	IDD Legacy (No Clinical Services)	\$606.65
<input type="checkbox"/>	1	Significant Behavioral Health Service Needs (6+ Beds)	\$739.88
<input type="checkbox"/>	1b	Significant Behavioral Health Service Needs (5 or Fewer Beds)	\$808.18
<input type="checkbox"/>	2	Intensive or Specialty Behavioral Health Service Needs (6+ Beds)	\$892.63
<input type="checkbox"/>	2b	Intensive or Specialty Behavioral Health Service Needs (5 or Fewer Beds)	\$986.54
<input type="checkbox"/>	3	High Intensity I/DD Service Needs (No Behavioral Health Services)	\$1,313.75
<input type="checkbox"/>	4	High Intensity Medically Fragile Services	\$1,581.55
<input type="checkbox"/>	5	Youth Who Have Experienced Commercial Sexual Exploitation	\$1,996.66
<input type="checkbox"/>	6	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

Status: Provide a brief description of the status of your program in meeting this requirement.

Nursing

Status: 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*, including documentation demonstrating that my program meets each QRTP requirement, except for any requirements for which I have requested a temporary deferral.

Section 5: Attestation & Signature

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

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"> • Serve children with significant behavioral health service needs • 1:10 ratio of care manager to youth • Provide minimum of 8 hours of clinical, behavioral health, allied, and/or expressive therapies or interventions weekly (averaged per month) • Meet Maryland's requirements for QRTPs^ 	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"> • Serve children with intensive and/or specialty behavioral health service needs • Maintain 1 floater, direct care staff outside of ratio during awake hours • 1:8 ratio of care manager to youth • Provide minimum of 8 hours of clinical, behavioral health, allied, and/or expressive therapies or interventions weekly (averaged per month) • Clinical/behavioral health supervisors have at least 2 years of experience providing similar services and/or working with this population (preferred for all clinicians) • 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 • Meet Maryland's requirements for QRTPs^ 	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"> • Serve children with high intensity intellectual and/or developmental disability service needs • Maintain 1 floater, direct care staff outside of ratio during awake hours • Provide transportation to any clinical or behavioral health services required. (Not required to provide the services directly.) • 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 	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"> • Serve children with high intensity medically fragile service needs • 24/7 nursing services provided to meet the physical health needs of children and youth served • 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 • Provide transportation to any clinical or behavioral health services required. (Not required to provide the services directly.) 	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"> • 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 • Maintain 1 floater, direct care staff outside of ratio always • 24/7 nursing services provided to meet the physical health needs of children and youth served • 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 • Must document that the youth have experienced CSE or are at-risk for CSE based on State-approved tool • Provide minimum of 8 hours of clinical, behavioral health, allied, and/or expressive therapies or interventions weekly (averaged per month) • Clinical/behavioral health supervisors have at least 2 years of experience providing similar services and/or working with this population (preferred for all clinicians) 	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"> • Serve children with the highest intensity behavioral health service needs and co-occurring intensive intellectual and/or developmental disability service needs • Maintain 1 floater, direct care staff outside of ratio during awake hours • 1:8 ratio of care manager to youth • Provide minimum of 8 hours of clinical, behavioral health, allied, and/or expressive therapies or interventions weekly (averaged per month) • Clinical/behavioral health supervisors have at least 2 years of experience providing similar services and/or working with this population (preferred for all clinicians) • Meet Maryland's requirements for QRTPs^ 	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 6/30/25.</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)

Timeline & Process

All standard timelines and processes still apply!

- DHS-licensed programs should upload the approval documents in to the CJAMS Provider Portal and submit the full budget application package to the IRC
- Completed budget applications must be postmarked to MSDE no later than 2/15/2024.
- Follow all instructions in the MSDE IRC Provider Instructions and Tip Sheets!
- Submit the FY25 RCC Class Rate Addendum on the flash drive with the other materials. This Addendum will be available on the IRC Website along with this presentation.

<https://marylandpublicschools.org/programs/Pages/Special-Education/irc/index.aspx>

QSRI Timeline

- January-June 2024: Regulatory changes are made.
- July 2024: New rates are implemented for residential childcare providers (if new regulations are in effect). New performance monitoring begins for RCCs, with monthly data reporting and quarterly reconciliation.
- Fall 2024-Spring 2025: Data collected on rates and associated impact to inform updates for FY26 rates.
- November 2024-January 2025: Updated (as needed) RCC Class Rates are provided and updated RCC Class Rate application is shared with instructions for RCCs. CPAs receive new proposed rates and instructions for applying for FY26.
- January-June 2025: RCC Providers supported to enroll as Medicaid providers, consistent with approved Medicaid State Plan Amendment and regulations. If appropriate, CPA providers supported to enroll as Medicaid providers.
- July 2025:
 - RCC providers who received a temporary deferral in FY25 to meet QRTP requirements must meet all QRTP requirements and be approved as a Maryland QRTP to continue to provide services in that class.
 - RCC and CPA providers begin submitting claims to the Administrative Service Organization (ASO) for payment (direct care and, if applicable, clinical behavioral health care rates). Medical Necessity Criteria are applied and authorizations for placement and continuing authorization are made by the ASO. Medicaid claiming anticipated.
 - New rates are implemented for child placement agencies. New performance monitoring begins for CPAs, with monthly data reporting and quarterly reconciliation.

Tennille Thomas, DHS
(Tennille.Thomas2@maryland.gov)

Hilary Laskey, DHS
(hilary.laskey@maryland.gov)

Deborah Harburger, Innovations
(deborah.harburger@uconn.edu)

Questions?

Jeremy Thomas, PCG
(jepayne@pcgus.com)