



Quality Service Reform Initiative (QSRI) Update

IRC Provider Meeting

November 2021

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Core Components of QSRI



Feedback on the Vision Document is still welcome!
Vision Document can be found here:

https://www.mhsdc.umaryland.edu/media/sow/iss/State_Vision_Document_1.20.2021.pdf

Submit your feedback here:

https://umaryland.sz1.qualtrics.com/jfe/form/SV_d8Db6UB0U4mfr



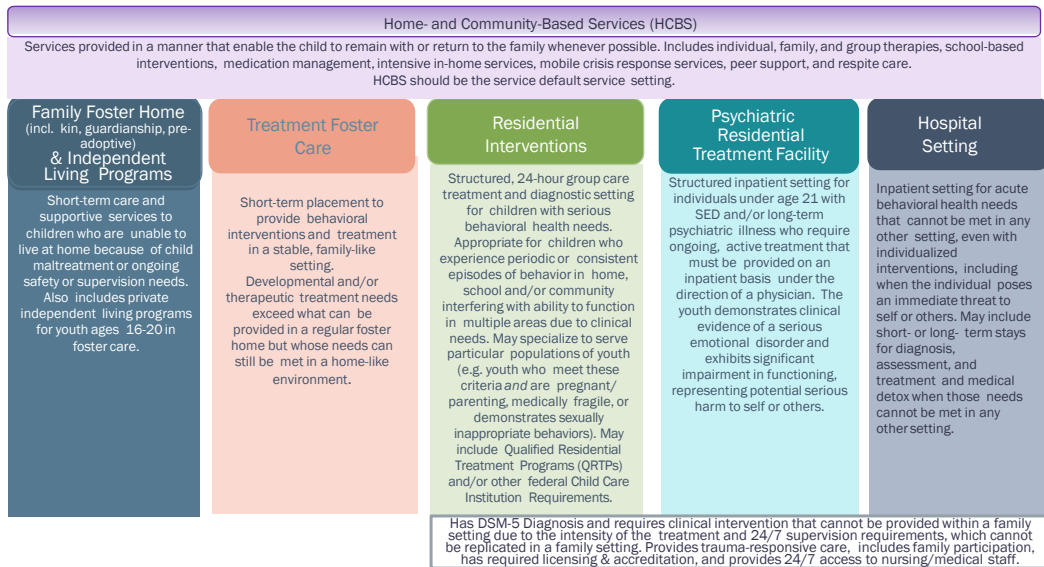
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Proposed New Rate Methodology

- Uses the framework of the existing IRC process as a foundation for the cost components but it moves AWAY from individual rates based on individual costs
- Establishes direct care rates and clinical care rates
 - Direct Care Rate: A bundled or comprehensive rate to cover operating and other costs related to the daily direct care of the children, including food, clothing, transportation, utilities, rent/mortgages, socialization activities, and general supervision.
 - Clinical Care Rate: A bundled or comprehensive rate for the rehabilitative services provided to the child, based on documented need, according to clinical and therapeutic service specifications and provider qualifications. Each clinical care rate class will include a certain volume of individual, family, and group clinical or behavioral interventions during the day or week.
- Establishes bundled classes: Groups or tiers of programs based on similar costs or characteristics. The costs are bundled. Each program will have an assigned class for its direct care rate and for its clinical care rate. Rates will be reviewed and a new base rate will be established, as appropriate, every 2-3 years.

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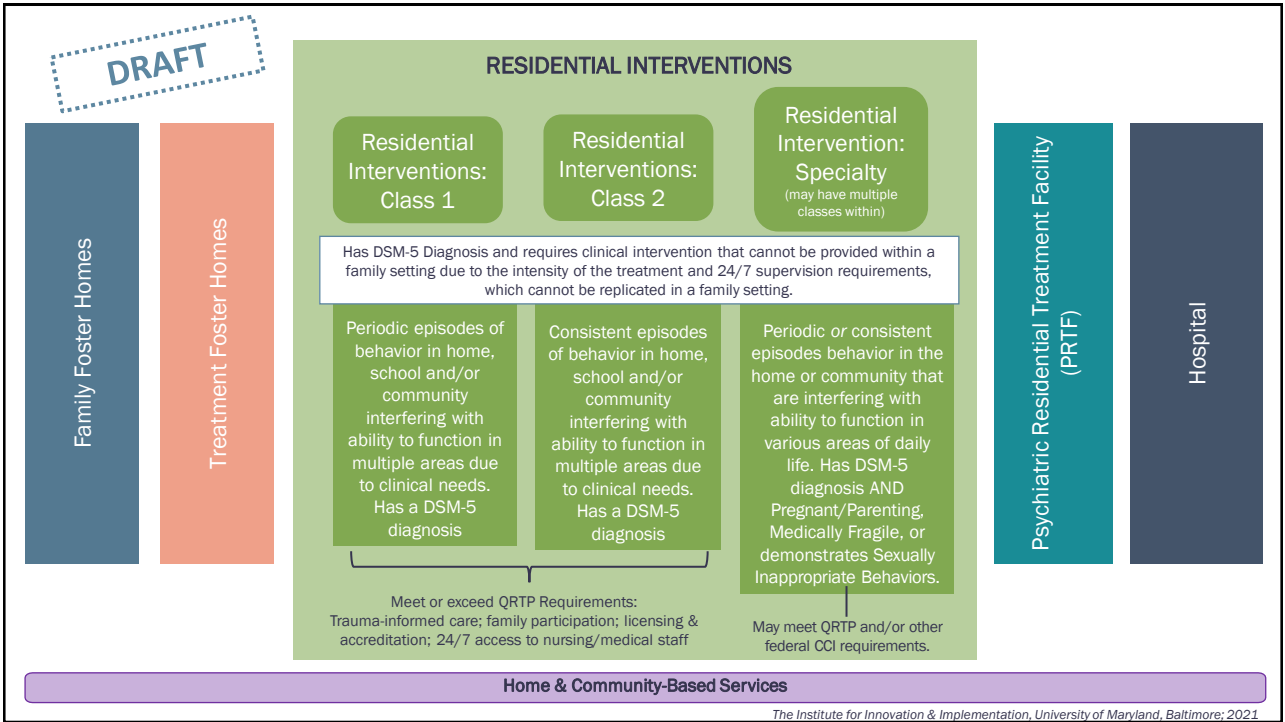
Model Continuum of Residential Services for Children and Youth*



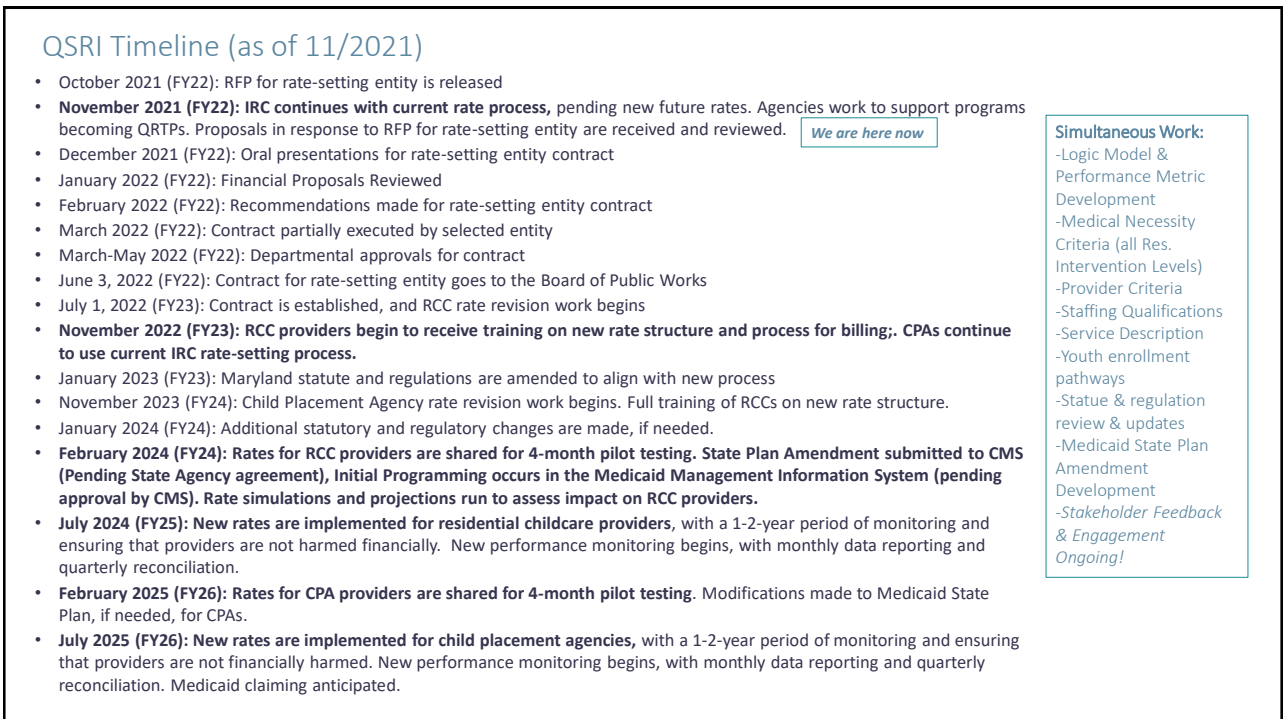
* This continuum does not include every possible type of setting, including those that are primarily for public safety needs. Children and youth should not be required to progress up or down the continuum in a linear fashion. Intensity of service need does not always equate to restrictiveness of care and children and youth should receive services and supports in the least restrictive, most home-like environment as possible to meet their individualized needs. HCBS can be provided in family settings (family foster home, treatment foster home) and may be available in some instances in residential interventions (e.g., for family members and as after-care supports).

The Institute for Innovation & Implementation, University of Maryland, Baltimore; 2021

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Resources

- [QSRI Vision Document](#)
- [QRTP-PRTF-IMD Comparison Tool](#)
- [Maryland QRTP Overview & Designation Process](#)
- [CMS Q&A on QRTPs](#)
- [Training Institutes Live: Integrating Effective Residential Interventions within Systems of Care](#)
- [Training Institutes Live: Transforming Residential Interventions: Data-Informed Practices](#)
- [Training Institutes Live: Accrediting Qualified Residential Treatment Programs under the FFPSA: Lessons Learned](#)