

FY 2026

Class Determination Guidelines for Residential Child Care Programs

Updated December 2024

Interagency Rates Committee (IRC), comprised of:
Governor's Office for Children
Maryland Department of Budget and Management
Maryland Department of Health
Maryland Department of Human Services
Maryland Department of Juvenile Services
Maryland State Department of Education

Residential Child Care (RCC) programs seeking a rate from the IRC must complete the *State of Maryland RCC Program Class Rate Application*. An application is completed for each licensed RCC program site.

The following table identifies the RCC program classes.

Class	Description
0	Pre-QRTP (No Clinical Services)
99	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

Pages 3-6 of this document outline additional requirements for each of these classes.

Minimum Requirements by Class

Class	Direct Care Staffing Ratio (Staff : Youth)		Other Requirements (other than standard requirements; <u>all programs must maintain 2 awake staff always</u>)	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	Not applicable.	Yes	No	No	\$446.46
99: I/DD Legacy	1:3	1:4	Not applicable.	Yes	No	No	\$624.85
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	\$762.08 (Class 1) \$832.43 (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	\$919.41 (Class 2) \$1,016.14 (Class 2b)

Class	Direct Care Staffing Ratio (Staff : Youth)		Other Requirements (other than standard requirements; <u>all programs must maintain 2 awake staff always</u>)	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	\$1,353.16
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	\$1,629.00

Class	Direct Care Staffing Ratio (Staff : Youth)		Other Requirements (other than standard requirements; <u>all programs must maintain 2 awake staff always</u>)	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	\$2,056.56

Class	Direct Care Staffing Ratio (Staff : Youth)		Other Requirements (other than standard requirements; <u>all programs must maintain 2 awake staff always</u>)	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). • 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. • 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	\$2,162.79

Acronyms Defined

- EBP – refers to an evidence-based practice. An EBP is a service, practice, or intervention that has been rated or assessed:
 - By the California Evidence-Based Clearinghouse for Child Welfare as Promising Research Evidence, Supported by Research Evidence, or Well-Supported by Research Evidence; and/or
 - By the Title IV-E Prevention Services Clearinghouse as Promising, Supported, or Well-Supported.
- I/DD – refers to an Intellectual/Developmental Disability. Maryland law defines a developmental disability as a severe chronic disability of an individual that:
 - (1) Is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments;
 - (2) Is manifested before the individual attains the age of 22;
 - (3) Is likely to continue indefinitely;
 - (4) Results in an inability to live independently without external support or continuing and regular assistance; and
 - (5) Reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are individually planned and coordinated for the individual.
- IRC – refers to the Interagency Rates Committee which consists of representatives from the Governor's Office for Children, the Maryland State Department of Education, and the Departments of Budget and Management, Health, Human Services, and Juvenile Services. The IRC develops and operates a rate setting process for private child serving programs, including residential child care programs and child placement agencies.
- QRTP – refers to a Qualified Residential Treatment Program. A QRTP is a type of child care institution that meets the requirements outlined in the Family First Prevention Services Act (FFPSA), contained within the Bipartisan Budget Act of 2018 (Public Law 115-123). Maryland has established additional requirements and specifications for providers to receive a QRTP designation.
- RCC – refers to a Residential Child Care Program. RCC means an entity that provides for children 24-hour per day care within a structured set of services and activities that are designed to achieve specific objectives relative to the needs of the children served and that include the provision of food, clothing, shelter, education, social services, health, mental health, recreation, or any combination of these services and activities. RCC includes a program licensed by the Maryland Department of Health, Human Services, or Juvenile Services and is subject to the licensing rules under COMAR 14.31.05.

ENDNOTES

*All rates are subject to adjustment based on the total funding available for residential child care programs. These adjustments may not be reconsidered or appealed. State of Maryland budget restrictions and/or cost containment measures supersede the rates identified in these guidelines. The IRC shall impose budget restrictions and/or cost containment measures to ensure that the rates align with the approved budget appropriations.

† Evidence-based practices (EBPs) must be approved by the Maryland Department of Human Services (DHS), the Maryland Department of Juvenile Services (DJS), or their designee. 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. If approval for the EBP add-on rate occurs after the start of Fiscal Year 2026, the provider will be reimbursed with the additional rate for services provided after the date of approval.

‡ To receive the rate for this class, the provider will need to document that they meet all QRTP requirements and have received a QRTP designation from DHS/DJS.