

Frequently Asked Questions about the Children's Quality Services Reform Initiative (QSRI) Last updated February 26, 2019

BACKGROUND

What is the QSRI and why are we doing it?

In October 2013, the Maryland Department of Human Services, on behalf of the Interagency Rates Committee (IRC), recommended to the General Assembly the development of a new rate-setting process and structure for residential child care providers (aka group homes) and child placement agencies (treatment foster care and independent living providers). This recommendation was made because the current rate structure is essentially unchanged since its development in the late 1990's.

The current work is called the Quality Service Reform Initiative (QSRI) because it goes beyond rate-setting and focuses on providing the State with the necessary information and tools to decide what it wants to purchase for the children it is serving and enabling the State to address priorities, including reducing high-cost and low-value approaches, reducing lengths of stay, developing more robust community-based interventions and services, and ultimately improving quality.

What is a Residential Intervention (RI)?

A residential intervention (RI) is a term being used to refer to out-of-home placements (residential child care programs and child placement agencies) other than kinship, guardianship, foster, pre-adoptive, and adoptive homes; residential treatment centers/psychiatric residential treatment facilities; hospitals; or juvenile detention or commitment facilities. An RI is utilized when the clinical needs of the child cannot be met within a family-based setting and is for a short-term to meet a specified treatment need of the child. There are many different types of RI and there is a range of services that may be provided within an RI in order to meet the individualized needs of the child.

Who is leading the QSRI?

The Department of Human Services (DHS), Department of Juvenile Services (DJS), Maryland Department of Health (MDH; Behavioral Health Administration, Developmental Disabilities Administration, & Medicaid), Maryland State Department of Education (MSDE), Department of Budget & Management (DBM), and the Governor's Office for Children (GOC) are leading the QSRI. DHS has contracted with The Institute for Innovation & Implementation at the University of Maryland School of Social Work (<http://theinstitute.umaryland.edu>) to provide project management and technical expertise as well as with The Hilltop Institute at the University of Maryland Baltimore County (<https://www.hilltopinstitute.org/>) to provide rate-setting expertise.

RATES

What is the timeline for the rate reform part of the QSRI?

The process to develop, test, and implement new rates will take place over several years to ensure a careful, well-informed approach. A tentative outline of the rate rollout is included below. However, the initiative may modify this timeline if the committee determines that more time is needed to test rates before full implementation.

State Fiscal Year 2019 (July 1, 2018-June 30, 2019): Collect information and feedback, draft classes of rates and related service descriptions and medical necessity criteria

State Fiscal Year 2020 (July 1, 2019-June 30, 2020): Develop rates, run simulations of rates, test rates and reconcile data

State Fiscal Year 2021 (July 1, 2020-June 30, 2021): Continue to test and reconcile data, collect and analyze quality improvement data, implement rates

Will the rates be based on accreditation and billable services to Medicaid?

A major part of this initiative includes developing service specifications to provide clarity about what the State is purchasing when it pays for a youth to be in a residential intervention (RI). The behavioral health components of RI will have consistent class rates based on service specifications and provider qualifications. The non-behavioral health components of services will be covered by non-Medicaid funds. Rates for these non-behavioral health components will be developed during the QSRI. Both components of the rates may include an assumption that the RI is in the process of being accredited or is accredited. The behavioral health component of the rate will be assumed to be Medicaid-reimbursable under the newly developed RI service class, with the expectation that the provider is in the process of becoming or currently is a Medicaid provider of this service.

What financial impact can providers expect as a result of this initiative?

The QSRI is *not* a cost reduction strategy; it primarily is a quality improvement initiative. However, providers may find that they need to adapt their billing and/or service practices during the transition to the new rate structure. The new rate structures will take into account the costs associated with providing the services as outlined and with the expectations for maintaining accreditation and Medicaid provider status.

What other states have gone through similar initiatives?

New Jersey implemented a similar, statewide initiative more than a decade ago as part of its Children's System of Care (CSoC). New Jersey's CSoC now includes populations of children with behavioral health needs who are involved with child welfare and/or juvenile justice, as well as children with intellectual and/or developmental disabilities and children with substance use disorders. Other states, such as California and Massachusetts, have embarked on quality reform initiatives as the result of Medicaid and child welfare lawsuits.

ACCREDITATION

What is required in terms of accreditation?

Accreditation is required for Medicaid providers and will be required for many child welfare providers under the Family First Prevention Services Act in the near future. Providers can be accredited by the Council on Accreditation (<http://coanet.org/home/>), CARF (<http://www.carf.org/home/>), The Joint Commission (<https://www.jointcommission.org/>) or another entity approved by the State. Providers should *not* initiate the accreditation process with a body other than CARF, COA, or the Joint Commission without first confirming with their licensing agency that the accreditation will meet expected requirements.

How can I learn more about accreditation?

In addition to going to each of the accrediting bodies' websites, you can review the crosswalk that was completed by the Behavioral Health Administration for the accreditation requirements for behavioral health programs (<https://bha.health.maryland.gov/Pages/Accreditation-Information.aspx>). *Note:* Not all residential interventions will meet current behavioral health accreditation requirements. The Developmental Disabilities Administration also accepts accreditation from the Council on Quality and Leadership (<https://c-q-l.org/accreditation>). Programs that will be getting accredited to meet both child welfare and Medicaid requirements should ensure that the proposed accreditation will be acceptable to all parties *prior* to initiating the accreditation process.

What is the timeline for when accreditation will be required for providers?

Providers should begin exploring accreditation options now and consider whether they have the financial and human resource capacity to go through accreditation or whether additional resources are needed. If additional resources are needed, providers should work with the Interagency Rates Committee and their licensing agency to embed costs within their rate structure or seek external grants.

GETTING INVOLVED & BEING IN TOUCH

How will providers, workers, and other key stakeholders provide input into the QSRI?

The Institute will be presenting at various meetings across Maryland in order to meet directly with providers and other key stakeholders. The Institute has also been conducting interviews with local departments of social services and received surveys from providers. Additional surveys, interviews, and focus groups will be coming throughout FY19 and into FY20 to ensure input. Documents will also be disseminated for public comment and input prior to submission to the Centers for Medicare & Medicaid Services or changes in statute or regulation.

How do we receive a copy of the presentation from the December 2018 IRC meetings?

The slides from the December 2018 IRC meetings are available at

http://marylandpublicschools.org/programs/Documents/Special-Ed/IRC/QSRIPPT_IRCProviderMeetingFY2020.pdf.

Who can we email if we have questions?

If you have questions about QSRI, you can contact your licensing agency or email Rhona Mutibwa at The Institute (rmutibwa@ssw.umaryland.edu).