

### **Need Standard**

1. *Each applicant shall demonstrate a need for the proposed project, by providing the following information:*
  - a) *The projected service area of for a new proposed RTC or both the current and projected service area for an existing RTC seeking to expand capacity;*
  - b) *The names and locations of RTCs located within a 60-minute drive of the existing or proposed RTC that serve the same population;*
  - c) *Utilization forecasts for the proposed populations to be served and the assumptions used to generate the utilization forecasts;*
  - d) *Any other relevant information on the unmet needs for RTC services in the proposed service area.*
  
2. *Each applicant shall demonstrate that the proposed project will address the needs of one or more underserved populations, as defined in COMAR 10.24.07.XX.*
  - a) *The Commission may waive this requirement, if it concludes that the needs of all of the underserved populations in the proposed service area are already being adequately met or if it concludes that the benefits of the project justify its approval even if the project will not address the needs of any underserved populations.*

### **Health Equity**

***Health Equity.*** *An applicant shall demonstrate a commitment to improving access or quality of care for one or more of the underserved populations who require RTC services.*

Note: Under Definitions, rather than as part of the health equity standard, underserved populations will be defined as the following: children with private insurance; children in RTCs greater than a 60-minute drive from caregivers to whom the children will return; children with a secondary substance abuse diagnosis; children with a secondary developmental disability diagnosis; children who behave aggressively and have been denied access to other Maryland RTCs as a result of their behaviors; and children with complex psychosocial, medical or educational needs who have been denied access to other Maryland RTCs because of a lack of specialized resources or capacity to address these children's complex needs.

### **Access Standard**

***Each applicant shall demonstrate that the proposed project will address barriers to accessing care in RTCs within the State, for one of the underserved populations as defined in COMAR 10.24.07.XX.***

### **Medical Assistance**

Below is quoted text from COMAR 10.24.07.02.03() regarding the criterion of medical assistance in the review of applications for a Certificate of Need.

**(g) Medical Assistance. Each applicant shall meet Maryland Medical Assistance Program requirements to establish an Early and Periodic Screening, Diagnosis, and Treatment program, called in Maryland, "The Maryland Healthy Kids Program".**

### **State Regulations**

Below is quoted text from COMAR 10.24.07.02.03(j) regarding the criterion of state regulations in the review of applications for a Certificate of Need.

**(j) State Regulations. Each applicant shall document its compliance or state its intention to comply with all mandated federal, State, and local health and safety regulations and applicable licensure and certification standards.**

### **Criminal Background Investigations**

Below is quoted text from COMAR 10.24.07.02.03(i) regarding the criterion of criminal background investigations in the review of applications for a Certificate of Need. (l)

**Criminal Background Investigations. Each applicant shall document its procedure for: (i) Complying with Family Law Article, §5 560 through §568, Annotated Code of Maryland, governing criminal background investigations for employees; and (ii) Subjecting volunteers to criminal background investigations.**

### **Project Impact**

***Project Impact. The Commission shall consider the impact of the proposed project on the financial and operational viability of other RTCs who serve the same population and that are located within a 60-minute drive. A proposed project shall not have an unwarranted negative impact on patient access to another RTC. The Commission shall consider evidence of the demand for RTC services in the proposed service area for the project, existing licensed capacity at RTCs located within a 60-minute drive, and data on the recruitment and retention of staff for RTCs located within a 60-minute drive. The Commission may also consider statewide data on licensed and operational capacity at RTCs and recruitment and retention of staff.***

### Cost-Effectiveness

***Cost-Effectiveness. An applicant shall demonstrate that the proposed project is the most cost-effective approach for meetings the needs the project seeks to address.***

- a. To demonstrate cost-effectiveness, an applicant shall identify at least two alternative approaches that it considered. For each approach, the applicant shall:***
- (i) To the extent possible, quantify the level of effectiveness of each alternative and the costs of the alternatives; and***
  - (ii) Explain the basis for choosing the proposed project and rejecting alternative approaches.***

### Sex Specific Programs

Below is quoted text from COMAR 10.24.07.02(3)(b) regarding the criterion for sex specific programs in the review of applications for a Certificate of Need.

**(b) Sex Specific Programs. Each applicant shall document sex specific programs, and provide a separate therapeutic environment and, to the extent necessary, a separate physical environment consistent with the treatment needs of each group it proposes to serve.**

Revised Draft Standard:

***Gender Specific Programs. Each applicant shall document gender specific programs, and provide a separate therapeutic environment and, to the extent necessary, a separate physical environment consistent with the treatment needs of each group it proposes to serve. Individuals should be placed according to their self-identified gender. An applicant shall also address how it will handle children who identify as non-binary.***

### Special Clinical Needs

Below is quoted text from COMAR 10.24.07.02.03(c) regarding the criterion for special clinical needs in the review of applications for a Certificate of Need.

**(c) Special Clinical Needs. Each applicant shall document treatment programs for those youth with a coexisting mental health and a developmental disability.**

Staff propose to delete this standard. The goal of this standard is encompassed by the draft health equity standard.

### Minimum Services

Below is quoted text from COMAR 10.24.07.02.03(d) regarding the criterion for minimum services in the review of applications for a Certificate of Need.

**(d) Minimum Services.** Each applicant shall propose and document services which include, at a minimum: patient supervision, assessment, screening, evaluation including psychiatric evaluation, psychological testing and individual treatment plan; ward activities; individual, group and family treatment; patient and family education; medication management; treatment planning; case management; placement and aftercare/discharge planning.

Revised Draft Standard:

*Minimum Services.* Each applicant shall propose and document services which include, at a minimum: patient supervision, psychiatric evaluation; psychological testing; suicide risk assessment; individualized treatment plans; individual, group, and family treatment; patient and family education; medication management; case management; placement and aftercare/discharge planning.

### Treatment Planning and Family Involvement

Below is quoted text from COMAR 10.24.07.02.03(e) regarding the criterion of treatment planning and family involvement in the review of applications for a Certificate of Need.

**(e) Treatment Planning and Family Involvement.** Each applicant shall document that the required minimum services will be provided by a coordinated multi-interdisciplinary treatment team that addresses daily living skills within a group setting; family involvement in treatment to the greatest extent possible, restoration of family functioning; and any other specialized areas that the individualized diagnostic and treatment process reveals is necessary for the patient and family.

Proposed Draft Standard:

*Treatment Planning and Family Involvement.* Each applicant shall document that the following services will be provided by a coordinated multi-interdisciplinary treatment team: daily living skills within a group setting; family involvement in treatment to the greatest extent possible, restoration of family functioning; aftercare and discharge planning; and any other specialized services that are necessary for the patient and family, based on the individualized diagnostic and treatment process.

### Accreditation and Certification

Below is quoted text from COMAR 10.24.07.02.03(k) regarding the criterion of accreditation and certification in the review of applications for a Certificate of Need.

**(k) Accreditation and Certification.** Each applicant proposing a new facility shall agree in writing to apply for JCAHO accreditation and Medicaid certification as soon as permissible after opening and be jointly licensed as a Special Hospital Psychiatric Facility (COMAR 10.07.01) and as a Residential Treatment Centers (COMAR 10.07.04).

Proposed standard for RTC SHP Chapter (10.24.07):

*Accreditation, Certification, and Licensure. Each applicant proposing a new facility shall agree in writing to obtain and maintain accreditation from one of the following: the Joint Commission, the Commission on Accreditation, or the Commission for the Accreditation of Rehabilitation Facilities. New RTC facilities shall also apply for licensure as a Residential Treatment Facility in accordance with COMAR 10.07.04. An applicant seeking to expand an existing RTC must document that its license and accreditation continues in good standing.*

### Security

Below is quoted text from COMAR 10.24.07.02.03(m) regarding the criterion for security in the review of applications for a Certificate of Need.

**(m) Security.** Each applicant shall document it can provide capacity to provide care in secure units, as necessary.

Proposed standard for RTC SHP Chapter (10.24.07):

*Security. Each applicant shall document that it can provide care within a secure facility, as necessary, including a plan to avert the risk of unwanted visitors or absence without leave (AWOL) behaviors.*