



**MARYLAND**  
**Health Care**  
**Commission**

COMAR 10.24.07  
White Paper: Residential  
Treatment Center (RTC) Services

APRIL 17, 2025



# Overview

I. What is an RTC?

II. Regulatory Oversight

III. Key Concerns

i. Access/Bed capacity

ii. Adequate staffing

iii. Reimbursement rates

IV. Policy Implications for MHCC Regulations

V. Next Steps



# What is an RTC?

- Campus-based, residential psychiatric institution
- Serves youth (5 to 17 years old)
- Provides intensive and extensive evaluation and treatment for severe/chronic emotional disturbances
- Provides self-contained therapeutic, educational, and recreational programs
- Length of stay – averages 12 to 18 months

# Regulatory Oversight



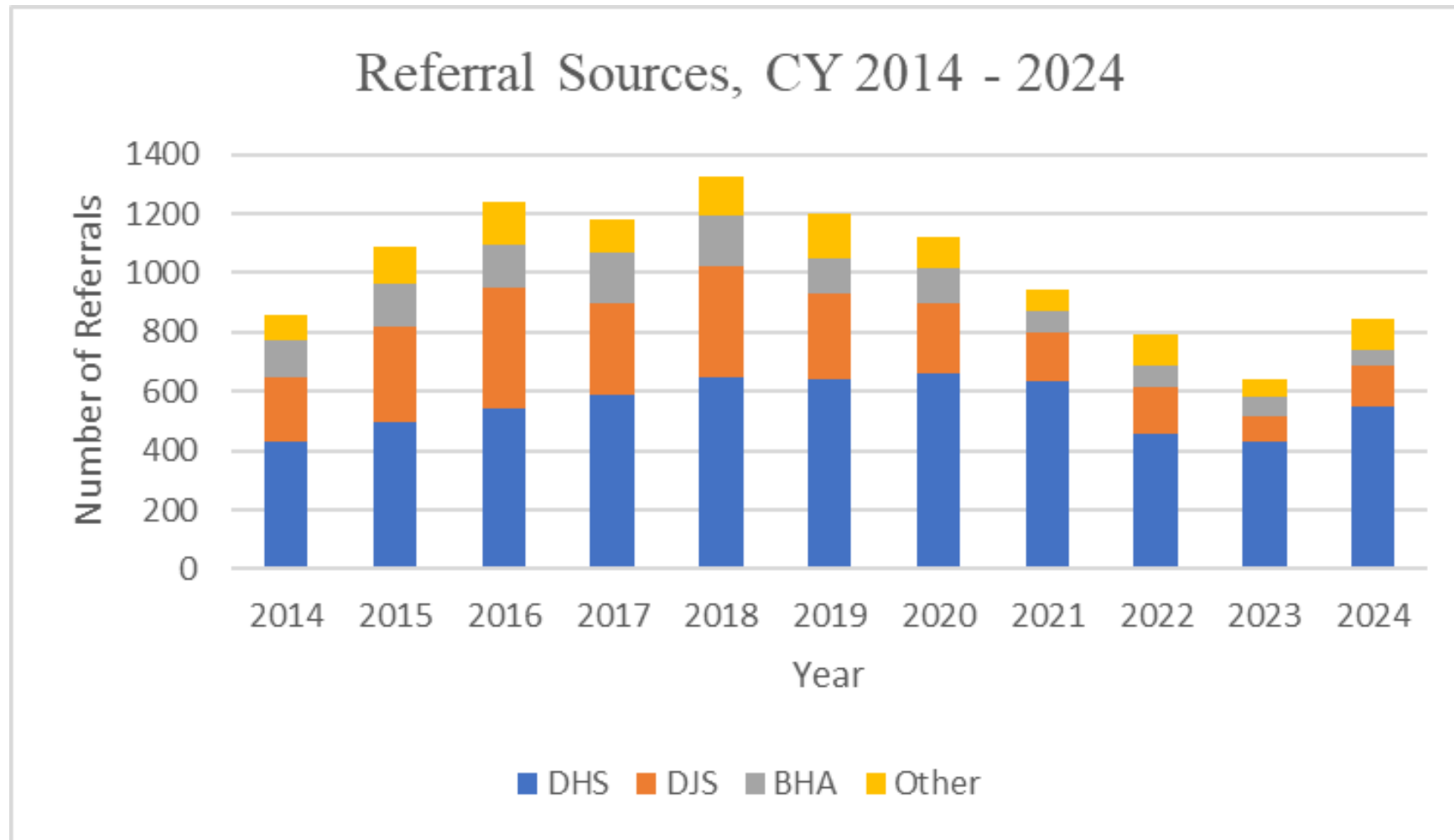
- MHCC Oversight
  - COMAR 10.24.01 – CON procedural regulations
  - COMAR 10.24.07 – SHP Chapter for RTCs
  
- Other Regulatory Oversight
  - COMAR 10.07.04 – licensing regulations
  - Accreditation body
    - The Joint Commission (TJC)
    - Center of Accreditation of Rehabilitation Facilities (CARF)
    - Commission on Accreditation (COA)
  - CMS – psychiatric residential treatment facility (PRTF)



# RTC Referrals

- 846 referrals in 2024
  - 88% youth referred by DJS, DHS, and BHA
  - 12% youth referred from other sources
    - MSDE
    - Hospitals
    - Private insurance
    - Self-referral
    - Department of Human Resources
    - D.C. Department of Youth Rehabilitation Services
- 211 press 4 – assists with kids stuck in the ED
- Medicaid-funded

# RTC Referrals



Source: MHCC survey of Maryland RTC providers (2018, 2023, and 2025).

\* CY 2023 does not include referrals from Sheppard Pratt.



# Utilization of RTCs

- Long term trend of declining RTC placements

**One-Day Census of Maryland Youth in RTCs on January 31 from 2012 - 2021**

	2012	2013	2014	2015	2016	2017	2018	2019	2020*	2021*
Maryland	719	729	722	669	645	558	463	503	451	464
Out-of-State	27	39	52	58	35	14	16	14	56	10
Total Jan. 31 <sup>st</sup> Census	746	768	774	727	680	572	479	517	507	474

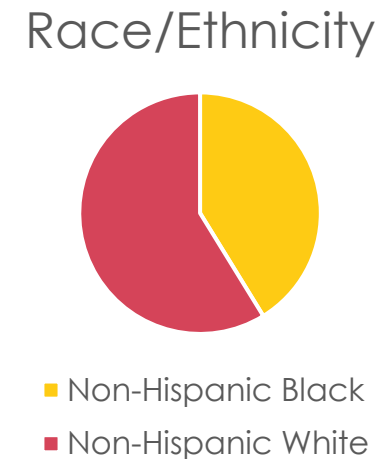
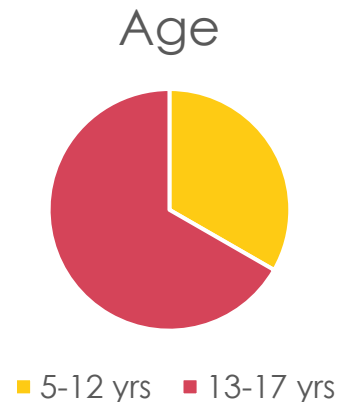
Source: Governor's Office for Children, Out-of-Home Placement Reports (2012 - 2021).

\*The one-day census listed for these years not calculated on January 31.



# Utilization of RTCs CY 2022

- 278 youth served in RTCs
- 65 to 70 percent males and 30 to 35 percent female
- One third children (5-12 years old) and two thirds adolescents (13-17 years old)
- 43.9 percent Non-Hispanic Black and 62.6 percent Non-Hispanic White



Source: Report on Behavioral Health Services for Children and Young Adults. Maryland Department of Health Behavioral Health Administration (December 1, 2023.)



# Utilization of RTCs CY 2024

- 18.3 percent of youth placed in county of residence
- 45.5 percent of youth are from Baltimore City, and Baltimore, Montgomery, and Prince George's counties

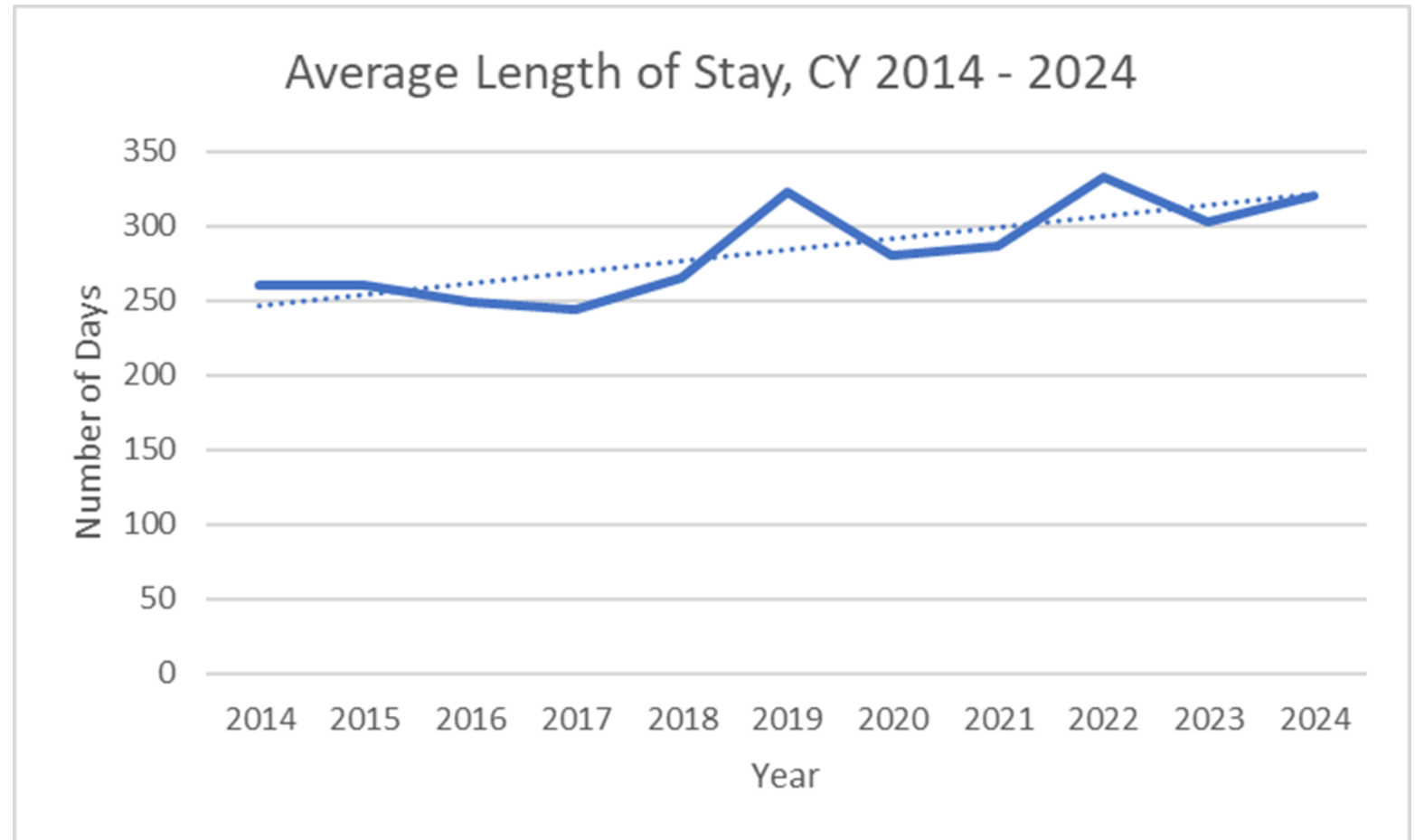


Source: MHCC survey of Maryland RTC providers, 2025.



# Utilization of RTCs

- Trends show a slight increase in the average length of stay in Maryland RTCs



Source: MHCC survey of Maryland RTC providers (2018, 2023, and 2025).



# Licensed RTCs in Maryland

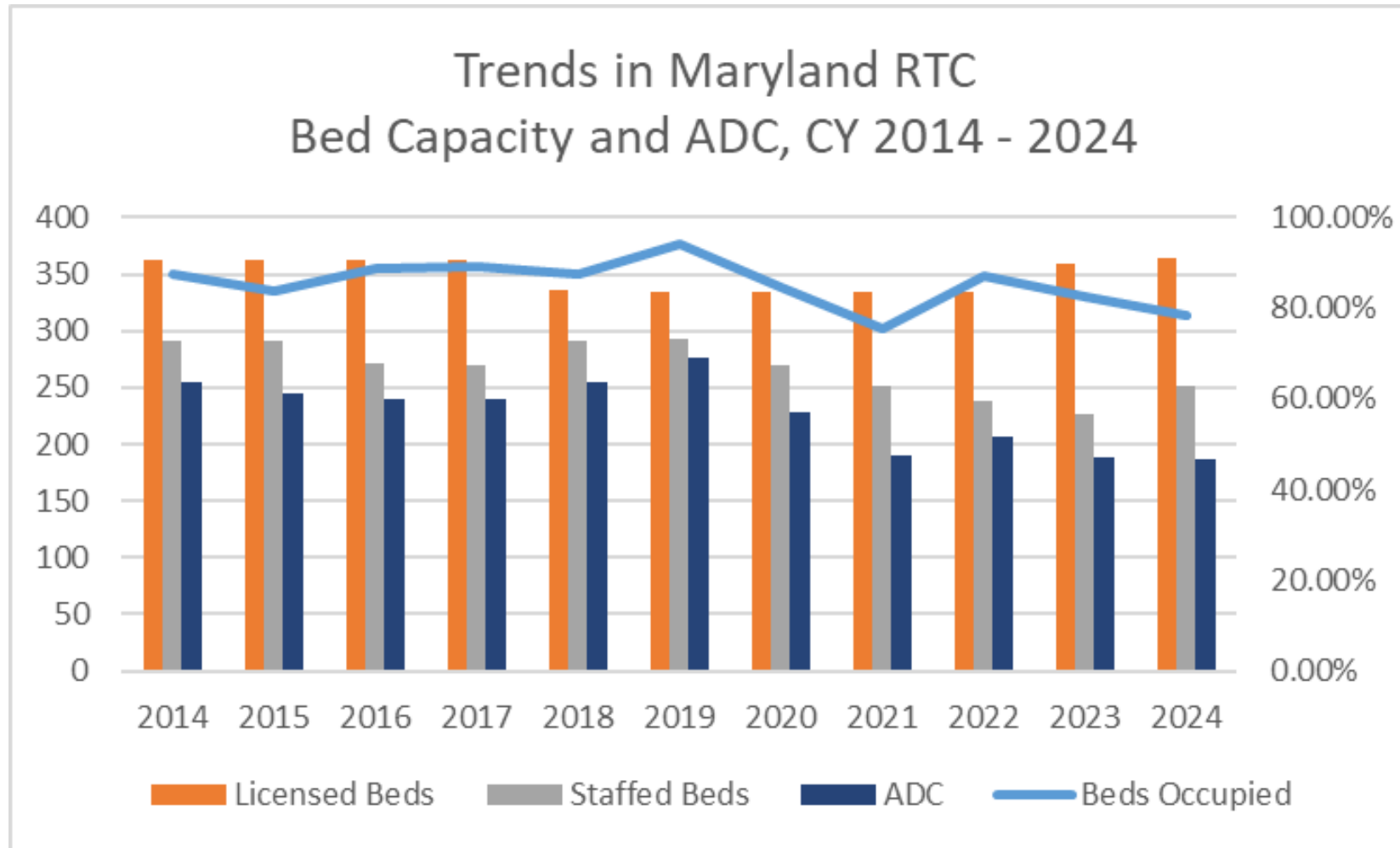
Jurisdiction	Facility	Licensed Beds	Staffed Beds	Operational Capacity	Average Daily Census
Baltimore City	Nexus Woodbourne Center	48 beds	48 beds	100.0%	37.7
	RICA Baltimore*	45 beds	30 beds	66.7%	15.6
Baltimore County	Chesapeake Treatment Center	29 beds	27 beds	93.1%	21.8
	St. Vincent's Villa	95 beds	55 beds	57.9%	52.7
	Sheppard Pratt	63 beds	47 beds	74.6%	39
Montgomery County	JLG RICA Rockville*	80 beds	32 beds	40.0%	20.3

\*State-owned and operated

Source: Maryland Department of Health, OHCQ Licensee Directory (January 30, 2025) and MHCC survey of RTC providers in Maryland (2025).



# Trends in RTC Bed Capacity



Source: MHCC survey of Maryland RTC providers (2018, 2023, and 2025) and OHCQ Licensee Directory.



# Changes in the Supply of RTCs

- In the last 10 years, four RTCs have closed
  - Maryland lost a total of 311 beds
  - 115 beds were for females
- In the last 20 years, only five Certificate of Need (CON) applications have been received
  - 3 were withdrawn
  - 2 were approved



# Key Concerns: Access to RTCs

- Only one RTC serves children (5 to 12 years old)
- No RTCs that serve females only
- Most located in central Maryland
- Difficult without State agency coordination
- Majority of youth are funded by Maryland Medicaid
  - Fewer access opportunities for those with private insurance or no insurance



# Key Concerns: Access to RTCs

- Underserved populations
  - Aggressive behaviors
  - Fire setting behaviors
  - Sexual offenses
  - Low IQ
  - Co-occurring developmental disabilities
  - Co-occurring substance use disorders
  - Self-injurious behaviors



# Key Concerns: Capacity Concerns

- Reduced Capacity
  - Licensed beds have decreased from 671 beds (2014) to 360 beds (2025)
  - Far fewer staffed beds than licensed beds - 239 beds (2025)
- Operational capacity
  - 58 percent at RICAs
  - 85 percent at private RTCs
- Growing waitlists
  - 67 days on average for private RTCs
  - 74 days on average for RICAs



# Key Concerns: Adequate Staffing

- Only 239 beds staffed of 360 licensed RTC beds
  - 66.4 percent of beds available for treatment
- Higher acuity patients require higher staffing levels
  - Safety and security
  - Adequate training of direct care/clinical/educational staff
- Staffing is an issue nationwide
  - Low pay
  - Competitive employment
  - Telework opportunities



# Key Concerns: Reimbursement Rates

- Lower reimbursement rates than other States
  - Average per diem rates
    - \$672.30 – in-State RTCs
    - \$1,138.56 – out-of-State facilities
- Medicaid reimbursement only partially covers the treatment needed for higher acuity patients
- Aligning of Medicaid rates needed



# Policy Implications: Evaluation of Need

- Need should not be based on number of licensed beds available or pre-determined number of beds
- Applicant should present justification for need and include key information identified in MHCC's regulations
  - Projected service area
  - Current service area
  - Identify other RTCs within a 60-minute drive
  - Utilization forecast for the population to be served
  - Any other relevant information

# Policy Implications: Evaluation of Need



- Meeting the needs of underserved populations should be prioritized
  - Underserved populations include children and adolescents who:
    - Do not have insurance or have private insurance
    - Have a secondary substance abuse diagnosis
    - Have been denied access to other Maryland RTCs because of aggressive behavior or complex psychosocial, medical, or educational needs
    - Exhibit sexually reactive or offending behaviors
- A CON applicant is required to demonstrate that the proposed project will address the needs of one or more of the underserved populations, unless the Commission waives the requirement

# Policy Implications: Access and Health Equity



- An applicant is required to demonstrate that the proposed project will address barriers to accessing care, for at least one underserved population
- An applicant is required to demonstrate a commitment to improving access or quality of care for one or more of the underserved populations who require RTC services



# Next Steps

1. Complete draft RTC regulations
2. Circulate for informal comment
3. Present draft regulations to Commission



# Questions?