

HOUSE BILL 580

J1
SB 497/16 – FIN & B&T

7lr0762
CF SB 476

By: **Delegates Hayes, Barron, Hill, Anderson, Angel, Atterbeary, Barkley, D. Barnes, Bromwell, Brooks, Carr, Conaway, Cullison, Gaines, Gilchrist, Haynes, Healey, Hettleman, C. Howard, Jackson, Kelly, Knotts, Korman, Lafferty, Lam, Lierman, Luedtke, McCray, McIntosh, McMillan, Moon, Morales, Morhaim, Oaks, Patterson, Pena–Melnyk, Platt, Queen, Reznik, Robinson, Rosenberg, Sample–Hughes, Sanchez, Stein, Sydnor, Tarlau, Waldstreicher, M. Washington, West, K. Young, P. Young, and Lewis**

Introduced and read first time: January 30, 2017

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Behavioral Health Community Providers – Keep the Door Open Act**

3 FOR the purpose of requiring, except under certain circumstances, the Department of
4 Health and Mental Hygiene to adjust the rate of reimbursement for certain
5 community providers each fiscal year by the rate adjustment included in a certain
6 State budget; requiring that the Governor’s proposed budget for a certain fiscal year,
7 and for each fiscal year thereafter, include rate adjustments for certain community
8 providers based on the funding provided in certain legislative appropriations;
9 requiring that a certain rate of adjustment equal the average annual percentage
10 change in a certain Consumer Price Index for a certain period; requiring, under
11 certain circumstances, managed care organizations to pay a certain rate for a certain
12 time period for services provided by community providers and to adjust the rate of
13 reimbursement for community providers each fiscal year by at least a certain
14 amount; defining certain terms; providing for the application of this Act; requiring
15 the Department to submit a certain report to the Governor and the General
16 Assembly on or before a certain date each year, beginning on or before a certain date;
17 authorizing the Department to require certain community providers to submit
18 certain information to the Department in the form and manner required by the
19 Department; and generally relating to the rate of reimbursement for behavioral
20 health community providers.

21 BY adding to

22 Article – Health – General

23 Section 16–201.3

24 Annotated Code of Maryland

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



(2015 Replacement Volume and 2016 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Health – General

16–201.3.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
INDICATED.

(2) “COMMUNITY PROVIDER” MEANS A COMMUNITY–BASED AGENCY
OR PROGRAM FUNDED BY THE BEHAVIORAL HEALTH ADMINISTRATION OR THE
MEDICAL CARE PROGRAMS ADMINISTRATION TO SERVE INDIVIDUALS WITH
MENTAL DISORDERS, SUBSTANCE–RELATED DISORDERS, OR A COMBINATION OF
THESE DISORDERS.

(3) “CONSUMER PRICE INDEX” MEANS THE CONSUMER PRICE INDEX
FOR ALL URBAN CONSUMERS FOR MEDICAL CARE FOR THE
WASHINGTON–BALTIMORE REGION.

(4) “RATE” MEANS THE REIMBURSEMENT RATE PAID BY THE
DEPARTMENT TO A COMMUNITY PROVIDER FROM THE STATE GENERAL FUND,
MARYLAND MEDICAL ASSISTANCE PROGRAM FUNDS, OTHER STATE OR FEDERAL
FUNDS, OR A COMBINATION OF THESE FUNDS.

(B) THIS SECTION DOES NOT APPLY TO REIMBURSEMENT FOR ANY SERVICE
PROVIDED BY A COMMUNITY PROVIDER WHOSE RATES ARE REGULATED BY THE
HEALTH SERVICES COST REVIEW COMMISSION.

(C) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION AND EXCEPT
AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, THE DEPARTMENT SHALL
ADJUST THE RATE OF REIMBURSEMENT FOR COMMUNITY PROVIDERS EACH FISCAL
YEAR BY THE RATE ADJUSTMENT INCLUDED IN THE STATE BUDGET FOR THAT
FISCAL YEAR.

(2) (I) THE GOVERNOR’S PROPOSED BUDGET FOR FISCAL YEAR
2019, AND FOR EACH FISCAL YEAR THEREAFTER, SHALL INCLUDE RATE
ADJUSTMENTS FOR COMMUNITY PROVIDERS BASED ON THE FUNDING PROVIDED IN
THE LEGISLATIVE APPROPRIATION FOR THE IMMEDIATELY PRECEDING FISCAL
YEAR FOR EACH OF THE FOLLOWING:

1 1. **OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM**
2 **M00Q01.10 MEDICAID BEHAVIORAL HEALTH PROVIDER REIMBURSEMENT**
3 **– MEDICAL CARE PROGRAMS ADMINISTRATION;**

4 2. **OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM**
5 **M00L01.02 COMMUNITY SERVICES – BEHAVIORAL HEALTH ADMINISTRATION; AND**

6 3. **OBJECT 08 CONTRACTUAL SERVICES IN PROGRAM**
7 **M00L01.03 COMMUNITY SERVICES FOR MEDICAID STATE FUND RECIPIENTS**
8 **– BEHAVIORAL HEALTH ADMINISTRATION.**

9 (ii) **A RATE ADJUSTMENT REQUIRED TO BE INCLUDED IN THE**
10 **GOVERNOR’S PROPOSED BUDGET UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH**
11 **SHALL EQUAL THE AVERAGE ANNUAL PERCENTAGE CHANGE IN THE CONSUMER**
12 **PRICE INDEX FOR THE 3–YEAR PERIOD ENDING IN JULY OF THE IMMEDIATELY**
13 **PRECEDING FISCAL YEAR.**

14 (3) **THE GOVERNOR’S PROPOSED BUDGET FOR FISCAL YEAR 2019,**
15 **AND FOR EACH FISCAL YEAR THEREAFTER, FOR COMMUNITY PROVIDERS SHALL BE**
16 **PRESENTED IN THE SAME MANNER, INCLUDING OBJECT AND PROGRAM**
17 **INFORMATION, AS IN THE FISCAL YEAR 2018 BUDGET.**

18 (d) **IF SERVICES PROVIDED BY COMMUNITY PROVIDERS ARE PROVIDED**
19 **THROUGH MANAGED CARE ORGANIZATIONS, THE MANAGED CARE ORGANIZATIONS**
20 **SHALL:**

21 (1) **PAY THE RATE IN EFFECT DURING THE IMMEDIATELY PRECEDING**
22 **FISCAL YEAR FOR THE FIRST FISCAL YEAR THE MANAGED CARE ORGANIZATIONS**
23 **PROVIDE THE SERVICES; AND**

24 (2) **ADJUST THE RATE OF REIMBURSEMENT FOR COMMUNITY**
25 **PROVIDERS EACH FISCAL YEAR BY AT LEAST THE SAME AMOUNT THAT OTHERWISE**
26 **WOULD HAVE BEEN REQUIRED UNDER SUBSECTION (C)(2)(II) OF THIS SECTION.**

27 (e) **(1) ON OR BEFORE DECEMBER 1, 2019, AND ON OR BEFORE**
28 **DECEMBER 1 EACH YEAR THEREAFTER, THE DEPARTMENT SHALL SUBMIT A**
29 **REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2–1246 OF THE STATE**
30 **GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE IMPACT OF THE**
31 **REIMBURSEMENT RATE ADJUSTMENT REQUIRED UNDER THIS SECTION ON**
32 **COMMUNITY PROVIDERS, INCLUDING THE IMPACT ON:**

33 (i) **THE WAGES AND SALARIES PAID AND THE BENEFITS**
34 **PROVIDED TO DIRECT CARE STAFF AND LICENSED CLINICIANS EMPLOYED BY**
35 **COMMUNITY PROVIDERS;**

1 **(II) THE TENURE AND TURNOVER OF DIRECT CARE STAFF AND**
2 **LICENSED CLINICIANS EMPLOYED BY COMMUNITY PROVIDERS; AND**

3 **(III) THE ABILITY OF COMMUNITY PROVIDERS TO RECRUIT**
4 **QUALIFIED DIRECT CARE STAFF AND LICENSED CLINICIANS.**

5 **(2) THE DEPARTMENT MAY REQUIRE A COMMUNITY PROVIDER TO**
6 **SUBMIT, IN THE FORM AND MANNER REQUIRED BY THE DEPARTMENT,**
7 **INFORMATION THAT THE DEPARTMENT DEEMS NECESSARY FOR COMPLETION OF**
8 **THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION.**

9 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June
10 1, 2017.