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Health and Government Operations
Committee
Subcommittees

Health Occupations and Long-Term Care

Public Health and
Minority Health Disparities

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

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HB322 Public Health - Home- and Community-Based Services for Children and Youth

Madame Chair, Madame Vice Chair, and members of the Health and Government Operations Committee. Thank you for the opportunity to speak to you about House Bill 322.

Maryland is in dire need of support services for children experiencing severe mental health conditions. Since 2014, two main services through Maryland Medicaid have offered access to mental health support services for children in need: the 1915(i) program, and targeted case management. The 1915(i) program is a “high-fidelity wraparound” service, offering an individualized, team-based, collaborative process to provide a coordinated set of supports for children with complex emotional, behavioral, and mental health needs.¹ 1915(i) is proven cost-effective, reducing cost-of-care for children participating to 1/10th of cost of emergency care, but has suffered poor utilization rates. Since its inception, 1915(i) has only been able to provide support for 34 children annually, a drastic reduction from the 300 – 400 children Maryland could support in similar capacity prior to 1915(i). This is unacceptable at a time when the need for mental health support for children is greater than it has ever been. House Bill 322 takes steps to restore services and support to children who need it through 1915(i) and targeted case management.

House Bill 322 accomplishes this goal through four key actions. First, known barriers to 1915(i) utilization will be reduced. Second, funding for high-fidelity wraparound services will be ensured, bringing reimbursement rates offered under 1915(i) in line industry standards. Third, funding will be secured to provide an additional 50 children on private insurance that would otherwise be eligible for 1915(i) with targeted case management services. Finally, a value-based payment pilot to treat children with intensive needs will be established. These changes to the program will increase participation in 1915(i), ensuring that children who sorely need access to services are able to access them.

I would like to address a letter of concern submitted by the Department of Health directed towards the bill’s fiscal note. An amendment has been introduced to strike lines 24-26 on page three of the bill. This section of the bill, as originally written, would have made everyone on Medicaid eligible for the 1915(i) program. These services are intended to apply only for children for whom high-fidelity wraparound services are deemed medically necessary, so this change will reduce the fiscal impact of the bill while maintaining its intent.

House Bill 322 is a necessary, cost-effective way to ensure children of high need receive the mental health support services they need, keeping them out of hospital beds where they are likely to

¹ <https://preventionservices.acf.hhs.gov/programs/330/show>

deteriorate. With these improvements to the 1915(i) program, children will proactively be treated for mental health conditions before they require emergency care. I respectfully ask for a favorable report on House Bill 322.