

Chapter 284

(Senate Bill 101)

AN ACT concerning

**Maryland Medical Assistance Program – Collaborative Care Model Services –
Implementation and Reimbursement Expansion**

FOR the purpose of repealing the Collaborative Care Pilot Program; requiring the Maryland Department of Health to implement and provide reimbursement for services provided in accordance with the Collaborative Care Model under the Maryland Medical Assistance Program; and generally relating to the provision and reimbursement of somatic and behavioral health services in primary care settings under the Maryland Medical Assistance Program.

BY repealing and reenacting, with amendments,
Article – Health – General
Section 15–141.1
Annotated Code of Maryland
(2019 Replacement Volume and 2022 Supplement)

BY repealing and reenacting, with amendments,
Chapter 683 of the Acts of the General Assembly of 2018
Section 2

BY repealing and reenacting, with amendments,
Chapter 684 of the Acts of the General Assembly of 2018
Section 2

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

Article – Health – General

15–141.1.

(a) [(1)] In this section [the following words have the meanings indicated.

(2)], “Collaborative Care Model” means an evidence–based approach for integrating somatic and behavioral health services in primary care settings that includes:

[(i)] (1) Care coordination and management;

[(ii)] (2) Regular, proactive outcome monitoring and treatment for outcome targets using standardized outcome measurement rating scales and electronic tools, such as patient tracking; and

[(iii)] (3) Regular systematic psychiatric and substance use disorder caseload reviews and consultation with a psychiatrist, an addiction medicine specialist, or any other behavioral health medicine specialist as allowed under federal regulations governing the model.

[(3) “Pilot Program” means the Collaborative Care Pilot Program.]

(b) This section may not be construed to prohibit referrals from a primary care provider to a specialty behavioral health care provider.

[(c) There is a Collaborative Care Pilot Program in the Department.]

(d) The purpose of the Pilot Program is to establish and implement a Collaborative Care Model in primary care settings in which health care services are provided to Program recipients enrolled in HealthChoice.

(e) The Department shall administer the Pilot Program.

(f) (1) The Department shall select up to three sites at which a Collaborative Care Model shall be established over a 4-year period.

(2) The sites selected by the Department shall be adult or pediatric nonspecialty medical practices or health systems that serve a significant number of Program recipients.

(3) To the extent practicable, one of the sites selected by the Department under paragraph (1) of this subsection shall be located in a rural area of the State.

(g) The sites selected by the Department under subsection (f) of this section shall ensure that treatment services, prescriptions, and care management that would be provided to an individual under the Pilot Program are not duplicative of specialty behavioral health care services being received by the individual.

(h) The Department shall provide funding to sites participating in the Pilot Program for:

(1) Infrastructure development, including the development of a patient registry and other monitoring, reporting, and billing tools required to implement a Collaborative Care Model;

(2) Training staff to implement the Collaborative Care Model;

(3) Staffing for care management and psychiatric consultation provided under the Collaborative Care Model; and

(4) Other purposes necessary to implement and evaluate the Collaborative Care Model.

(i) The Department shall:

(1) Collaborate with stakeholders in the development, implementation, and outcome monitoring of the Pilot Program; and

(2) Collect outcomes data on recipients of health care services under the Pilot Program to:

(i) Evaluate the effectiveness of the Collaborative Care Model, including by evaluating the number of and outcomes for individuals who:

1. Were not diagnosed as having a behavioral health condition before receiving treatment through the Pilot Program;

2. Were not diagnosed as having a behavioral health condition before being referred to and treated by a specialty behavioral health provider;

3. Received behavioral health services in a primary care setting before receiving treatment through the Pilot Program; and

4. Received specialty behavioral health care services before being identified as eligible to receive treatment through the Pilot Program; and

(ii) Determine whether to]

(C) THE DEPARTMENT SHALL implement AND PROVIDE REIMBURSEMENT FOR SERVICES PROVIDED IN ACCORDANCE WITH the Collaborative Care Model statewide in primary care settings that provide health care services to Program recipients.

[(j) The Department shall apply to the Centers for Medicare and Medicaid Services for an amendment to the State's § 1115 HealthChoice Demonstration waiver if necessary to implement the Pilot Program.]

(k) For fiscal year 2020, fiscal year 2021, fiscal year 2022, and fiscal year 2023, the Governor shall include in the annual budget an appropriation of \$550,000 for the Pilot Program.

(l) On or before November 1, 2023, the Department shall report to the Governor and, in accordance with § 2-1257 of the State Government Article, the General Assembly on the Department's findings and recommendations from the Pilot Program.]

Chapter 683 of the Acts of 2018

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2018. [It shall remain effective for a period of 6 years and, at the end of June 30, 2024, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.]

Chapter 684 of the Acts of 2018

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SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2023.

Approved by the Governor, May 3, 2023.